

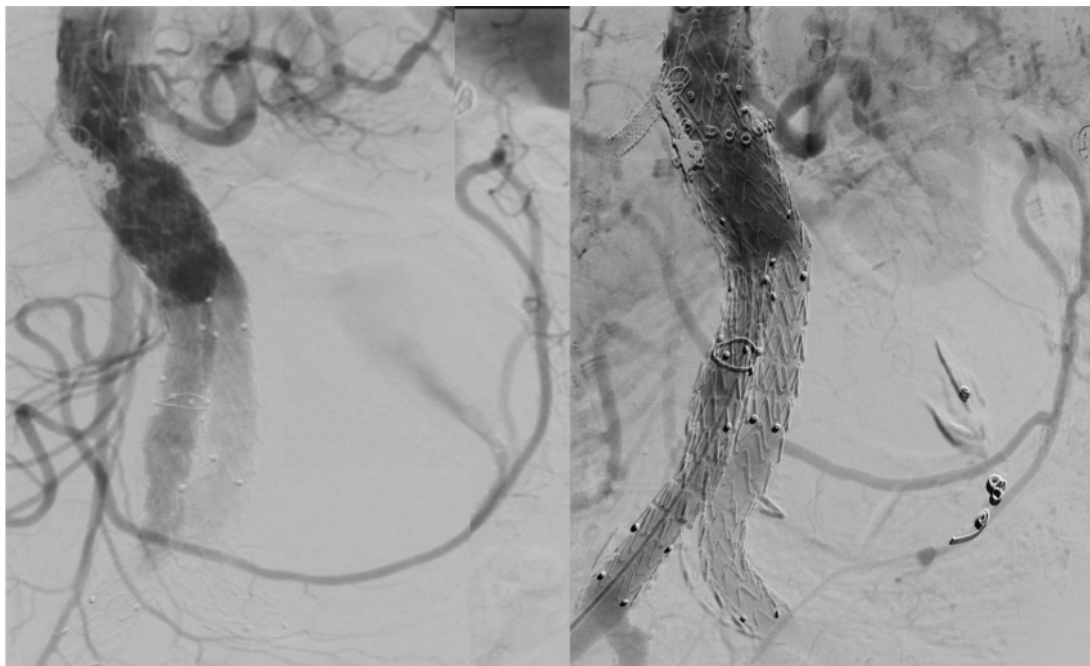
Managing the unmanageable: stepwise endovascular rescue of a giant abdominal aortic aneurysm complicated by multiple endoleaks

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An 85-year-old woman with a 10 cm infrarenal abdominal aortic aneurysm underwent endovascular aneurysm repair with an infrarenal stent graft. At 18-month follow-up, a type 1A endoleak was identified and treated with proximal aortic cuff extension, chimney stenting to the right renal artery, and Heli-FXTM EndoanchorTM deployment. Subsequent imaging revealed a persistent gutter-related endoleak, which was successfully embolized posteriorly using detachable coils. Further follow-up imaging demonstrated continued growth of the aneurysm sac due to a high-flow type II endoleak originating from the inferior mesenteric artery (IMA). Sac angiography (Supplementary [video 1](#) and [video 2](#)) confirmed the absence

of significant additional inflow vessels, and liquid embolisation was not considered. Transarterial coil embolisation of the IMA was performed via the arc of Riolo, resulting in resolution of the endoleak. A duplex ultrasound confirmed the absence of flow within the aneurysm sac on the first postoperative day, while subsequent CT imaging was not obtained as the patient died from non-aortic causes.

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