

## Letter to the Editor

# Letter to the editor regarding "A successful obturator bypass after aortic graft infection"

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Received: April 16, 2026 Accepted: May 11, 2026 Published online: July 03, 2026

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### DEAR EDITOR

I read with great interest the article by Dayanir et al. [1] entitled "A successful obturator bypass after aortic graft infection." I would like to congratulate the authors for their valuable contribution to the literature. Their report highlights the role of extra-anatomic obturator bypass as an effective surgical option in the management of graft infections, which remain one of the most challenging complications in vascular surgery and may result in limb loss or even mortality. I would like to address a few points regarding some aspects of the article and share my personal opinions.

Aortic graft infection (AGI) is one of the most serious complications following aortic reconstruction. Although uncommon, it can lead to prolonged hospitalization, repeated interventions, limb loss, and significant mortality. The case presented by the authors illustrates the complex course of late graft infection and highlights the potential role of obturator bypass as an extra-anatomic revascularization option.

A notable feature of this report is the prolonged and recurrent clinical course. Multiple hospitalizations, wound complications, and repeated debridements demonstrate how persistent prosthetic infections can become once established. This case also emphasizes that graft infections may progress gradually and may not always present with prominent systemic findings,

underscoring the importance of careful evaluation of local complications in patients with prior aortic reconstruction. The management of AGI necessitates balancing effective infection control with the maintenance of limb perfusion. Although graft excision with in situ reconstruction is preferred, extensive groin infection or compromised tissue integrity increases the reinfection risk [2,3].

In such circumstances, extra-anatomic bypass becomes an important alternative. Among the available options, the obturator route offers several advantages. By passing through deeper and relatively unaffected tissue planes, the graft can be positioned away from the contaminated groin regions. This separation from infected tissue may reduce the risk of persistent infection while still allowing effective lower-extremity revascularization [4]. The surgical strategy described in this case is noteworthy. Using a single aortic inflow graft with a contralateral jump configuration enabled bilateral limb perfusion while minimizing manipulation of infected groin tissues. Favorable postoperative imaging and clinical improvement suggest that this approach was technically sound and effective. However, the question remains whether placing a new prosthetic graft in a contaminated field after removing an infected one is appropriate. When the retroperitoneal region is also involved, alternative strategies to obturator bypass should be carefully considered [5].

### CITATION

Sirin G. Letter to the editor regarding "A successful obturator bypass after aortic graft infection". Turk J Vasc Surg. 2026;35(2):184-5.



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Another valuable aspect of the report is the multidisciplinary approach to patient management. The presence of ureteral compression caused by perigraft inflammation demonstrates how vascular graft infections can affect adjacent structures beyond the vascular system itself. Collaboration with urology and the placement of a ureteral stent, therefore, represented an important step in preventing additional complications. Such multidisciplinary coordination is often essential in managing complex vascular infections.

This case also raises important considerations regarding the optimal timing of definitive surgical treatment. Although repeated debridement may temporarily control localized infection, persistent contamination around the prosthetic material ultimately requires graft removal. Determining the appropriate timing for definitive intervention remains a clinical challenge and should be guided by infection severity, patient stability, and surgical risk.

In conclusion, this well-documented case highlights the challenges of late AGI and demonstrates the potential value of obturator bypass when conventional reconstruction is not feasible. It also underscores the importance of individualized surgical planning to achieve effective infection control and limb salvage.

**Data Sharing Statement:** Data sharing is not applicable to this article as no datasets were generated or analyzed.

**Author Contributions:** The author solely contributed to the conception, writing, and final approval of the article.

**Conflict of Interest:** The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

**Funding:** The author received no financial support for the research and/or authorship of this article.

## REFERENCES

1. Dayanir OB, Sayarer C, Metin SK, Ugurlu SB. A successful obturator bypass after aortic graft infection. *Turk J Vasc Surg.* 2026;35:68-71.
2. Mohammed Moawed M, Abd-Elghany SM. Extra-anatomical obturator bypass due to groin infection. *Med J Islam Repub Iran.* 2023;37:62.

3. Bath J, Rahimi M, Long B, Avgerinos E, Giglia J. Clinical outcomes of obturator canal bypass. *J Vasc Surg.* 2017;66:160-6.
4. Masaki H, Tabuchi A, Yunoki Y, Kuwata N, Tamura T, Honda T, et.al. Long-term results of obturator bypass. *Ann Vasc Dis.* 2016;9:80-4.
5. Besirli K, Cortelekoglu T, Sirin G, Tuzun H, Gurel Sayin A. An extraanatomic bypass method alternative to the obturator bypass. *Vasa.* 2005;34:278-80.

## REPLY BY DAYANIR ET AL.

We would like to thank the author for this well-written and clinically meaningful Letter to the Editor. The manuscript addresses an important and challenging issue in vascular surgery and provides a thoughtful discussion of the case reported by Dayanir et al. [1]. The author appropriately highlights the complexity of aortic graft infection, the potential value of extra-anatomic obturator bypass, and the need for individualized surgical planning in such difficult clinical scenarios.

The comments regarding infection control, maintenance of limb perfusion, the timing of definitive surgical intervention, and multidisciplinary management are relevant and clearly presented. In particular, the emphasis on the role of careful clinical judgment and cooperation between different specialties adds value to the discussion.

The author also raises an important and clinically relevant point regarding the placement of a new prosthetic graft after the removal of an infected graft. This issue is particularly valuable to discuss, as the decision to use prosthetic material in or near a previously contaminated field requires careful consideration of infection control, tissue condition, anatomical constraints, and the need to maintain limb perfusion. By bringing attention to this dilemma, the letter contributes to a more nuanced discussion of surgical decision-making in complex graft infections.

We would like to thank the author for their attention and contributions.

## REFERENCES

1. Dayanir OB, Sayarer C, Metin SK, Ugurlu SB. A Successful Obturator Bypass After Aortic Graft Infection. *Turk J Vasc Surg.* 2026;35:68-71.