**Contralateral limb of the main body stuck in the ipsilateral CIA during EVAR for ruptured AAA**

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**Case Summary**

An 88-year old woman with a medical history of hypertension and hypertrophic cardiomyopathy, visited our emergency department with an ongoing abdominal pain and mild dyspnea. Her CT image taken 3 weeks before at an outside hospital, had showed a large (8cm) saccular abdominal aortic aneurysm with suspicion of concealed rupture (Fig 1). But she had been managed conservatively because of high operative risk.

An emergent endovascular aortic repair (EVAR) with bifurcated stent (Excluder, Gore) graft was planned. However during the procedure, the main body was deployed distally in the aortic neck than planned because of the tortuosity of the neck, and both iliac limbs were deployed in the ipsilateral CIA. The stent graft body itself had covered the orifice of the contralateral CIA, and the angiogram showed no flow to the contralateral side. (Fig 2). Immediately remedial Fem–Fem bypass was planned and performed successfully. In spite of our concern about the possibilities of the endoleak from the contralateral gate, the final angiogram during EVAR and CT image on the postoperative 8th day showed no endoleak from either sites. She was discharged on postoperative 9th day without other postoperative complication.

**Key Figures**

Fig 1. Initial abdominal CT shows a saccular abdominal aortic aneurysm (8cm)



Fig 2. After deploying main body device, folded contralateral gate.



**Discussion point**

1. Better treatment option for this challenging patient: observation, or open surgery?
2. A novel technique to overcome a stent-related accordion effect?
3. Is it necessary to perform contralateral CIA embolization?

(토론 주제 focusing 을 3개 정도로 요약하면 좋은 discussion을 할 수 있음)