



4 cm

(1, 2). 가 0.015% - 1%가 5F pigtail headhunter cerebral
 2 cm 가 가 (Cook, Bloomington, U.S.A.)
 , (renovascular 1.5 cm
 hypertension) 가 (1, 3). 8 mm 가 (Fig. 1B). 6 - 12
 mm Jostent (Abbott vascular instruments, Germany)
 가 (1 - 7). 4 cm 58 mm
 . 5,000 IU
 Zuma 가 (Medtronic AVE, Danver, MA, U.S.A.) 9F
 9
 41 F monorail
 7 mm, 2 cm Ultra - soft SV (Boston Scientific Scimed Inc. MN, U.S.A.)
 . 0.014 (SCIMED Guide Wire with ICE. Choice PT. Boston Scientific Scimed Inc. MN, U.S.A.)
 cm 가 CT 4x3 가 8
 (Fig. 1A). 가
 가 2 cm
 (Fig. 2A).
 micropuncture set (Cook, Bloomington, U.S.A.) 가
 가

¹
²

30 가 10 가 60 가 (Fig. 2B). 가 3A). 가 2 가 5 가 3B). 가 (Fig. 가 3 가 가 (Fig. 4).

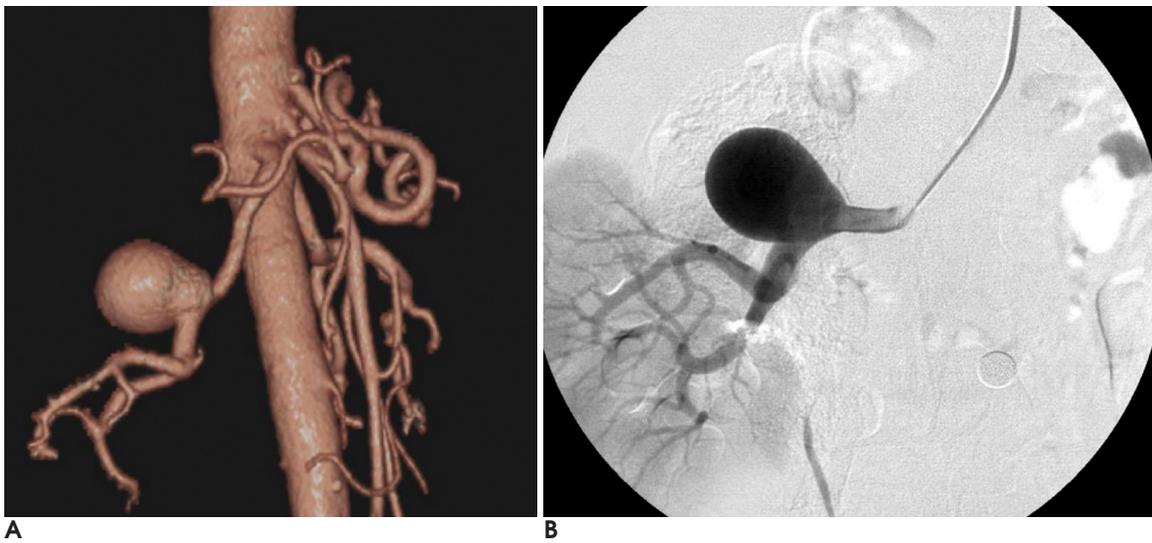


Fig. 1. A. CT angiography shows the saccular aneurysm and acute aortorenal angle of right renal artery. **B.** Selective right renal angiography shows the aneurismal sac with wide neck and mild dilatation of distal portion of renal artery.

