

***Surgical treatment of the aneurysm of the abdominal aorta after an
unsuccessful endovascular treatment in the presence of its quick growth
and a nonspecific gastrointestinal bleeding.***

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Disclosure

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I do not have any potential conflict of interest

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Male, 70 years old
EVAR in 2005.

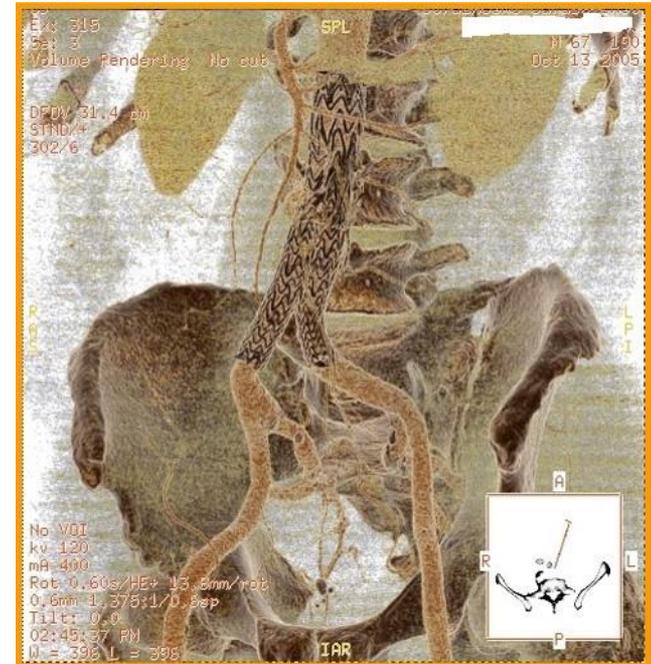
Maximum diameter of the aneurysm was 59 mm.

A two-compound stentgraft in the infrarenal position
was installed.

The procedure was considered as technically
successful.

Check CT angiography carried out in 4 years revealed
the endoleak of the type II though the size of the
aneurysm diminished by 57 mm.

During next 6 years patient didn't have any complains
and check examinations.



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In July, 2016 the abdominal pain, the gastrointestinal bleeding and reduction of the hemoglobin level by 60 g/l appeared.

Endoscopic examination didn't show a source of the bleeding in the upper gastrointestinal tract.

CT angiography revealed a significant increase of the aneurysm by 73 mm

The patient was stabilized but the abdominal pain and the pain in the lower part of the back remained.

In August during duplex sonography and CTA diameter of aneurism was 80 mm.

After considering all presented findings, it was agreed to carry out an open surgery.

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Laparotomy was performed. The aneurysmal sac was tense with the signs of inflammation.

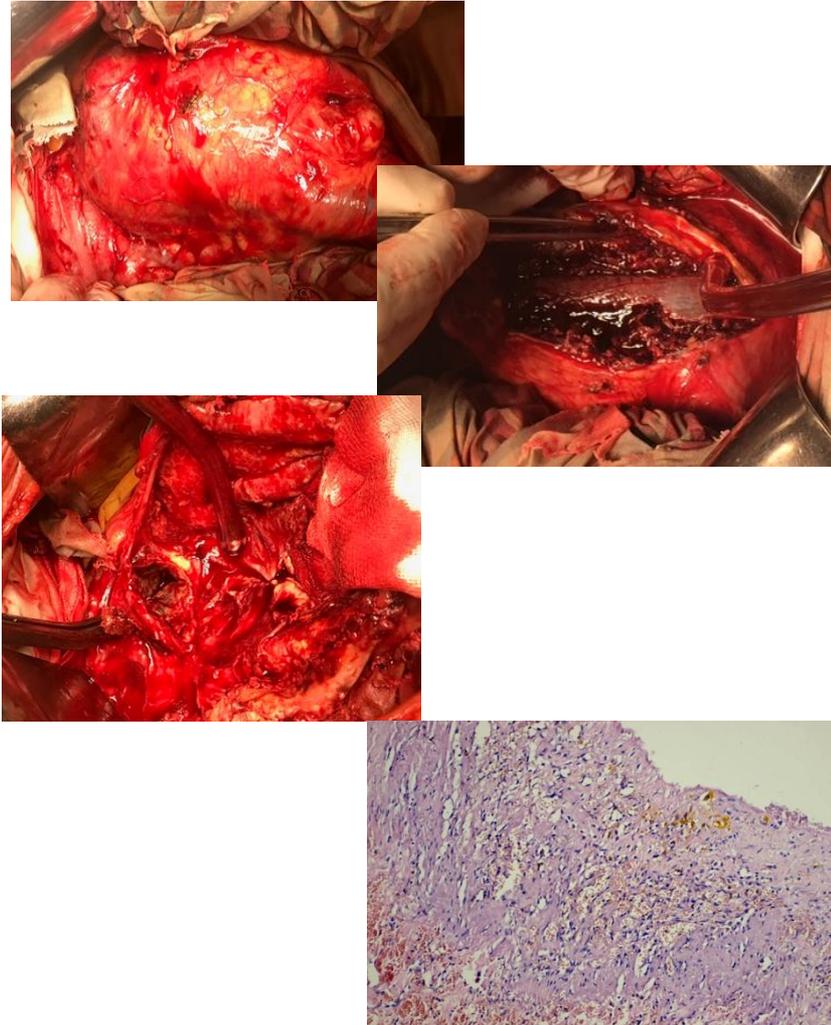
The intestine was without the signs of inflammation or adhesion.

After the aorta clamping a small amount of thrombotic masses of a different consistency was revealed inside of aneurysmal sac, during the evacuation of which the bleeding from several vertebral arteries was detected.

The stentgraft was dissected below the level of clapping. A woven bifurcation graft was used. Proximal anastomosis was performed between the graft and stentgraft. Distal anastomoses were made above the level of the internal iliac arteries.

Postoperative period passed without complications.

Histological examination of wall of aneurism reveled a presence of bile pigments



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Conclusion

For patients after EVAR requested dynamic CT or ultra sound examination for detection endoleaks for prevention of enlargement and rupture of aneurysm

In case of unsuccessful embolization for treatment of endoleaks open surgery treatment recommended for prevention of rupture of AAA

Gastrointestinal bleeding can be indicator of formation of aortoenteric fistula

Gastrointestinal bleeding with combination of a quick growth of the aneurysm, an intense pain syndrome can be considered as signs of inflammation of the aneurysmal sac and can determine open surgery as the approach of saving patient's life.

Technique of the open surgery with the partial stentgraft resection, clipping of proximal anastomosis between graft and a part of remaining stentgraft gives possibility to carry out less traumatic open surgery.

Thank you for your attention!