

Abdominal aorta infection by *Streptococcus pyogenes*

Dominique Schaakxs^a, Alexander Fumeaux^b, Ludwig K. von Segesser^a and Denis A. Berdajs^{a,*}

^a Department of Cardiovascular Surgery, Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, Switzerland

^b Department of Radiology, Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, Switzerland

* Corresponding author. Department of Cardiovascular Surgery, Centre Hospitalier Universitaire Vaudois (CHUV), Rue du Bugnon 46, Lausanne 1011, Switzerland. Tel: +41-21-3142695; e-mail: denis.berdajs@chuv.ch (D.A. Berdajs).

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A 63-year old patient with acute abdominal pain, nausea and temperature (38.8°C) was admitted to emergency; 4/4 haemocultures were positive for *Streptococcus pyogenes*. Computed tomography scan revealed a suspicion of an abdominal aorta

infection with infiltration of surrounding tissue (Fig. 1). Diagnosis was confirmed by fluorodeoxyglucose (FDG)-positron emission tomography (PET)-CT scan (Fig. 2).

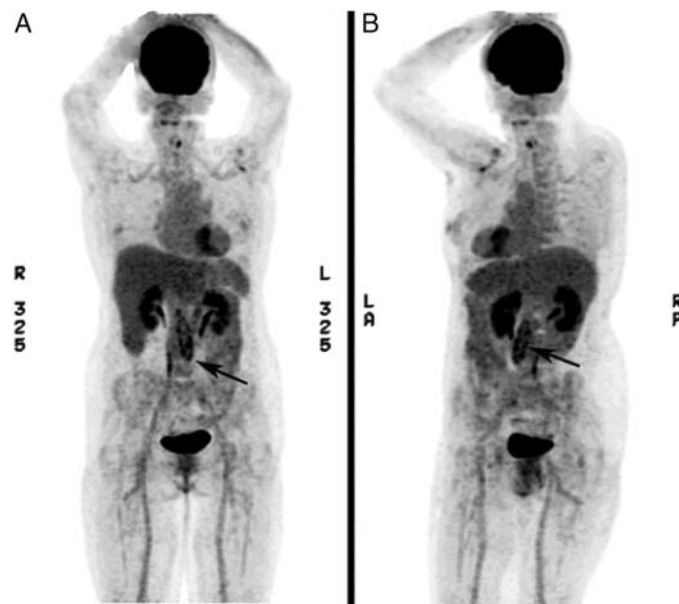


Figure 1: FDG-PET-CT scan, 3-dimensional (3-D) reconstruction, shows elevated tissue activity in terms of regional glucose at the abdominal aorta. (A) The PET-CT 3-D reconstruction shows an abdominal aorta from the posterior (B) and lateral views. Note that the arrow shows an area of augmented FDG uptake in the aortic wall.



Figure 2: Contrast CT scan (venous phase) shows a cross section of abdomen at the (A) level of the left kidney and (B) level of the right kidney. The white arrows indicate an envelope of infected tissue surrounding the aorta. Note the calcification sheets marking the real wall of the vessel. (C) A 3-D reconstruction of the abdominal aorta shows calcifications plaques in the wall (arrow). (1) Abdominal aorta, (2) liver, (3) left kidney and (4) right kidney.