OPERATIVE TABLE CUSTOMIZED T-BRANCH ENDOPROTESES

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A 80-YEAR-OLD MALE, WITH 18 CM DIAMETER AORTIC ANEURYSM OF, GROWING 1 CM IN THE LAST 6 MONTHS. PREVIOUS TREATED WITH AN EXCLUDER ENDOPROTESE 7 YEARS AGO. THOUGHT TO BE AN ENDOLEAK DUE TO ENDOTENSION, THE ANGIO CT SHOWED A TYPE I. INVOLVING RENAL ARTERIES THERE WAS ANOTHER ANEURYSM WI (4,5 CM ABOVE PROTEASES BIFURCATION).

THE LEFT RENAL ARTERY WAS COMPRESSED BY THE ANEURYSM AND HAD CREATED A VERY SHARP ANGULATION PROVIDING DIFFICULTY TO THE ENDOPROSTHESIS PROGRESS.

THE PATIENT WAS DISCHARGED FROM THE HOSPITAL WITH 3 DAYS AND THE CONTROL ANGIO CT SHOWED A PROXIMAL ENDOLEAK RESTRICTED TO THE SUPRARENAL AORTA. THE INFRA RENAL ANEURYSM STOP GROWING. EVACUATION OF THE ANEURYSM SAC IS PROGRAMED

PROCEDURE A T-BRANCH (COOK) ENDOPROTESE WITH INTRAOPERATIVE TABLE MODIFICATION DUE TO THE SHORT DISTANCE FROM THE RENAL TO THE EXCLUDER BIFURCATION (4,5 CM). CUT ALMOST 2 CM OF THE DISTAL PART OF THE T-BRANCH.

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