A huge isolated internal iliac artery aneurysm treated by covered stent graft and coil embolization.

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**Introduction:** Isolated internal iliac artery aneurysm is rare but challenging problem. Surgery carries the risk of bleeding and visceral organ injury. Endovascular intervention is considered the best option.

**Case study:** 55-year-old male patient presented by pulsating left iliac fossa mass with pain radiating to the lower limb and left flank. He had cirrhotic liver and thrombocytopenia. Duplex study revealed isolated left internal iliac artery aneurysm and patent arterial tree of the left lower limb. MSCT angiography was done for delineation of the detailed anatomy of the aneurysm.

**Management:** Endovascular. Bilateral femoral access was done. Diagnostic angiography was done. Coil embolization of almost all branches of the internal iliac artery was done except a major posterior branch. Wiring of this branch was done and changing wire by a super-stiff wire and covered stent was inserted to exclude the aneurysm sac.

Completion angiography revealed no endo-leak and patent graft from the internal iliac to a large posterior branch.

**Conclusion:** A huge isolated internal iliac artery aneurysm is rare but challenging problem. Endograft could be used if the condition allowed with preservation of flow and avoid major risk of operative treatment.

Follow up 6, and 12 months.