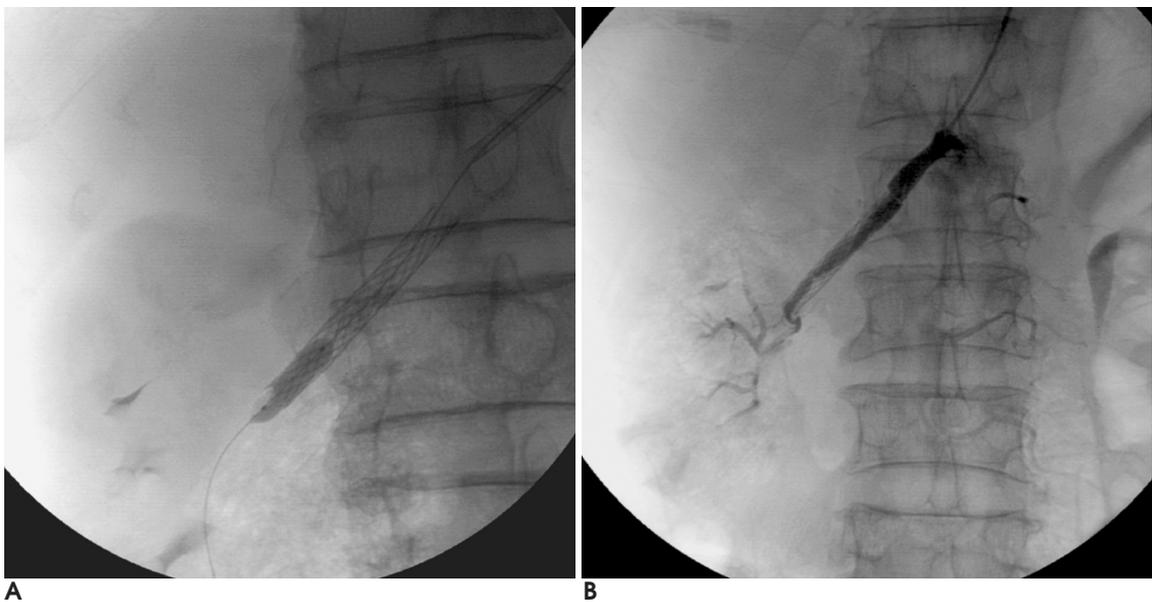


Fig. 2. A. Deployment of stent-graft was performed using 2 cm length balloon catheter on several times. **B.** Postprocedural angiography shows the filling defect in stent-graft suggesting acute thrombosis and absence of arterial flow in posterior segmental artery suggesting occlusion with stent-graft.

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(Diffusion weighted Image)
tegmentum

가 (6, 7)
가

가

가

. Dib (8)

dysplasia)

(fibromuscular

. 1.5 cm

가

2 cm

Bui (4)

(1 - 7).

Runback (3)

, intralobar

3가

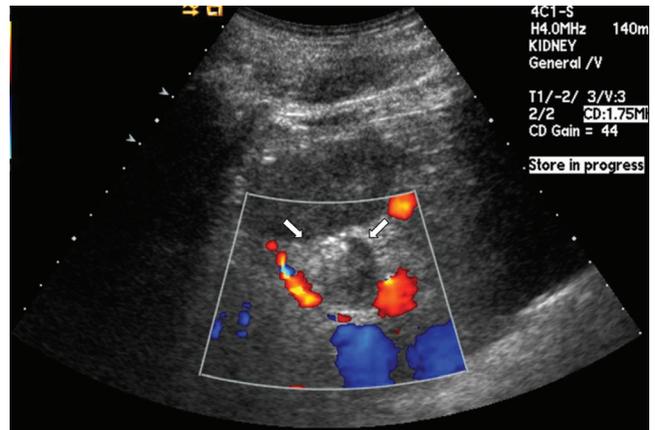


Fig. 4. Follow up ultrasonography shows absence of internal flow in the aneurysm and small echogenic foci suggesting microcolis (white arrows).



Fig. 3. A. Follow up angiography shows contrast leakage to aneurysmal sac via small track around stent-graft (black arrows). **B.** After additional embolization with microcoils, contrast leakage was disappeared.

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CT

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hystoacryl glue

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가

가

100 cm

9

F

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9 F

over the wire

monorail

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1-2

An Experience with Placement of a Stent-Graft in a Renal Artery Aneurysm via the Brachial Artery: A Case Report¹

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We introduce here our case of a 4-cm, large saccular aneurysm in a patient with right flank pain that was treated by placement of a stent-graft via the left brachial artery. The large renal artery aneurysm was successfully occluded without any permanent sequela, although there were several complications that included intraprocedural renal arterial thrombosis, occlusion of the posterior segmental artery, a small thromboembolism in the left pons and a small arteriovenous fistula in the brachial artery. Stent-graft placement for treatment of renal arterial aneurysm is an effective and safe procedure, but the operator has to be cautious not to induce complications in case of using the brachial arterial approach.

Index words : Aneurysm, renal
Stents and prostheses
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