The patient, 66 y.o., male, with infrarenal aortic aneurysm.

Novosibirsk Research Institute of Circulation Pathology named by Meshalkin
Andrey Karpenko, Pavel Ignatenko, Vladimir Starodubtsev, Vyacheslav Mitrofanov

Comorbidies:
- CAD
- Occlusion of common and external iliac arteries, chronic ischemia of lower extremities (3 stage according to Rutherford classification)
- Implanted cardioverter defibrillator
- Dilated cardiomyopathy

Risk:
- scale ASA 4
- scale CEPOD 1
- Classification of surgical complications 3

It was decided to perform recanalization of the iliac arteries and abdominal aortic replacement during the same surgery.

At the first stage recanalization and predilatation of the right iliac arteries occlusion was performed.

Stent graft and ipsilateral branch were implanted through the left femoral artery. Contralateral branch of stent graft was implanted through the common femoral artery.

The last step performed balloon angioplasty with stenting of the external iliac artery self-expanding nitinol stents were positioned and implanted into residual stenosis zone of the right external iliac artery 14*60, 10*100.

Recanalization with stent-graft implantation is possible in patient with combination of abdominal aorta aneurysm and iliac arteries occlusion. This method is alternative to unilateral replacement with crossed femorofemoral bypass.

The patient was observed on an outpatient basis after 12 and 24 months after discharge. In 2 years a control CT angiography of abdominal aorta and lower extremities with injected radiocontrast agent was performed. Aorta and lower extremities arteries were kept passable with no endoleaks detected.