Expanding thoracic aneurysm due to Type 3 endoleak treated with covered stent and chimey to superior mesenteric artery bypassing false lumen

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Type 3 endoleak post TEVAR is not uncommon, but managing the complication and reducing the morbidity remains inherent challenge.

A 67 year old man with previous TEVAR in 2012 (Type B aortic dissection) presented with gradual episode of dyspnoea, dysphagia, hemoptysis and hoarness of voice over 2 years period.

Jet at diaphragmatic level (overlapped 1st and 2nd Cook device)
SMA supplied by both lumen
Right renal artery – false lumen
Left renal artery – true lumen

Cook TX 2 tapered 36x32x197
Cook TX 2 tapered 34x30x157
Cook dissection stent 46x46x164

LFA 0.014 wire with RDC support – SMA
Valiant Thoracic 36-32x150 till T12
Advanta V12 covered stent 8x59 to SMA