

## CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

### Vascular Diseases Quiz – Case 62

A 69-year-old female patient was diagnosed with an asymptomatic 9.5 cm infrarenal aortic aneurysm along with a 8.1 cm right common iliac artery (CIA) aneurysm and a 5.9 cm left CIA aneurysm (figures 1, 2). The CIA aneurysms extended into the respective internal iliac arteries (IIA), while the external iliac arteries (EIA) were dilated bilaterally. The patient had a plethora of comorbidities: chronic renal insufficiency, significant coronary artery disease, arterial hypertension and chronic obstructive pulmonary disease.

What is the suggested treatment strategy?

#### Comments

Open repair would be a valid treatment strategy for a case similar to this in anatomic terms. Due to the existing comorbidities, open repair could not be considered the suggested treatment method for this specific patient. Iliac branch devices (IBD) have been developed by a number of companies and have been available for a number of years. IBD are now considered a validated endovascular tool that could preserve IIA patency and consequently gluteal/pelvic blood supply when the bifurcation of the CIA is part of the aneurysm sac.

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*Endovascular repair of the aortic aneurysm along with unilateral or bilateral IBD is a technically feasible but still challenging procedure. Nevertheless, this procedure is the only therapeutic approach that could guarantee total exclusion of all aneurysms while preserving the blood flow to the pelvis and gluteal regions. In our case, there was a complete technical success despite the challenging anatomy of the three synchronous large aneurysms and bilateral IIA involvement (Fig. 3). The patient was discharged a few days later in stable condition and fully mobilized without signs of pelvic or gluteal ischemia, but unfortunately passed a few days later due to acute myocardial infarction.*

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Figure 1



Figure 2



Figure 3

**Answer:** Endovascular repair with a bifurcated aortic graft and iliac branch device