Concomitant Open Surgical Repair of an Abdominal Aortic Aneurysm and Endovascular Repair of a Thoracic Aortic Aneurysm

Christopher K Zarins, MD, FACS, Yehuda G Wolf, MD, Geoffrey D Rubin, MD, Thomas J Fogarty, MD, FACS
Stanford University Hospital, Stanford, CA

Infrarenal abdominal aortic and descending thoracic aneurysms are the most frequently coexisting aortic aneurysms and pose problems deciding priority of treatment, timing of interventions, and minimizing the risk of paraplegia. An 81-year-old man presented with a 5.8-cm descending thoracic and a 5.0-mm infrarenal abdominal aortic aneurysm (A, note two renal arteries on the right). The thoracic aneurysm had a proximal and a distal neck appropriate for endovascular repair. The right common iliac artery was aneurysmal up to the iliac bifurcation, and open surgical repair of the abdominal aneurysm was undertaken. After repairing the abdominal aneurysm with a bifurcated aorto-bi-iliac Dacron graft, a 10-mm Dacron sleeve was sewn to the anterior aspect of the aortic graft and served as an access port for endovascular repair of the thoracic aneurysm with a $40 \times 12$ AneuRx stent graft (B). After thoracic endovascular repair, the Dacron side arm was amputated and closed (B, arrow). The patient recovered uneventfully and has done well for 6 months.