INTRODUCTION:
Pseudoaneurysms are common vascular disease, due to a disruption in arterial wall continuity. It arise by inflammation, trauma or iatrogenic causes such as surgical procedures, percutaneous biopsy, or drainage. Some complications associated with pseudoaneurysm can carry high morbidity and mortality rates.

METHODS:
We introduce two clinical cases treated by embolization through not covered stent.

RESULTS:
Case 1: Male 49 years old, with AF, hypertension and smoker. He went to emergency room with right acute limb ischemia that is treated by thrombectomy and peroneal and posterior tibial artery angioplasty. One month after the procedure, angio-CT showed a 12mm peroneal artery pseudoaneurysm. By ultrasound guided puncture of the SFA, we confirmed the diagnosis with angiography and IVUS. We repaired the pseudoaneurysm with a balloon-expanding stent (4mm x 25mm) and embolization of pseudoaneurysm through the stent with coils. Three months after the procedure, angio-CT showed completely exclusion of the pseudoaneurysm and the distal vessels are preserved.

Case 2: Male 64 years old, with hypertension, dyslipidemia and smoker. History of pancreatic cyst and cholecystectomy. Admitted to the hospital for vomiting and digestive hemorrhage. Anglo-CT showed a 60mm pseudoaneurysm dependent of gastroduodenal artery. By ultrasound guided puncture of the right CFA, we perform selective angiography of SMA and identify the original branch of the pseudoaneurysm. Pseudoaneurysm was treated with a balloon-expanding stent (3mm x 25mm) and embolization through the stent. Proximal extension was necessary with another stent (3mm x 38mm).

CONCLUSIONS:
In recent years, endovascular techniques have led to a decrease in the morbidity and mortality rates of pseudoaneurysms. Embolization through not covered stent is a good option because it allows to preserve arterial branches and decrease ischemic complications as well as ensure the exclusion of the pseudoaneurysm.