INTRODUCTION: A 74-years old man, while attending a wedding function in California, experienced an acute abdominal pain due to the rupture of abdominal aortic aneurysm which had an emergency endovascular repair with a bifurcated Gore endograft despite a 7 mm proximal neck. A week later a Palmaz stent was deployed trying to correct a Type IA endoleak. Post-operative course required a decompressive laparotomy for a compartment syndrome, a tracheostomy, and a bowel resection. The patient was discharged about 40 days later.

RESULTS: Intensive care unit (ICU) length of stay was 2 days; the post-operative course was uneventful and the patient was discharged on 8 post-operative day with normal renal function. Two year CT scan confirmed the good result of the open reconstruction. No adverse events occurred during follow up.

METHODS AND MATERIALS: Once in Italy, a CT scan documented persistent type IA endoleak with aneurysm sac growth. Any endovascular solution seeming too complex due to the Palmaz stent in front of the renal arteries, the patient had an open conversion through a retroperitoneal approach with the resection of the 11th rib. The aorta was clamped above the coeliac trunk for 23 minutes allowing removal of the Palmaz stent as well as the bifurcated endograft leaving in side the iliac limbs. A tube graft repair was performed while back flow was controlled with two Foley catheters.

CONCLUSION: The widespread use of EVAR even for complex anatomies, will probably increase in the next future the need for technically challenging open surgical conversion. A less liberal use of EVAR outside IFU in both elective and emergency setting should probably be considered when treating patients fit for open surgery.