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COUP D’OEIL

Endoleak Type III and COVID-19: A Lethal Combination

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A 72 year old man presented with new onset intermittent claudication and weak femoral pulses bilaterally. After endovascular repair of a 6.0 cm abdominal aortic aneurysm (AAA) in 2018 (AFX2 plus Vela, Endologix, Irvine, CA, USA), the patient discontinued follow up after three months with a stable aneurysm. Computed tomography angiography showed AAA diameter increase to 6.8 cm and component disconnection (type III endoleak, arrow, A). Decreased main body perfusion caused claudication (arrow, B). Open repair risk was considered too high because of an active COVID-19 infection. While waiting for endovascular materials, the patient died in hospital from AAA rupture, confirmed by autopsy.

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