**Clinical case**

72 year-old male patient, with a history of hypertension, dyslipidemia, smoking and abusive alcohol consumption. CT scan showed a 60mm thoracic aortic aneurism, 57mm justarenal abdominal aortic aneurism and 3.9mm common-iliac aneurism.

**TEVAR**

**EVAR**

**Sandwich technique**

Due to unfavorable angulation, there was a significant difficulty in maintaining a rigid guidewire in the left renal artery for the covered stent progression via an axillary approach.

Intra-operative change of plan

Retrograde selective of left renal artery by femoral access

Periscope for the left renal artery

**Discussion**

The use of parallel grafting technique (PGT) can be a valuable alternative to prefabricated branched or fenestrated endovascular aortic repair (EVAR). An often overlooked advantage of PGT is its unique possibility of adapting to different anatomical challenges that might appear intraoperatively.

In case of using a prefabricated fenestrated device, the impossibility to selectively catheterize a visceral branch often has no straightforward solution. On the other hand, using only “off-the-shelf” materials, parallel grafting is an extremely flexible technique. In this particular case, the flexibility of PGT was of paramount importance for the surgical outcome of this procedure.