Double iliac extension limbs caused by misdeployment of contralateral iliac limb: an unusual complication of EVAR

Introduction
Misdeployment of contralateral iliac limb is an unusual complication of EVAR. We reported a case complicated by this technical error.

Case
An 81-year-old male underwent 2 attempts of EVAR but failed due to small and calcified external iliac arteries. He was then planned for Ovation stent graft respecting its benefit of lower profile.

Procedures
- Bilateral CFA direct exposure.
- Paving and cracking with endoconduits using 8-mm Fluency stent and 7-mm balloon on the right side. Then Main body was inserted through endoconduit.
- Deployment of main body
- Polymer filling using auto-injector
- Cannulation of contralateral gate and exchange for stiff wire
- Paving and cracking with endoconduits using 8-mm Fluency stent and 7-mm balloon on the left side.
- Contralateral limb extension with 18-mm iliac limb
- Ipsilateral limb extension with 22-mm iliac limb

Bail-out procedure
Both limbs were reinforced with kissing Advanta V12 stents, postdilated with 12-mm balloon
Cone-beam CT was performed to reassure the adequacy of inflow of both limbs which also showed contralateral limb compression.
Selective contralateral limb angiography with reverse curved catheter from ipsilateral side.

Final angiography
Endoleak identified with a strange finding of contralateral limb deployed inside ipsilateral limb
Cone-beam CT confirmed the position of contralateral limb inside ipsilateral limb

Postoperative CT
Patent stent structure seen in non-contrast phase of CTA

Discussion
This complication is due to disorientation of polymer-scaffolds of limbs. Any cannulation and implantation should be carefully confirmed, especially when using an unfamiliar device.