

BACKGROUND

Occlusive aorto-iliac disease may limit endovascular aneurysm repair by jeopardizing both endograft implantation and permeability. We report a challenging case of bilateral iliac aneurysms, associated with severe aorto-iliac occlusive disease

CASE REPORT

68 year-old ♂

MEDICAL HISTORY

- DM2, HTN, stable angina, dyslipidemia, smoker, COPD (GOLD 3), obesity

PHYSICAL & HEMODYNAMIC EVALUATION

- No lower limb pulses (bilateral)
- No rest pain or lesions at left (ABI 0.42)
- Severe rest pain, trophic lesions at right (ABI 0.14)

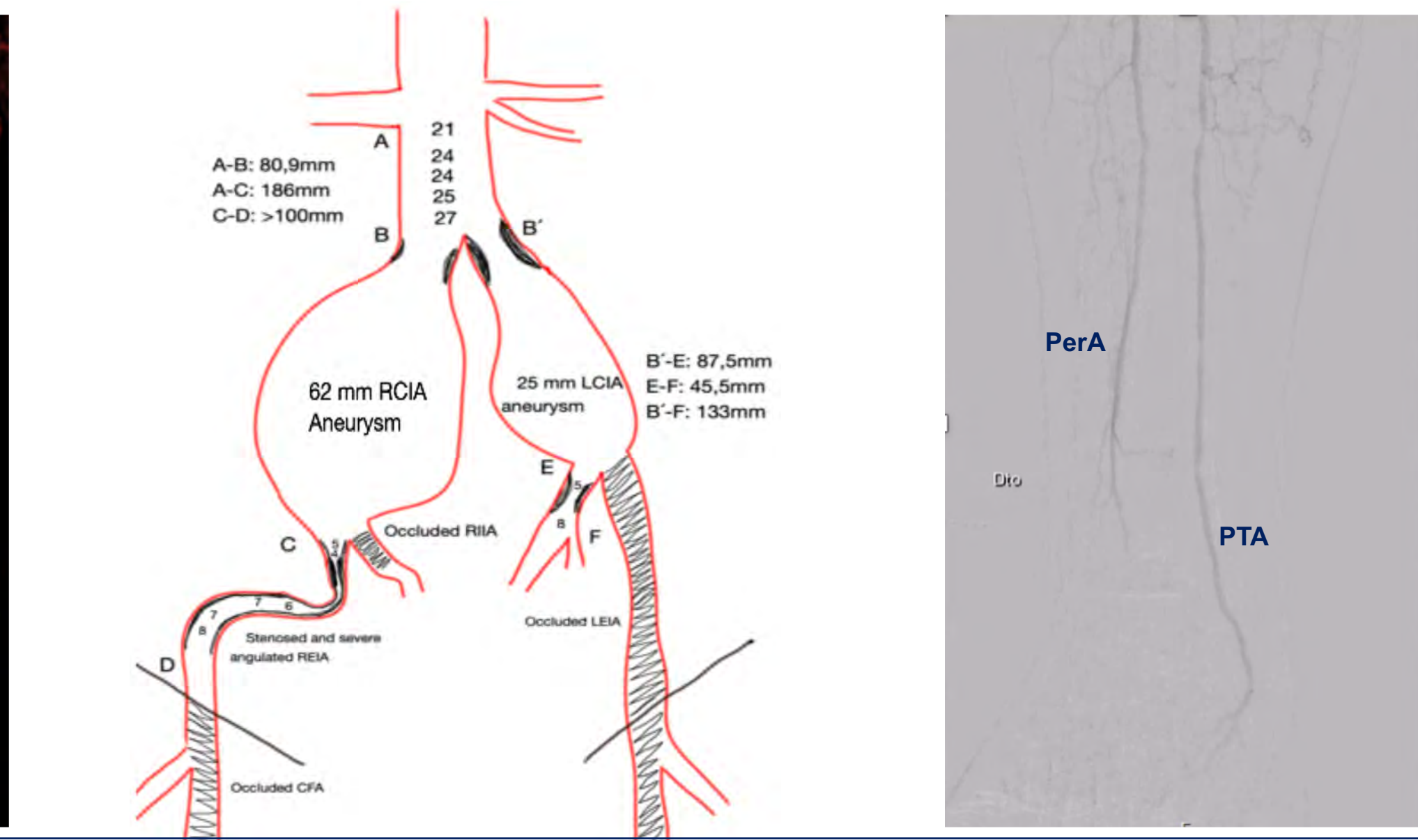


4th toe gangrene

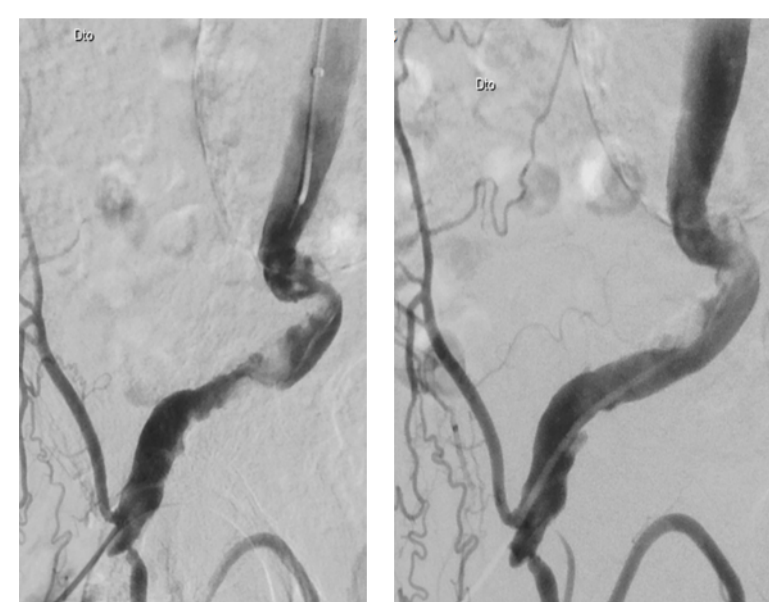


Non-healing 4x4 cm lateral malleolus ulcer

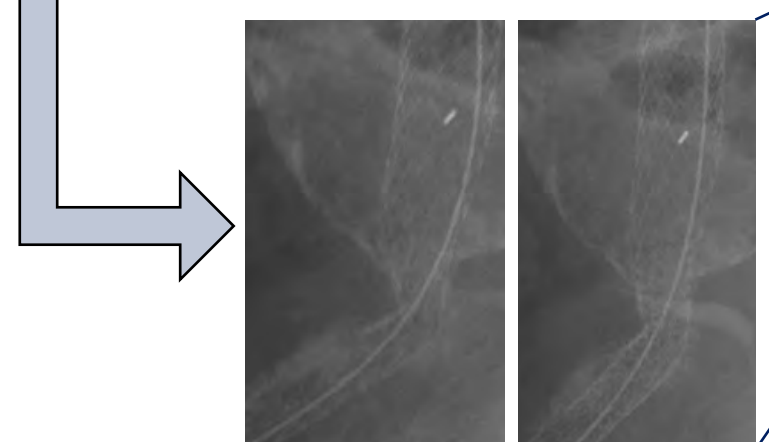
PLANNING AND PROCEDURE



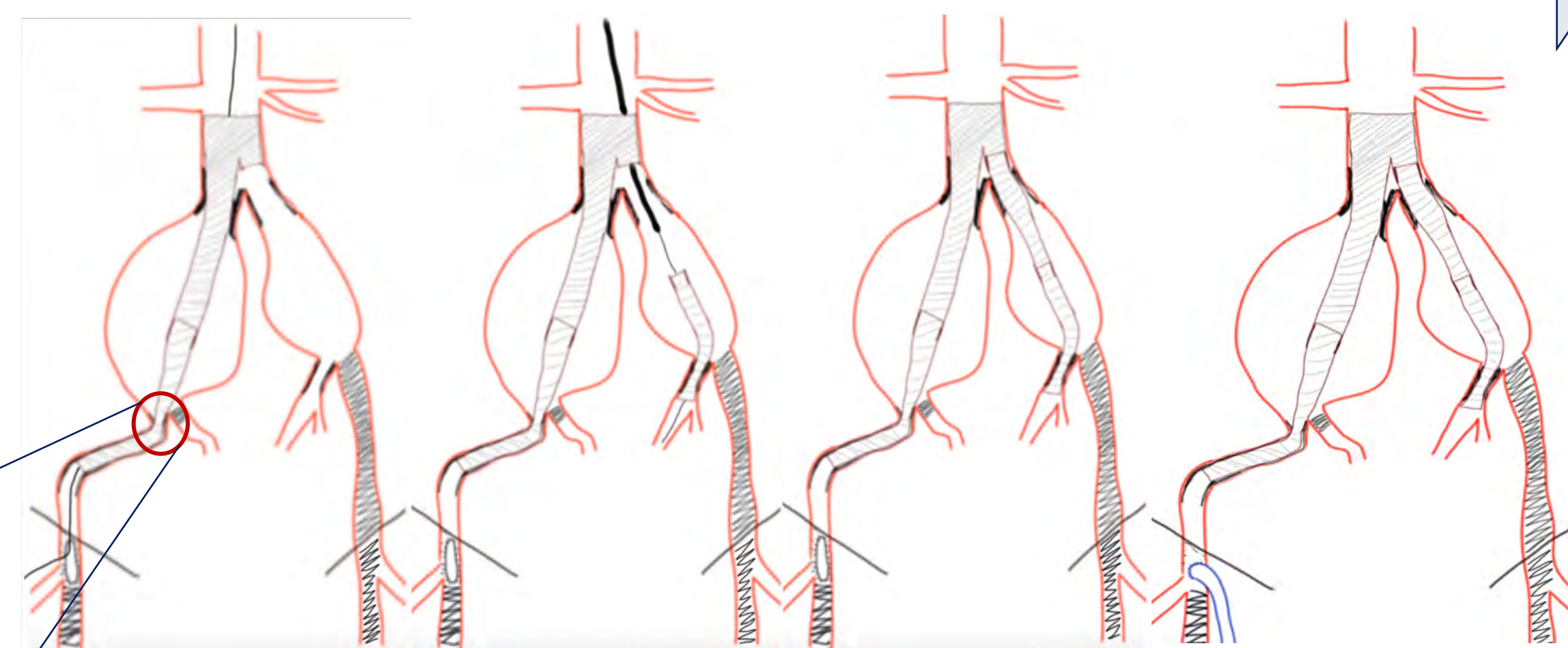
- 1 REIA angioplasty CFE (patch angioplasty)
- 2 Aneurysms exclusion + LIIA preservation
- 3 Femoro-PTA bypass (GSV)



