EVAR EXPLANTATION FOR ENDOTENSION & IMPENDING RUPTURE 4 YEARS POST-EVAR WITH AORFIX.
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1. Introduction
Continuing aneurysm sac expansion after EVAR with no endoleak on angiography presents a complex management problem. We present an open exploration and repair with excellent technical and clinical outcomes.

2. Case Presentation
- A 69-year-old male underwent elective EVAR with Lombard Aorfix stent graft in 2014 for a 7.9 cm infrarenal aneurysm with 90° neck angulation.
- Surveillance CT Angiogram (CTA) showed progressively increasing sac size over 4 years (8.0 cm to 11.5 cm) but no endoleak.
- CTA at 4 years showed asymmetric sac expansion indicating impending rupture.
- Catheter angiography did not reveal the cause of sac expansion.
- X-ray showed fractures of multiple circumferential stents (Fig. 1).

3. Treatment
Stent graft explantation and hybrid repair:
1. Control of infra-renal aorta obtained but distal dissection was difficult due to significant inflammation from graft implantation. The Iliac extension limbs were clamped for distal control.
2. On opening the sac, significant endotension and type 3 endoleak seen from a localised defect in the graft fabric above the flow divider and fractured stent rings (Fig. 2).
3. The graft main body was excised leaving behind the infra-renal fixation barbs with a cuff of main body.
4. Proximal inlay anastomosis of bifurcated Dacron graft to infrarenal aorta incorporating EVAR cuff.
5. We left the iliac extension limbs in-situ and sutured limbs of bifurcated Dacron graft to the iliac extension limbs distally (Fig. 3).

4. Follow-up
Recovery was uneventful & discharged at 7 days. CTA at 1 month satisfactory with no endoleak and 7.7 cm sac (Fig. 4).

5. Conclusion
Hybrid repair incorporating the proximal main body & distal iliac limbs is a safe technique when inflammation increases the risk of iatrogenic injury to major structures.