How would you treat it?

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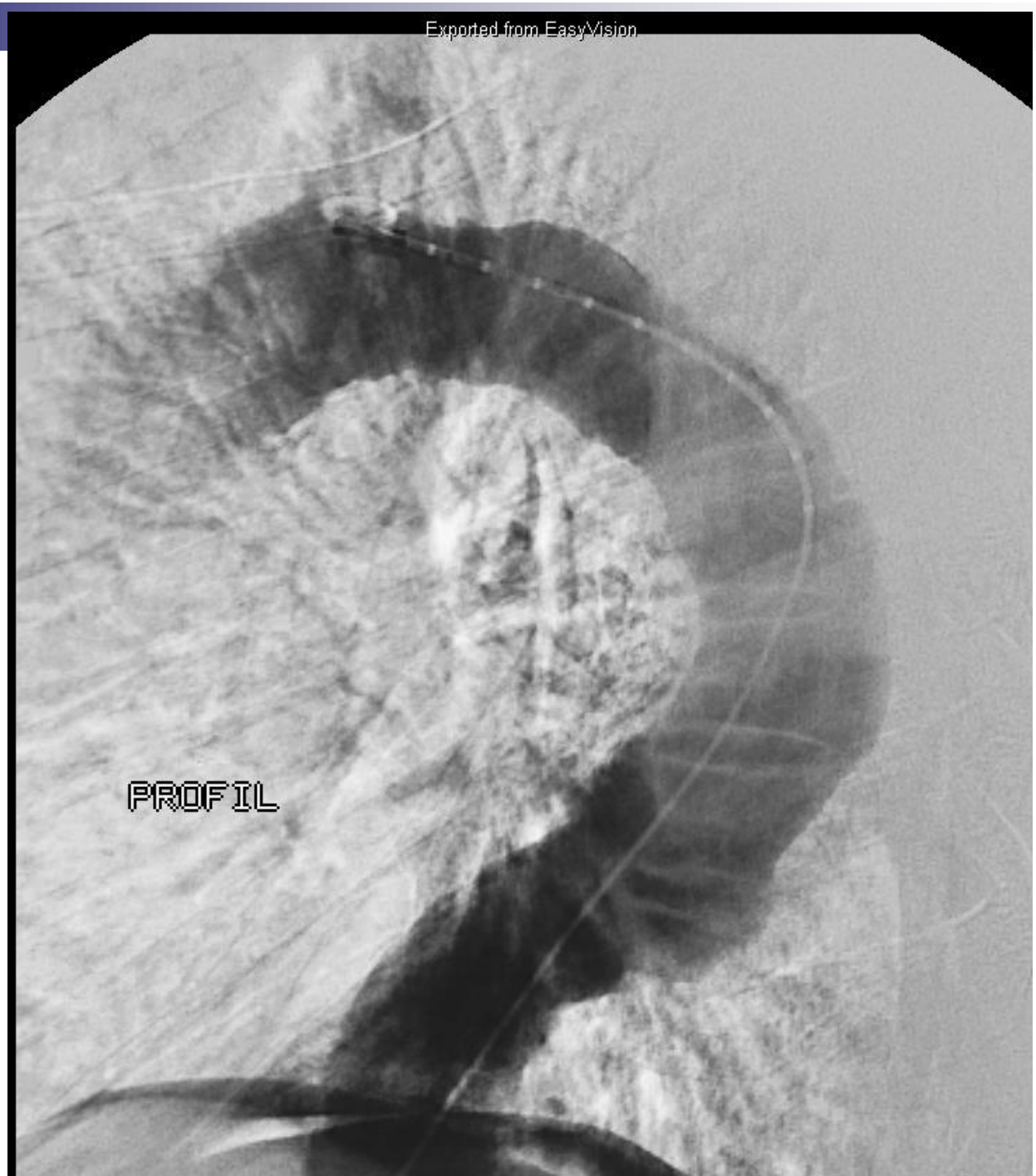
- **73 years old man**
- **Comorbidities:**
  - Acute pancreatitis
  - HTA
- **Type IV thoraco-abdominal aneurysm with a a max diameter 60 mm**
- **Preoperative evaluation**
  - Pulmonary function: VEMS 2.7 l
  - Ejection fraction 60%
  - Creatinine clearance: 90 ml/min

