Case Summary:
Emergent stent graft was indicated for a thoracic aortic dissectio

Enlargement of the AAA.

Successful EVAR for Zenith AAA Endovascular Graft Disruption

Successful Endovascular Therapy in a Case of Penile Gangrene with Life-threatening Pain

Bilateral renal artery was then selected with a 0.014-inch Agur

Computed tomography angiogram revealed a 7cm juxtarenal AAA. Proximal neck of AAA was 8mm, extremely short for proximal landing. Therefore, EVAR with “snorkel technique” was planned. We implanted bare metal stent for bilateral renal artery with the proximal part of the stent extending above the proximal edge of the main aortic stent-graft. Final angiogram revealed completely excluded aneurysm. After intervention, the patient had no complications such as worsening of renal function or surgical site infection.

Relevant clinical history and physical exam:
- A 76-year-old man, with diabetes mellitus (HbA1c 6.0%), and end-stage renal disease on dialysis, found on the left-side tip of glans penis with intractable pain for 2 weeks. He had a history of revascularization for critical limb ischemia and cardiovascular disease. The gangrene had not been not complicated with infection (WBC 4,800/\(\text{mm}^3\)).

Relevant test results prior to catheterization:
- Computed tomography angiogram revealed the 90% stenosis of left internal iliac artery (IIA), 75% stenosis of inferior gluteal artery (IGA), and (IPA) 99% stenosis of internal pudendal artery.

Relevant catheterization findings:
- Digital subtraction angiogram showed the 90% stenosis of left internal iliac artery (IIA), 75% stenosis of inferior gluteal artery (IGA), and (IPA) 99% stenosis of internal pudendal artery.

Procedural step:
- Right common femoral artery was punctured in retrograde fashion and a 6-F sheath placed. Left IPA revascularization was initially attempted. A 0.014-inch guidewire, however, did not cross the 99% stenosis of IPA because of severe calcification. A 2.5 X 20 mm balloon was used for IPA stenting. Bare metal stent (Express LD 7.0 X 27 mm) was finally implanted in the 90% stenosis of IIA ostial.

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