INTRODUCTION: thoracoabdominal aortic aneurysms (TAAA) continue to be a surgical challenge due to the high morbidity and mortality associated. Endovascular repair represents an attractive alternative to open surgery for the treatment of complex aortic aneurysms. We present a case with thoracoabdominal aneurism type II in Crawford classification in a staged procedure.

CASE REPORT: a 68-year-old man presented interscapular pain. The patient has a history of hypertension. Computed tomography angiography (CTA) revealed a thoracic descend aneurysm of 68 mm with prerrotured signs with abdominal aneurysm of 51 mm no complicated. He underwent an urgent carotid-carotid crossover bypass with subcutaneous tunelization and a 46x420mm stent graft was deployed over the left common carotid artery. A 44x380mm thoracic stent graft was deployed distal to the previous resolving thoracic pain. Control CTA revealed acute dissection distal to endoprothesis extending to the origin of the left renal artery. A Zenith TX2® TAA 42x210mm with a 6x18 mm stent in left renal artery was inserted. Next arteriography confirmed the total exclusion.

CONCLUSION: development of endovascular approaches has led great changes in therapeutic possibilities with less invasive procedures reducing rates of morbidity and mortality. This option tends to be the first therapeutic option against the traditional choice of open repair.

After two years of following, aneurysm of aorta shows diameter in surgery range. Previous spinal drain insertion, thoracoabdominal stent graft was implanted with branches to celiac trunk, superior mesenteric artery and both renal arteries with branches to both hypogastric arteries and distal fixation to external iliac arteries.