



Visceral stent separation post-implantation of custom made device for pararenal abdominal aortic aneurysm



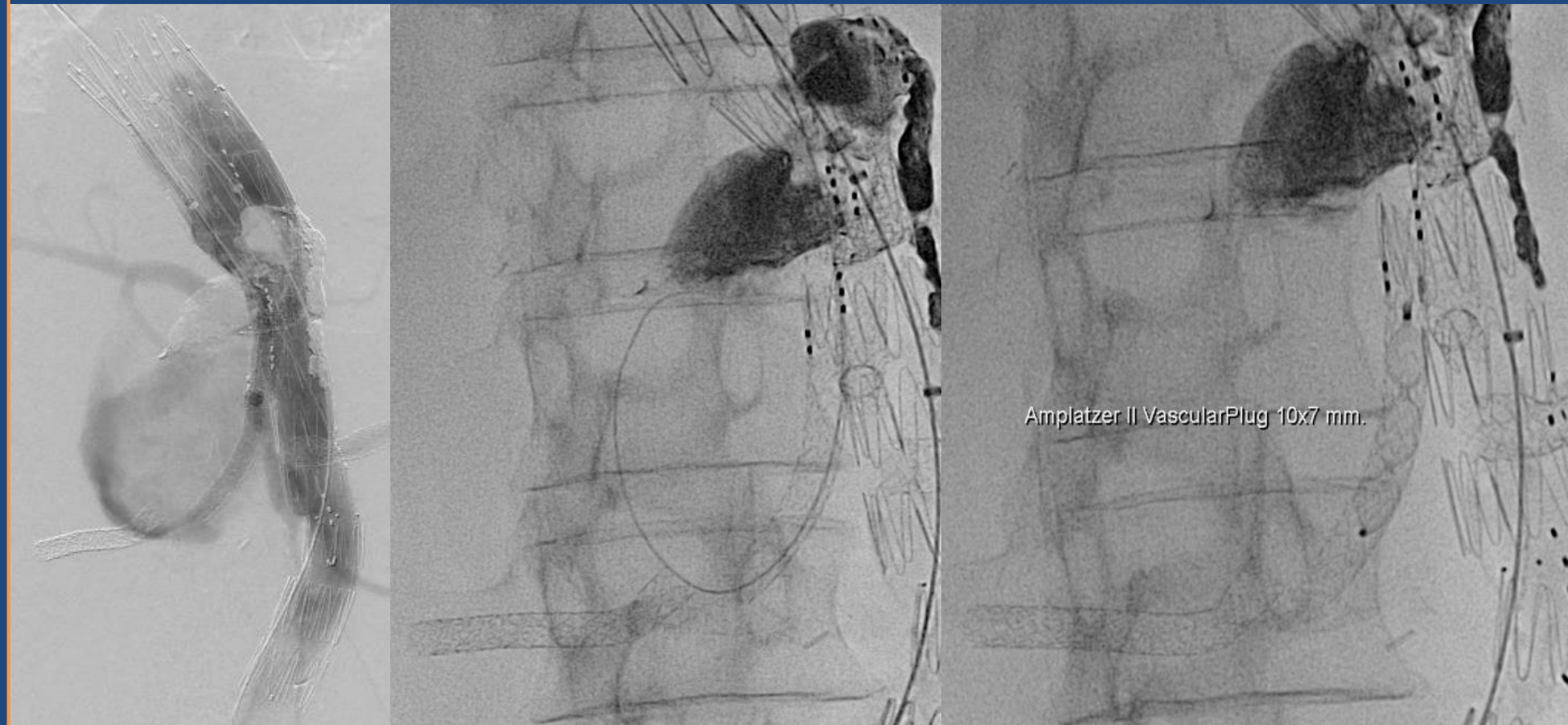
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A 71-year-old male patient presented with acute right leg ischemia from occlusion of right common iliac artery emboli and underwent femoro-femoral bypass.

Upon follow up found increase size of the pararenal aortic aneurysm. He was treated with open infrarenal aneurysm repair and planned for staged custom made device.

The supra renal aortic aneurysm was repaired with four branches graft. Upon follow up found type III endoleak from celiac artery branch graft and type II endoleak from lumbar arteries resulted in increasing size of the aneurysm sac.

These were corrected by celiac branch stent extension for type III endoleak and translumbar embolization of lumbar arteries for type II endoleak.



RRA stent separation with contrast in aneurysm sac

Cannulate proximal RRA stent

Embolized proximal RRA stent

After discharge 5 months, the patient presented with sudden severe abdominal pain which radiated to back and hypotension. Computed tomography revealed right renal artery (RRA) stent separation with contrast extravasation into the aneurysm sac. In the emergency situation, the proximal right renal artery stent was cannulated and embolized with the Amplatzer II Vascular Plug. At 6 months of follow up, the creatinine level was stable and the aneurysm sac was thrombosed.