Endovascular treatment of aorto-iliac occlusive disease is an effective and safe approach. Although infrequent, complications can cause significant morbidity.

- 65-year-old female with moderate intermittent claudication of the right leg
- 2 months earlier - successful BES of the right common iliac artery (80% stenosis) with retrograde femoral access
- Duplex sonography showed slow flow in the stented right iliac artery, ABI 0.6

What now?

Observation
Fenestration
BMS - aorta and/or iliac artery
Endoprosthesis/ covered stents
Surgery

Discussion: Iatrogenic dissection of abdominal aorta is rarely reported and probably underestimated -can progress to thrombosis, rupture, compression of the true lumen, AAA, but in most of the cases is self limiting.

When dissection is unrecognized during iliac stenting and the procedure is continued with subintimal stent implantation, the risk of rupture or acute limb ischemia is very high.

Prevention of such complications can be achieved by following the basic endovascular principles.

The small proximal entry in the aorta in our case prevented the occlusion of the stent and acute ischemia (for 2 months at least) but stabilized the aortic dissection.

There is no approved treatment for such cases and the best one is the simplest that works.