CASE INTRODUCTION:
- Sixty-two-year-old man with asymptomatic 62 mm abdominal aortic aneurysm and multiple comorbidities:
  - 80% asymptomatic carotid stenosis. (ACS)
  - Myocardial infarction. (MI)
  - Chronic renal failure.
  - Peripheral artery disease.
  - Active smoker.
  - Chronic obstructive pulmonary disease (COPD).
  - Hypertension and diabetes mellitus.
  - RX: Complex short neck < 10mm and a Shaggy aorta.
- The case was presented in our team meeting and we decided not perform any surgical intervention, unless the aneurysm grew in the follow-up.
- 8 months later the aortic aneurysm grew to 7 cm. (Fig 1)

SURGICAL PLAN:
We thought in some surgical options:
1. Fenestrated graft. Given the anatomy, the location of the thrombus and a poor proximal landing, this option was discarded.
2. Complex Open surgery. Not chosen due to the previous MI, ACS, Shaggy Aorta and short neck.
3. AFX ® graft that can be used in these cases given its functionality and mechanism of action. (Fig 2)

RESULTS: The aortic graft was deployed without complications.
- Was extubated during the first 24 hours. On the 3rd day start drinking liquids
- On the 5th day had abdominal distension. A CT scan was performed showing no signs of mesenteric ischemia. The graft was patent, without complications. (Fig 3)
- On the 6th day developed respiratory and hemodynamic failure with fever.
- Pseudomonas aeruginosa grew in sputum and blood cultures.
- Despite the invasive measures, the patient died on the 8th day.

DISCUSSION:
In our case maybe we underestimate the association between COPD and short-term mortality rather than the other comorbidities that may influenced the fatal outcome.