- **2001:**
  - **Open repair**
  - **General anaesthesia induction:**
    - Acute myocardial infarction: angioplasty
    - Post-Acute Myocardial Infarction: chronic kidney failure

- **2006:**
  - **Painful aneurysm**
  - Type IV thoraco-abdominale max diameter 72 mm
  - Chronic kidney failure: on dialysis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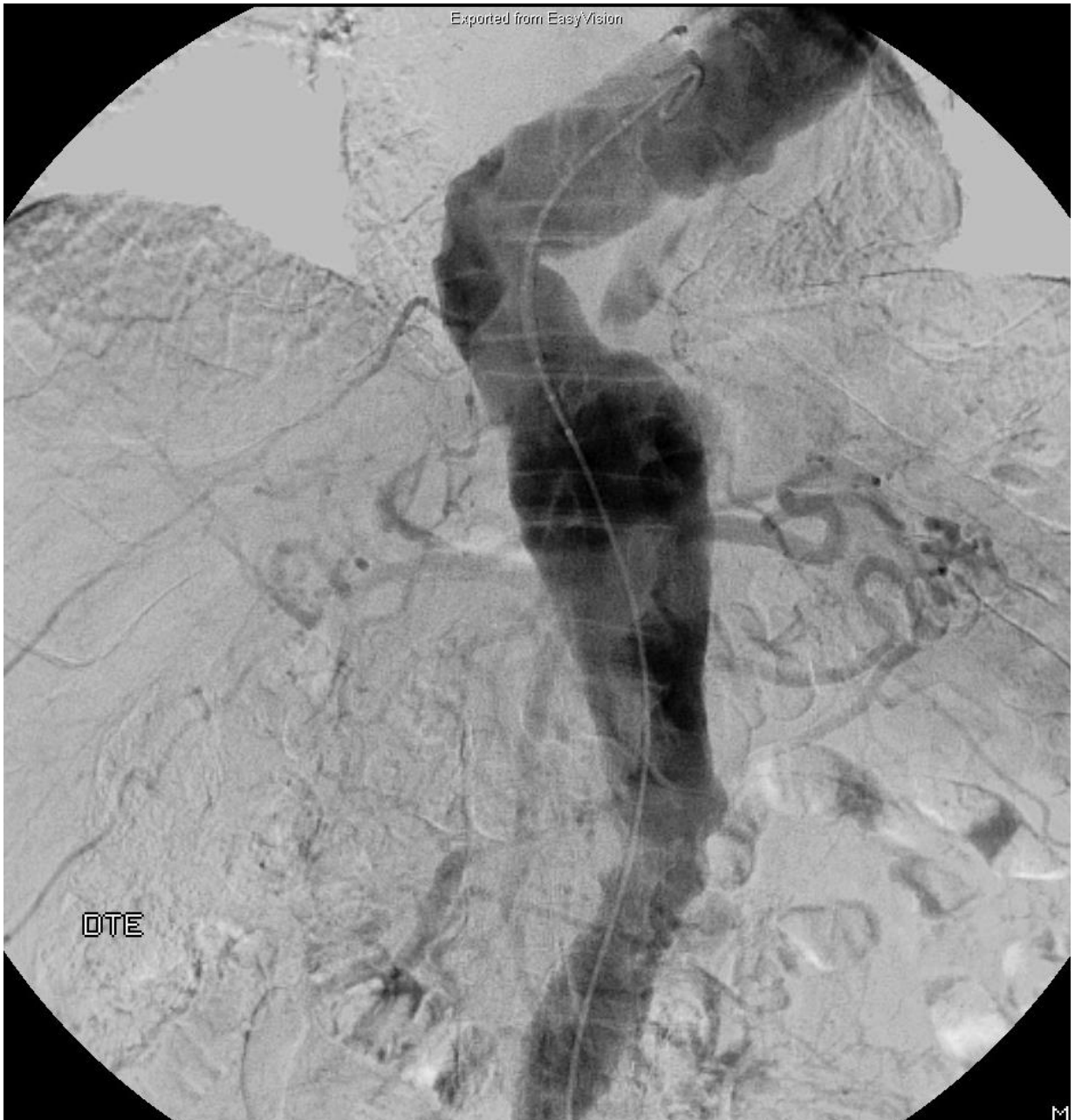
