**Clinical Case**

A 63 year-old woman, with hypertension was brought into the hospital because she presented an acute type B aortic dissection. After 72-hour close monitoring in the ICU, the patient started with visceral low-perfusion signs, confirmed in angioCT.

**Complication**

We performed urgently a TEVAR with a 34x34x150mm Valiant® thoracic stent graft. The stent graft was deployed right past the LSA ostium. During the tip recapture, it got hooked in the stent graft cloth over the outer curvature of the aortic arch. While we were pulling and pushing to get the tip unhooked, the entire device jumped toward the ascending aorta. Angiography showed BCT patency with no visualization of the LCC and LSA.

**Solution**

Through an ecoguide retrograde puncture in the LCC we performed the implantation of two overlapped balloon expandable stents (8x 39 and 8 x 59mm) from the ascending aorta to the LCC. In the control angiography BCT and LCC were patent with a successful sealing of the proximal entry tear. LSA was also patent with flow from the left vertebral artery.

**Follow up**

Control AngioCT showed thoracic stent graft rupture with detachment between the second and the third segments. Despite this, no endoleaks were visualized. All supra – aortic trunks where patent and there was a successful sealing of the dissection.