Although there is an increasing number of thoracoabdominal aortic aneurysms treated exclusively by an endovascular approach, renovisceral debranching represents a valid alternative in complex aortic cases.

**CASE REPORT**

75-year-old male, former-smoker, hypertension, and hypercholesterolemia.

**Surgical Story**


(2007) Descending and renovisceral aortic aneurysms/ Dacron graft from the suprarenal aorta to the previous one including renovisceral branches (RVB) in an aortic patch, plus a thoracic endoprosthesis.

(2008) Anastomotic pseudoaneurysm at the RVB patch/ embolization (hydrocoils) plus an aortic extender, preserving the RVB branches.

(2014) The treated pseudoaneurysm grew up to 69mm with a chronic contained rupture compromising the RVB.

(2016)

Aortic bifurcation grew up to 67mm.

1st) Two balloon-expandable stent grafts were deployed in the right CIA just above the origin of the debranching 2nd) A bifurcated endograft was implanted

**HYBRID PROCEDURE**

Debranching

Trifurcated Dacron graft (12x7mm) to SMA and both renal arteries, from the right CIA.

+ 2 Thoracic endografts

(from the previous endoprosthesis to just above the aortic bifurcation).

**CONCLUSION**

Renovisceral debranching techniques remain as a useful alternative when surgical risks are deemed too high for conventional repair, and an endovascular treatment is not feasible due to anatomical limitations or it is not possible to delay the intervention awaiting a customized device.