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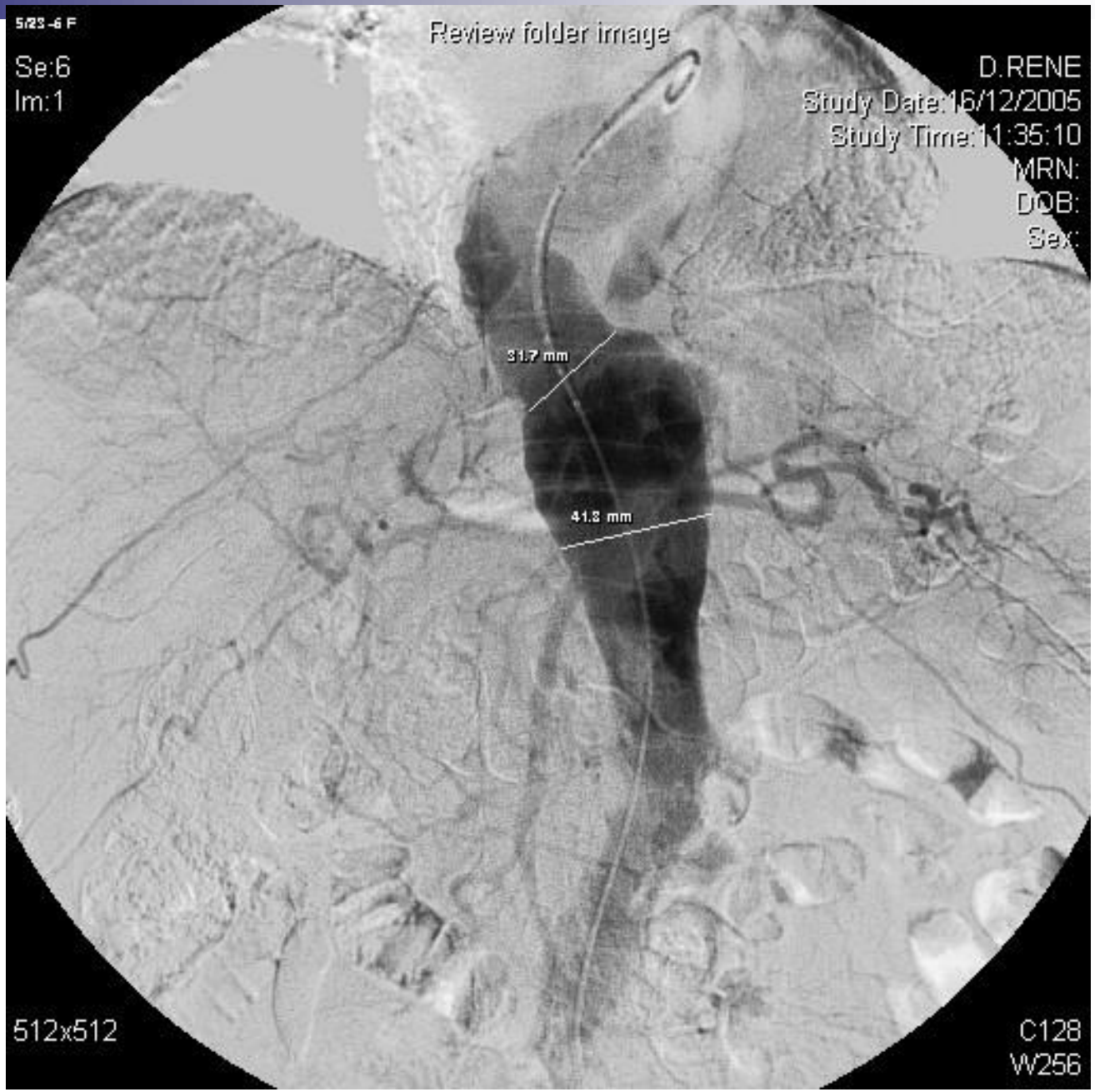
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Se:6
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D.RENE
Study Date:16/12/2005
Study Time:11:35:10
MRN:
DOB:
Sex:
31.7 mm
41.8 mm
512x512
C128
W256

How would you treat it?

