JS, male, 68y, underwent open surgical treatment of infrarenal abdominal aortic aneurysm, 10 years ago, with right anastomosis in the common femoral artery, and artery ligation of the external iliac and right common iliac. After 10 years an isolated right hypogastric aneurysm was identified. Endovascular treatment of known accesses was not possible, due artery ligation of the external iliac and right common iliac arteries. The approach for the treatment of a giant aneurysm (10 cm) of hypogastric artery was performed through the gluteal artery. Performed the planning of access by angiotomography and revision of the anatomy.

Discussion:
It is feasible to treat the hypogastric artery aneurysm through the approach of the gluteal artery, in order to minimize the complications of the open surgical approach, and when the other endovascular access routes are impossible.