Case history:
83 YO male, post renal TX and EVAR at 1396 by another colleague, 53 mm sacular aneurysm (ZALB-24-70 R, ZSLE-16-56 L, ZSLE-16-74 R, and an additional Coda balloon for post-dilatation). Two years later, patient develop GI bleeding and drop of Hgb to 4 and complete WU showed no source of bleeding in GI and evaluation of aorta showed huge pseudoaneurysm with endoleak and question of stent fracture. Exact evaluation showed Type II a endoleak between SMA and IMA, no stent fracture. Selective angio showed no stent fracture.

Procedure:
From left brachial MP guiding put in SMA and microcatheter via several 0.014 wires (Pilot 50, Fielder XT-A), reach to the sac and after confirmation, path was closed with 10 pushable coils (Cook).

Discussion:
Endoleak may resemble stent fracture with aneurysm expansion and disastrous hard events. Proper CTA and evaluation by expert can be final solution to many questions. In this cases patient was discharged without any problem with Cr 2 and Hgb 9 mg/dl.