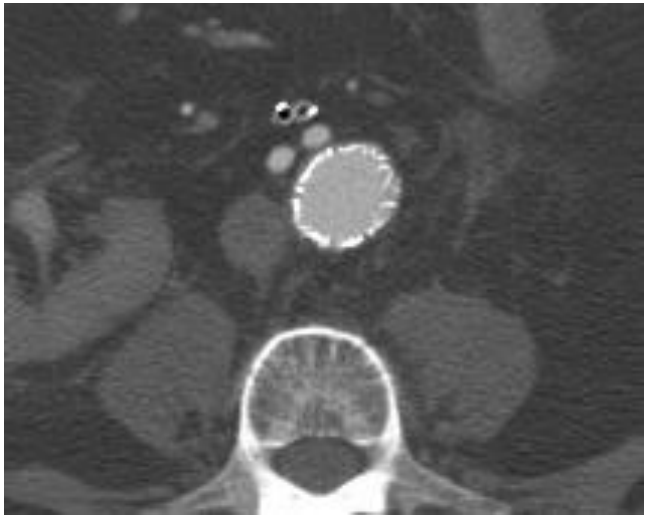
- **Hybrid thoracoabdominal aortic aneurysm repair**

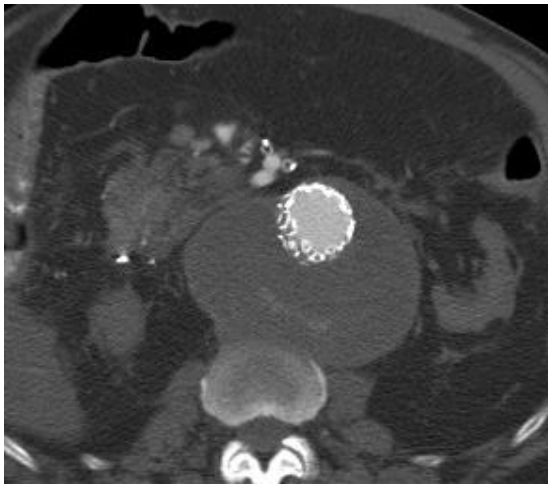
  - Retrograde Revascularization: right iliac artery:
    - SMA
    - Celiac trunk
  - Chronic kidney failure: on dialysis: oversewn of both renal arteries
  - Endovascular Exclusion: 2 TAG devices

- **Immediate postoperative course**
  - Nonrespiratory acidosis:
    - Serum lactate level 7mmol/l
    - pH: 7.15

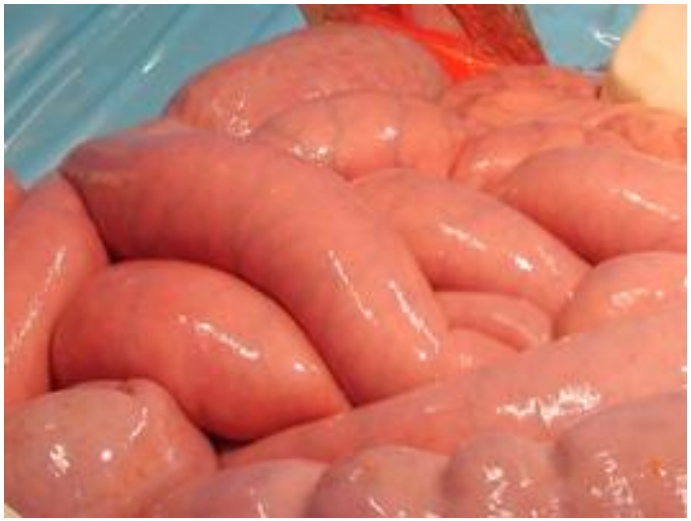
Acute mesenteric ischemia

- **CT scan:**
  - Patency of the bypasses
  - No features of mesenteric ischemia





