Aneurysm of superior mesenteric artery (SMAA) with diameter of 2.2 cm was found incidentally on US examination in 26 year old female. The only risk factor was positive family history - intracranial aneurysm in grandmother.

After multidisciplinary consensus, taking into consideration aneurysmal size and location, patients’ age, pregnancy planning and literature data, endovascular management with covered stent was proposed.

At first, self-expandable covered stent (Bard, Luminex) was released. Single transfemoral approach, stiff guidewire and a large sheath distorted anatomy, resulting in incomplete aneurysmal neck covering. Since only stainless steel stent graft was available, the procedure was terminated.

The multidisciplinary board decided to opt for a second endovascular treatment, this time with longer covered stent and transaxilar approach to reduce anatomical distortion. Balloon expandable cobalt chrome stent graft (Jotec, E-ventus BX) was placed in SMA, covering both the aneurysm neck and stent graft, placed before. Control DSA confirmed complete exclusion of the aneurysm. On US control three weeks later, covered stent was patent and there was complete aneurysmal exclusion. There was a mild median nerve damage periprocedurally, which resolved in following three months and there were no signs of bowel ischaemia.

Endovascular management of visceral aneurysms is minimally invasive, often with durable results, though considerable attention should be focused on procedure planning, including vessel access.