Introduction: We describe an unusual complication in a 51 year old male patient following CERAB in which the patient had proximal migration of the left limb of the covered stent although patent, whilst the contralateral right limb had occluded.

Clinical History: A 51 year old obese male smoker with COPD presented with one month history of right leg claudication. MR angiogram demonstrated stenosis of the distal aorta, occluded right common iliac artery (CIA) and critically stenosed origin of left CIA. There was no significant infra-inguinal vascular disease.

Due to the patient’s co-morbidities, the multidisciplinary team decided to perform Covered Endovascular Reconstruction of Aortic Bifurcation (CERAB) rather than aorto-bi-femoral graft or aorto-uni-iliac graft with right to left femoro-femoral cross-over graft.

Possible Cause: It is difficult to explain the cause of the left CIA stent migration.

One possible explanation is that the 10 mm diameter stent within the aorta and 6 mm stents within the common iliac arteries were probably small. This may have resulted in the stents sitting loosely within the respective vessels, and the left CIA stent may have been pushed upwards by the “Perclose” closure device while the left CFA access was being closed.

Conclusion: The CERAB technique is a safe and feasible alternative to open surgical reconstruction of the aortic bifurcation in complex occlusive disease. Procedural complications include vascular injury, stent occlusion and distal emboli among others.

The complication we have described is unusual in which the stent has migrated proximally rather than distally. One possible cause is the smaller diameter of the stents used and the usage of perclose device. This complication should be borne in mind whilst using closure devices after placing iliac stents.