INTRODUCTION
Type I endoleak is a frequent complication of endovascular treatment of abdominal aorta aneurysm increasing the risk of rupture.

CASE REPORT
A 59-years- patient. HD, chronic mesentery ischaemia treated by stenting of superior mesentery artery and abdominal aortic aneurysm treated with EVAR with suprarrenal fixation → Type IA endoleak and increased size of the aneurysm sac.

A proximal customized fenestrated cuff (Terumo Aortic™) with two fenestrations was implanted: for celiac trunk, with an ostium stenosis and for the SMA, arising in between the suprarenal fixations of the previous EVAR. Planed occlusion of both renal arteries was performed. There weren’t complications in the postoperative period and the patient was discharged on the sixth postoperative day.

DISCUSSION
- Most type la Endoleak can be treated by endovascular techniques. The most used strategies are the proximal extension of the graft to seal endoleak, chimney techniques, endoanchors and embolization of the endoleak channel.
- The use of a customized proximal cuff is a safe and valid option to treat type la endoleak in patients with chronic occlusion of both renal arteries and hemodialysis.