7x60 and 9x60 mm through-and-through guidewire



Balloon expandable stent (9x20 mm)



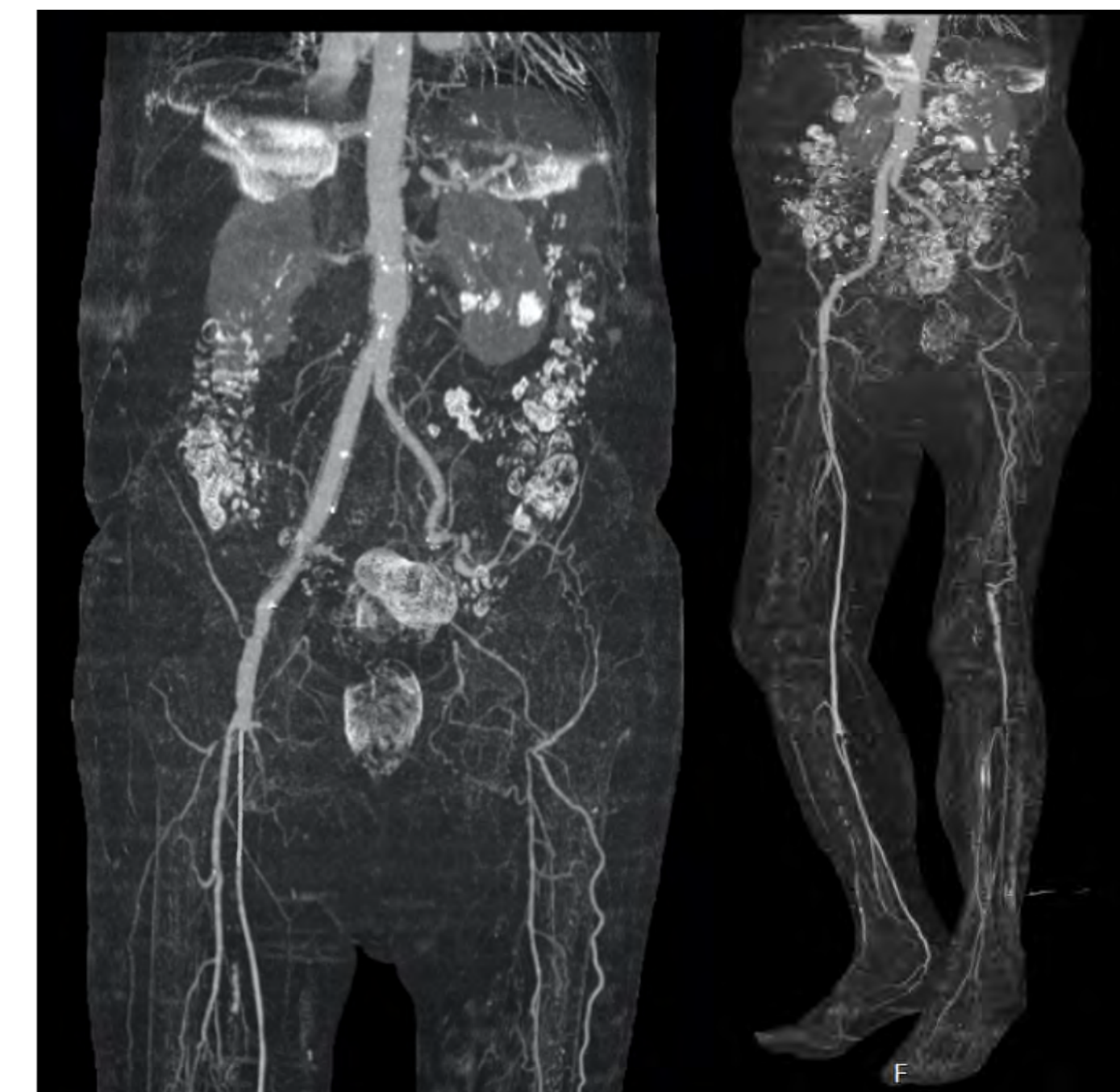
Gore® Excluder® 26x14x16 Iliac extension 12x120 mm

Gore® Viabahn® 8x100 mm

Gore® VBX® 8x79 mm Flared proximally to 14 mm

- ✓ Aneurysms exclusion
- ✓ LIIA preservation
- ✓ Limb revascularization

FOLLOW-UP



CONCLUSION

The detailed planning, combined with the described multiple-step hybrid procedure allowed this excellent outcome

DISCLOSURES

I have no actual or potential conflict of interest in relation to this presentation