Surgical Bailout for Contained Aortic Rupture at Suprarenal Fixation Post EVAR

M. ELMenisy MD, EBVS, A. Saleem MD, MRCS & T. Abdelaziem MD, FRCS

Introduction: EVAR is now the stat-of-art in treatment of AAA. EVAR devices are either supra-renal fixation or infra-renal fixation. There is no evidence of difference between any of these methods.

CASE:
Male patient 70 years admitted by medical team with recurrent vomiting and mild renal impairment. Next day of admission he develops shock and hypotension. So, he had been transferred to the ICU. As patient had history of EVAR with (Endurant I ® Medtronic) one year ago at another hospital with non compliance for follow up imaging after the procedure, so he had been investigated with high quality CT angiography which revealed contained aortic rupture at level of supra-aortic fixation near left renal artery orifice.

Decision was to do surgical exploration after resuscitation at ICU with in mind permissive hypotension not to cause more bleeding in retro-peritoneum.

Post operative:
- Patient developed renal shut down which maintained on haemodialysis for more than one month.
- retro-peritoneal collection treated with CT guided aspiration and pigtail insertion.

Procedure:
- Through a midline incision trans-peritoneal approach we do a supra-celiac control of aorta then exposure of the Para-renal aorta and change of control to just suprarenal aorta.
- Removal of the EVAR device main body and right limb.
- Repair of the aneurysm by bifurcated Dacron graft 18*9 mm main body anastomosis end to end to suprarenal aorta.
- Both renal artery end to end anastomosis to a jump graft from cross bonding graft limb. Right limb of the bifurcated graft to right common iliac and left limb to remnant left limb of the EVAR device.

Conclusion:
- We document this case as a complication of a suprarenal fixation EVAR device.
- AAA disease progression can cause complication post EVAR and need regular surveillance and follow up.
- Surgery can be a bailout for complication post EVAR.