A 72 year-old-patient was admitted due to a 5 cm large asymptomatic AAA. The initially 4 cm large aneurysm was a random finding during a routine ultrasound examination. Because of this growth tendency we considered the indication for an endovascular treatment for granted. After the usual preoperative procedures we performed an EVAR with der Endurant II Graft. The implantation of the graft was without intraoperative incidents.

The patient was initially stable and was transferred to the normal ward. One hour later though he became unstable and needed crystalloids to maintain a normal pressure. An initial duplex scan revealed no rupture of the aneurysm or signs of endoleak. In spite of this fact was a CT examination indicated, the CT-scan showed a great hematoma in the upper abdomen around the spleen.

An urgent laparotomy was performed, the operative finding was a spleen rupture and a perforation of the distal splenic artery, that was apparently caused by the wires during the EVAR. After the splenectomy the patient was stable and further hospitalized and released without complications. The surveillance showed a successful EVAR without endoleak.

Comments: The perforation of visceral arteries and the rupture of abdominal organs during EVAR is a possibility, which is caused by the wires during their introduction. A prompt reaction (early diagnosis and operation) is mandatory. In order to avoid such complications, it very important to keep the tips of the wires and the catheters always visible under fluoroscopy.