A man aged 80 was referred with a yuxtarenal aortic aneurysm. The patient was unsuitable for open surgery. The patient was treated using a Nellix endoprothesis in combination with two renal chimney grafts. The Nellix was deployed percutaneously and the renal grafts through a left axillar artery dissection. Technical success was achieved. 48 hours after the procedure the patient developed increase in the creatinine level. The CT-Angio showed malperfusion of the right kidney and a displacement of the right renal stent, that was lying out of the renal artery, in the aneurysm. We performed an urgent angiography showing the right renal stent parallel to the Nellix graft and lower to the renal artery ostium, with no possibility to recanalize the stent. We recanalize the right renal artery from the left humeral artery and the right Nellix graft trough the right common femoral artery. We deployed a 6X57 Eventus stent in the right renal artery and performed a balloon molding of the right graft all at once.

Follow-up CT-angio showed excellent result with no endoleak and both renal arteries patency. Creatinine level normalized 48 hours after.

EVAS associated to the chimney technique could be a valid way to treat yuxtarenal aneurysm. Care should be taken due to the endobags filling, that can displace the stents.