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A rare case of syphilitic aortic aneurysm in the era of modern antibiotics

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In this age of medicine, most abdominal aortic aneurysms are of atherosclerotic in origin. Cardiovascular syphilis is a tertiary form of syphilis occurring in 10% of infected patients. It can affect the heart, great vessels and medium-sized arteries. Aortic involvement can present as uncomplicated aortitis, coronary ostial stenosis, aortic regurgitation and aortic aneurysm. If left untreated, the mortality rate at 1 year can reach 80% due to the high rate of rupture of these aneurysms. A 65-year old male came in due to chest pain. CT aortogram revealed a fusiform infra-renal aneurysm. Coronary angiogram was done which revealed 3-vessel coronary artery disease. He was tested positive for syphilis and was treated with Penicillin. A dilemma sets in if CABG and open repair of the infra-renal aneurysm is possible. A Thallium scan showed no inducible ischemia, hence, CABG was postponed. An open repair via retroperitoneal approach was done. Histo-pathologic examination of the aneurysm was consistent with syphilitic aneurysm. He was discharged apparently well until his most recent follow-up. It can be concluded that tertiary syphilis, though a rare disease in this age of antibiotics, is a re-emerging cause of aneurysm and should be considered in patients with risk factors.

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