INTRODUCTION:
Infrarenal aortic neck pathology is the major limiting factor for endovascular aneurysm procedures, determining inadequate sealing and thereby marked risk of complication. Despite of the development of alternative techniques and more appropriate devices, short length neck still represents a crucial anatomical point that can make EVAR unsuitable.

PURPOSE:
The aim of this report was to show an alternative treatment of an aortoiliac aneurysm in the presence of an aortic segmental type B dissection involving the proximal neck.

CASE REPORT:
A 62-years-old male patient was admitted in our unit with an infrarenal aortic aneurysm, associated to a left common and internal iliac arteries aneurysms. The patient had arterial hypertension, type 2 diabetes and was high-risk for surgery because of his cardiopulmonary conditions. The angiotomography showed an aortic segmental type B dissection just below the origin of the left renal artery (figure 1).

The initial planning was a Chimney graft EVAR, but for a less invasive and shorter procedure, we chose to perform a conventional EVAR, with percutaneous approach, landing the proximal part of the prosthesis in a healthy aortic segment after the dissection end and to treat the type B dissection clinically (figure 2).

EVAR was successful using a Gore Excluder C3 stent-grafts with left internal iliac aneurism coil embolization.

The postoperative courses were uneventful and the patient was discharged on the third day after the procedure. Follow-up with tomography angiogram at 1 and 6 months demonstrated no evidences of endoleak, neither stent migration or aneurysm sac enhance. False lumen remains stable and the patient asymptomatic (figures 3 and 4).

Figure 1: Pre-operative imaging: a. Aortic anatomy and aneurysm relations. b-d. Juxtarenal aortic dissection. e-f. Common and internal left iliac aneurysms.

Figure 2: After procedure aspects of the aorta. a. Absence of proximal endoleaks. b. Maintenance of type B aortic dissection. c. Patency of the graft.

DISCUSSION:
Endovascular treatment figures as the standard method to treat complex aneurysm and other aortic pathology. Many consecrated techniques such as snorkel or Chimney grafts, or branched/fenestrated devices already have a broad spectrum of positive outcomes in the literature, but not manipulating visceral arteries represents lower rates of morbidity. Non complicated Type B aortic dissection standard treatment is preferentially clinical, specially in asymptomatic patients. Endovascular repair is desired in those patients whose symptoms intensity or in cases of aneurysm sac or false lumen enhance, but is not free of complications and have a considerable rate of mortality.

CONCLUSION:
Less invasive and alternative procedures are feasible, with good long-term performance and lower costs applicability.