treated on an individual basis. This case is being reported for its rare situation of multiple aneurysms involving the thoracoabdominal aorta due to mycobacterium and the successful treatment of the condition by open surgery. Based on our limited experience, we consider open graft replacement an appropriate treatment for TB-related thoracoabdominal aneurysm.

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EDITORIAL COMMENTARY

Tuberculous aneurysm of the aorta: Rare but treatable

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In this issue of the *Journal*, Velayudhan and colleagues¹ report on the surgical treatment of a relatively rare but important cause of aortic aneurysm, tuberculosis.¹ Treatment of this condition is of particular importance in countries such as India, the source of this report, where tuberculosis remains a major health problem. Velayudhan and colleagues¹ successfully replaced the distal arch and the entire descending thoracic and abdominal aorta of an 18-year-old male patient with multiple presumed pseudoaneurysms as well as occlusion of the left subclavian, right renal, and inferior mesenteric arteries. The procedure was carried out under total hypothermic cardiopulmonary bypass with a short interval of circulatory arrest. The ostial stenosis of the left renal artery was corrected with an interposition polyester graft, and several pairs of lower intercostal arteries were implanted into the aortic graft. The heart was protected with a cold cardioplegic solution after clamping of the ascending aorta. As a minor technical point, at my institution we prefer hypothermic ventricular fibrillation with left-heart venting for myocardial protection during these procedures, which avoids the need for clamping of the ascending aorta and provides adequate protection.²

Up until 1999, only 88 cases of tuberculous aneurysms of the aorta had been reported in the English language

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Central Message

Tuberculous aneurysm of the aorta can be successfully treated with open or endovascular repair and long-term drug therapy.

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literature.³ Most of these lesions are pseudoaneurysms, and they most commonly develop by invasion of the aortic wall from contiguous foci of tubercular tissue (lymph nodes, paravertebral abscesses) or by the hematogenous route. Successful treatment has involved graft replacement of the involved aortic segments combined with long-term multimodal drug therapy. More recently, tuberculous aneurysms confined to the descending thoracic and infrarenal abdominal aorta have been

successfully treated with endografts.⁴⁻⁶ To prevent recurrent graft infection, however, long-term drug therapy is essential.⁶

Velayudhan and colleagues¹ are to be commended for their successful surgical management of the extensive aortic disease observed in their patient, for whom no other surgical option was available.

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