LATE GROIN COMPLICATIONS AFTER CARDIAC TRANSPLANTATION, REPAIRED BY ENDOVASCULAR TECHNIQUES WITH UNEXPECTED FINDINGS IN THE WOUND.

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☑ I do not have any potential conflict of interest
EMERGENCY CALL: Seventy-year-old man with spontaneous external bleeding of the left groin (LG).

Previous history of heart transplantation two years ago (2013) with multiple complications in the Intensive Care Unit.

- ECMO
- Right ventricular dysfunction
- Chronic polyneuropathy
- VAP and Bacteremia by P. Aeruginosa.
- Long Hospitalization

- After the discharge, he returned with a chronic superficial wound in the LG, under the supervision of Dermatology
The CT revealed a Pseudoaneurysm of the SFA and a small area of bleeding.
- Repaired with a covered stent (Viabahn 6x50mm) with good result and outflow.
- Local wound debridement and let it close by second intention
- The patient was discharged at 15 days of hospitalization.
- The cultures reveal Pseudomonas Aeruginosa
CASE REPORT

- In the follow up the wound didn’t heal and still open despite local cures and use of antibiotics.

- At 4 months, a CT scan was performed with a possible foreign body.

- One day the wound showed a rest of suture material.

- We decided to perform a scheduled surgery for inguinal exploration.

- A rest of PTFE graft partially fixed to the artery was found.

- The graft was removed and the entire wound was cleaned with local antibiotics, and received 3 weeks of intravenous antibiotics (Amikacin / Meropenem).
- Oral antibiotic treatment was continued for 4 more weeks.
- At two years of follow-up, the patient does not have any complications.

Discussion:
- The incidence of surgical site infection at the groin after vascular procedures ranges among 3% to 44%. The long term incidence could be higher.
- In our case Is important to remember that critical patients who have had bacteremia and any type of prosthesis are susceptible to colonization and chronic infection.
- This patient will need close follow-up to avoid future complications.