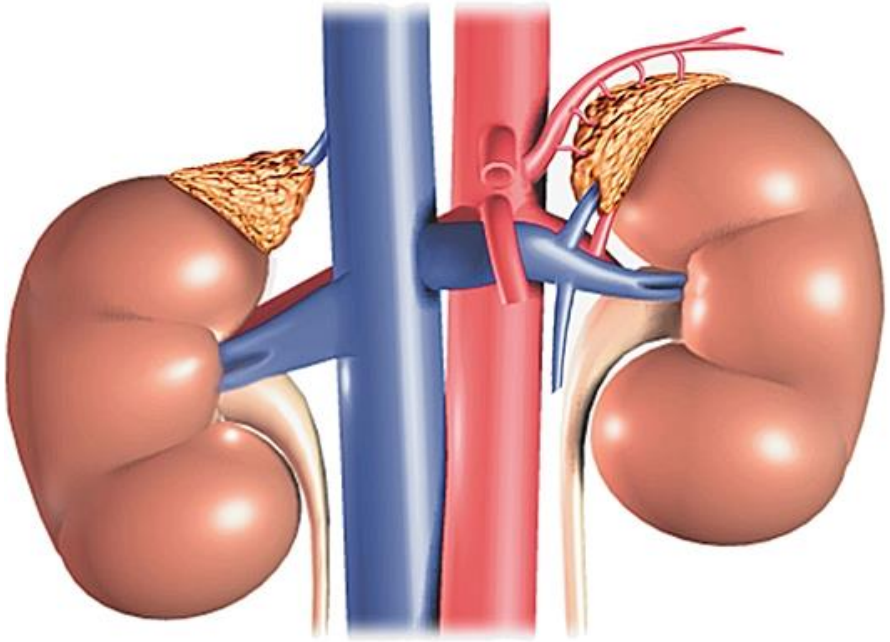
- **Exploratory laparotomy**
  - Patency of the bypasses
  - No features of mesenteric ischemia

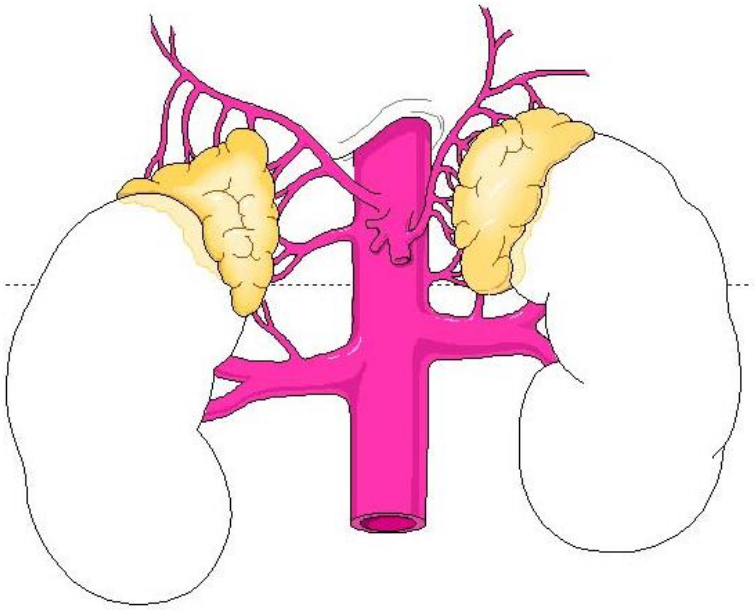


- **Evolution:**
  - Patient died
  - Nonrespiratory acidosis:

Hypothesis

Acute bilateral renal and adrenal infraction
acute adrenal crisis





3 arteries for the adrenal glands
-Diaphragmatic
-Aorta
-Rénal arteries

Conclusion

- **Risk Acute bilateral renal and adrenal infraction**
  - In case of coverage of the renal arteries in patient on dialysis
  - Combined with extensive coverage of the visceral aorta
- **Renal revascularization in patients on dialysis especially in case of preserved diuresis**