CLINICAL CASE
Male patient 56 years old.
Smoker with hypertension and dyslipidemia
Father died for complications after open repair of AAA.
AAA (4.8 cm), with rapid growth (about 1 cm in a year)
Ectopic right kidney in ipsilateral iliac fossa with renal artery arising from left common iliac artery.

PROCEDURE
Patient refused open surgery both for psychological reasons and to avoid sexual dysfunction.
To preserve the blood supply of the right kidney we opted for a staged hybrid approach
First time: with an extraperitoneal approach in right iliac fossa, we performed a right external iliac artery to right renal artery by-pass with a GORE® Propaten 6 mm with ligation of the proximal renal artery.
Second time: After two months we performed a successful EVAR with an AFX® bifurcated endograft system (25 mm x 120 mm) with proximal extension VELA™ (25 x 25 x 95 mm) from Endologix®

RESULT
The postoperative course of the two procedures was uneventful and the renal function was normal as well as a TC control at 1 and 6 months showed no endoleaks, with regular patency of iliac-renal bypass.

DISCUSSION
This therapeutic strategy stemmed from the need to preserve the arterial supply of the right kidney arising from the left common iliac which would be covered by the iliac branch of endoprosthesis and from the absolute patient's refusal to undergo open surgery, because the possible complications of open repair and the previous family experience.