PERCUTANEOUS TRANS-GLUTEAL EMBOLIZATION OF AN INTERNAL ILIAC ARTERY ANEURYSM IN A CASE OF OCCLUDED ILIAC BRANCHED ENDOPROSTHESIS (IBE)

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
MALE, 79 Y.O.

RISK FACTORS:
- Hypertension
- Dyslipidemia

CLINICAL HISTORY:
- anterior rectum resection and termino-terminal colo-rectal anastomosis through xipho-pubic access for a degenerated polyp
- 2011: left IBE
- 2012: endoleaks of type I treated with proximal cuff resulting in thrombosis of the left iliac-femoral axis
- femoral-to-femoral right to left crossover bypass

CARDIOLOGICAL HISTORY
- 2017: atrial fibrillation in oral anticoagulant therapy
- Patient in prone position
- Local anesthesia and trans-gluteal puncture were performed under ETG guidance
- Kimal distal access kit
- 4-F, 45 cm sheath (Flexor® with CheckFlo® Valve KCFW-4.0-18/35-45-RB-ANL0-HC Introducer, Cook Medical)
- Radifocus® Guidewire M Standard Type, Terumo
- Tempo Aqua® Straight 4-F, 65 cm, Cordis
- VortX™, pushable coils, Boston Scientific
In suitable anatomy, a complete full percutaneous endovascular approach to superior gluteal artery under DUS guidance can be safely performed.

In case of unfavorable anatomy, however, accurate preoperative planning and CT scan guidance are mandatory to avoid technical failure and systemic complications.
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