79 years old male, with known history of congestive heart failure and hypertension

Admitted for a 3 week history of mild haemoptysis

A thoracoabdominal angio-CT revealed a ruptured descending thoracic aortic aneurysm (TAA)

Ruptured TAA - Extending from the left common carotid artery
Bilateral CIA aneurysm
Bilateral IIA aneurysm

175° kink located 10cm above the thoracoabdominal transition
95° kink located above the aortic bifurcation

CAROTID - CAROTID BYPASS

TEVAR - LANDING ZONE 1

Hostile anatomy for correct navigation and deployment of the endoprosthesis
Axilo-femoral “through-and-through” with a stiff guidewire was performed

Type 2 endoleak in the dependence of the left subclavian artery

Post-Procedure stroke (48h);
21 days in the ICU. Discharged at 60th day;

CONCLUSION

TEVAR represents a first line procedure for the treatment of descending thoracic aortic aneurysms.

In complex anatomy aneurysms, hybrid interventions emerge as elegant and often only solutions for the treatment of these pathologies.