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Thoracic Aortic Dissection and Mycotic Pseudoaneurysm in the Setting of an Unstable Upper Thoracic Type B2 Fracture

Thoracic type B2 fractures are high-energy injuries. It is crucial to maintain a high index of suspicion for concomitant visceral injuries. A 33-year-old man presented after a motor vehicle accident with a T4 type B2.3 fracture with an associated sternum fracture. He was treated with a T4 corpectomy and an expandable titanium cage and lateral plate construct at T3-T5. Two months later he developed focal kyphosis and loosening of his screws. This was addressed with an instrumented posterior fusion from T1 to T8 complicated by a wound infection, pneumonia, and fungal esophagitis requiring several debridements and vacuum assisted closure therapy. Worsening back pain prompted a thoracic computed tomography scan, revealing a dissecting thoracic-aortic aneurysm, which was treated with an endovascular stent graft. Few months later, he presented with fevers, chills, and hemoptysis secondary to Staphylococcus aureus bacteremia, endovascular leak, and T3-T5 osteomyelitis. He was transferred to our institution and restented by the cardiothoracic service. Subsequently, he underwent a thoracotomy, evacuation of infected aneurysmal hematoma with removal of instrumentation. A revision corpectomy with iliac crest autograft reconstruction was performed without complications. The patient's infection and thoracic pain resolved. However, there was a significant delay in treatment, resulting in substantial morbidity. Patients with thoracic type B2 fractures require careful evaluation for concomitant aortic and visceral injuries. Missed associated injuries result in increased morbidity and mortality.

在不穩定的上胸椎 B2 型骨折情況下的胸主動脈夾層和病菌性偽動脈瘤

胸椎 B2 型骨折是高能量損傷。關鍵是要保持高度懷疑伴隨的內臟損傷。一名 33 歲男子，在汽車事故後在 T4 椎體出現 B2.3 型骨折及相關的胸骨骨折。他接受了 T4 椎體切除術和在 T3 至 T5 間使用一個可擴展的鈦金屬架和側板構建。兩個月後，他發展出集中性脊柱後凸和螺絲鬆動。針對這情況，T1 到 T8 以後路脊柱融合手術融合，但出現傷口感染，肺炎，真菌性食管炎而需要好幾次清創和真空傷口癒合治療法治療。因背部疼痛惡化而進行胸部電腦斷層掃描，發現胸主動脈夾層瘤並以血管內支架移植物治療。數月後，他出現發燒，風寒，金黃色葡萄球菌菌血症繼發咳血，血管內漏和 T3-T5 骨髓炎。他被轉送到我們的學院和在心胸外科留院治療。隨後，他接受了開胸手術，移除了內固定的儀器以清除受感染的動脈瘤血腫。又進行了翻修椎體切除術並以髂骨自身移植重建，期間沒有併發症。病人的感染和胸部疼痛都解決了。然而，因為明顯的治療延誤，引發其他嚴重疾病。胸椎 B2 型骨折的患者需要仔細評估隨之而來的主動脈和內臟損傷。遺漏了相關的損傷可引致發病率和死亡率增加。