



Perirenal Fixation of an Aortic Stent Graft in a Chronic Hemodialysis Patient

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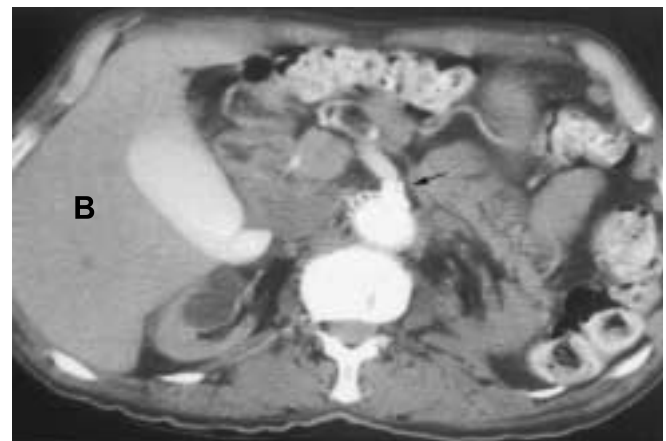
Key words: abdominal aortic aneurysm, aortic stent graft, chronic renal failure, chronic hemodialysis, superior mesenteric artery stenosis

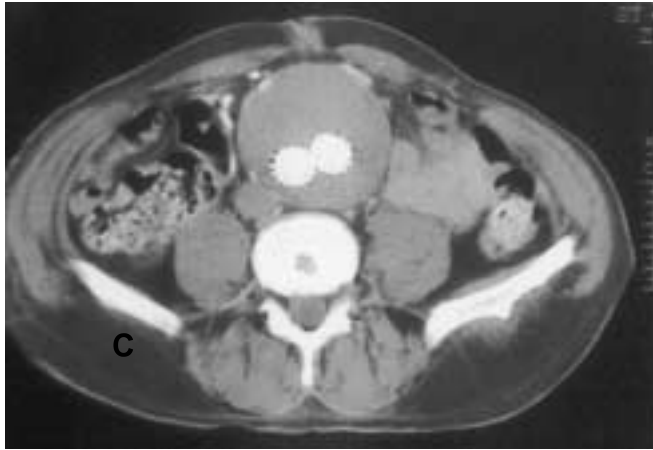
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Abdominal aortic aneurysm is a potentially fatal disease that affects elderly individuals, often with multiple co-morbidities. Recent advances in aortic stent graft repair have made it possible to extend treatment to patients who were previously considered unfit for surgery.

A 68 year old chronic hemodialysis patient with severe cardiac and pulmonary co-morbidity precluding major surgery was diagnosed with an expanding 7 cm infrarenal aortic aneurysm. Superior mesenteric artery stenosis had been treated with a stent one year previously. The aneurysm neck below the renal arteries was of insufficient length for fixation of a stent graft. However, the absence of renal function made it possible to plan for deliberate coverage of the renal artery orifices and for placement of the stent graft up to the superior mesenteric artery, thus achieving secure proximal anchoring. The aneurysm was excluded via both femoral arteries with a bifurcated modular stent graft. The patient recovered uneventfully and was discharged home on the fourth postoperative day. Postoperative anteroposterior [Figure A] plain abdominal radiogram shows satisfactory position of the stent graft. This film and a spiral computed tomo-





graphic angiogram [Figure B] demonstrate the upper margin of the stent graft in close proximity to the previously placed stent in the superior mesenteric artery (arrow). A CT angiogram at the level of the body of the aneurysm [Figure C] shows complete exclusion of the aneurysm sac with contrast limited to both limbs of the stent graft. The patient has recovered from a myocardial infarction that occurred 2 months after the procedure, and in the 7 months since has been doing well.

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Errata

We wish to correct an omission in the December 2000 Supplement issue (Joint Meeting of the Israeli Societies of Rheumatology, and Allergy and Clinical Immunology), dedicated to the memory of Dr. Nathan Lass. In the tribute written by his son, Dr. Yoram Lass, the "Zondek pregnancy test" should read the "Aschheim-Zondek test."

In the article "Physiological assessment of magnesium status in humans: a combination of load retention and renal excretion" by Dr. Leon Cohen (December 2000;2:938–9), the entire first paragraph in the section "Renal excretion of Mg" is a direct quotation from reference 6 and should have appeared in quotation marks.