Case presentation:
57 y.o. male with acute abdominal and lumbar pain came to local hospital. Diagnostic laparoscopy revealed retroperitoneal hematoma – transfer to regional hospital (IV E ASA condition). CT (25 hours after first symptoms): type IV Crawford classification rupture with massive paraaortic hematoma, right renal artery occlusion, coeliac trunk stenosis.
Comorbidity: EF 35%, LV aneurism, pulmonary hypertension 55 mm Hg, significant coronary and peripheral vessels’ lesions.

Technical success was achieved at both stages.
Complication: acute left SFA thrombosis 8 hours after. Surgery-not effective. Endovascular revascularization with thromboaspiration and stenting performed.
10 months later – Coronary bypass+LV aneurism rejection.
4.5 years FU: EF 48%, visceral/coronary grafts patent, mild restenosis and good distal flow threw 60 cm of stents. Patient’s complain: weakness after exercise!

Strategy: Urgent Hybrid Procedure
1st aorto-visceral bypass to all arteries
2nd endovascular step was placement of Valiant Thoracic end Endurant II stent-grafts with total thoracoabdominal aneurism exclusion

Conclusion: Thoracoabdominal aneurism rupture is a rare urgent condition, when the decreasing of intervention’s volume is essential for very high risk patients. Only hybrid strategy allow to minimize operative trauma, blood loss, visceral ischemia and paraplegia risk.
Thickening of aortic wall from proximal stented part is not clear, stays under supervision.