Early mechanical failure of the main body of EVAR necessitated open surgery
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Endovascular abdominal aortic aneurysm (AAA) repair (EVAR) currently performed more than open repair and become treatment of choice for AAA. EVAR and open repair have same goal to prevent the risk of rupture of AAA. Sac of AAA is intact after EVAR, and the patient may have risk of AAA rupture in case of endoleak. There are lots of reports for reasons, prevention and treatment of endoleak.

Nevertheless, there are not much reports of early main body failure for contemporary devices. Here, case of early occlusion of the main body, failure of endovascular reintervention and lastly necessitating open surgery is presented.

He is operated more than 15 years ago in another center and tubular graft was implanted. EVAR was done for dissecting pararenal aneurysm with good neck length and angle. Aneurysm size was 6 cm. Nearly 3 months later, contrast CT demonstrated occlusion of left limb of the stent graft. Occlusion was diagnosed after admission due to acute abdomen mimicking biliary stone and/or cholangitis. Aneurysmatic dilatation of graft material and aneurysms of both common iliac arteries with occluded hypogastric arteries too. Medtronic Endurant main body was inserted through left common femoral artery.

Nine days later, contrast CT examination was performed due to acute abdomen mimicking biliary stone and/or cholangitis. Functioning stent graft without endoleak was demonstrated.

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Femorofemoral crossover bypass was done for salvage of the patient.

Endograft limb thrombosis occurred in 4% of the patients who underwent EVAR. The presence of significant angulation and calcification of the iliac arteries, as well as excessive endograft limb oversizing shown to be independent predictors of endograft limb occlusion. Although endoleak and risk of rupture have more prestigious importance and takes much attention, mechanical failure or occlusion of limb must also need serious consideration.

CONCLUSION

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