

Embolization of an Aortic Aneurysm Sac and Type II Endoleak

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CASE PRESENTATION

A 59-year-old woman presented to our institution with a history of fusiform abdominal aortic aneurysm treated with endovascular aneurysm repair and previous coil placement in the false lumen for type II endoleak. CT angiography showed an aneurysm sac enlargement and type IIb endoleak. The angiographic evaluation showed two small branch vessels filling the aneurysm sac (Figure 1).

PROCEDURE DESCRIPTION

A Bern-shaped Direxion™ 2.4-F Microcatheter and a Fathom™ -16 Guidewire were used to distally select and access those tiny branches, and Interlock™ -18 Microcoils were deployed.

Angiography of the superior mesenteric artery depicted a long tortuous arc of Riolan and a smooth blush within the aneurysm sac (Figure 2).

The same Direxion™ Microcatheter was used to cannulate the middle colic artery and the arc of Riolan, surpassing several winding loops and a tight turn at the left colic flexure and the left colic artery (Figure 3). The tip of the microcatheter was advanced to the arterial ostium of the inferior mesenteric artery and into the lumen of the sac without rejecting the guiding catheter. Embolization was performed, deploying four Interlock™ -18 Microcoils.

FOLLOW-UP

Embolization with the Interlock™ -18 Microcoils achieved complete occlusion of the origin of the inferior mesenteric artery, preserving the sigmoid and superior hemorrhoidal arteries (Figure 4). ■

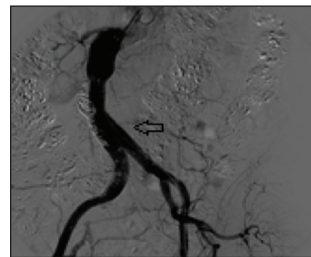


Figure 1.

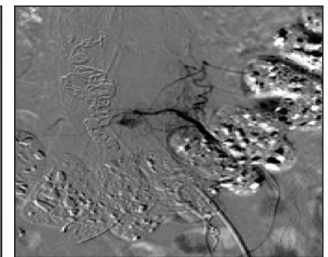


Figure 2.

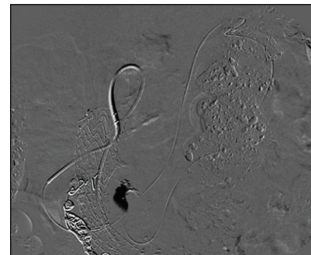


Figure 3.

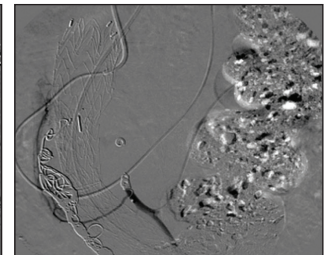


Figure 4.

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