INTRODUCTION

One of the most common complications in FEVAR are endoleaks. Early type III endoleaks are due to an insufficient overlap between endograft components and use to disappear. However, late type III endoleaks have to be treated usually and are classified into type IIIa endoleak, when there is a separation between endograft components, or type IIIb endoleaks, with defects on stent graft material. We present a case of a complex type IIIa endoleak.

CASE REPORT

A 77 year-old-man treated in 2005 of thoraco-abdominal aneurysm using FEVAR Zenith Cook (Cook Medical. Indiana. USA) with a thoracic module (3 fenestrations) and a bifurcated EVAR. During the follow-up, in a 7 year angio-CT control, a total decoupling of both modules was observed, with a large type III a endoleak between thoracic and bifurcated module, with a sac aneurysm enlargement.

Endovascular repair was decided. We connected both modules using a thoracic endoprosthesis device Gore C-TAG 28 x 100 mm (W. L. Gore & Associates, Inc. Arizona, USA). That was possible using braquial and femoral access to make a through and through technique.

DISCUSSION

- Long term FEVAR can present type III endoleaks due to the degeneration of the sac with the time or because of the damage of the material along the years.
- This kind of endoleaks can lead to a quick growth up with fatal consequences. However, nowadays vascular surgeons have a lot of technical resources to fix these complications in a minimally invasive endovascular way.