

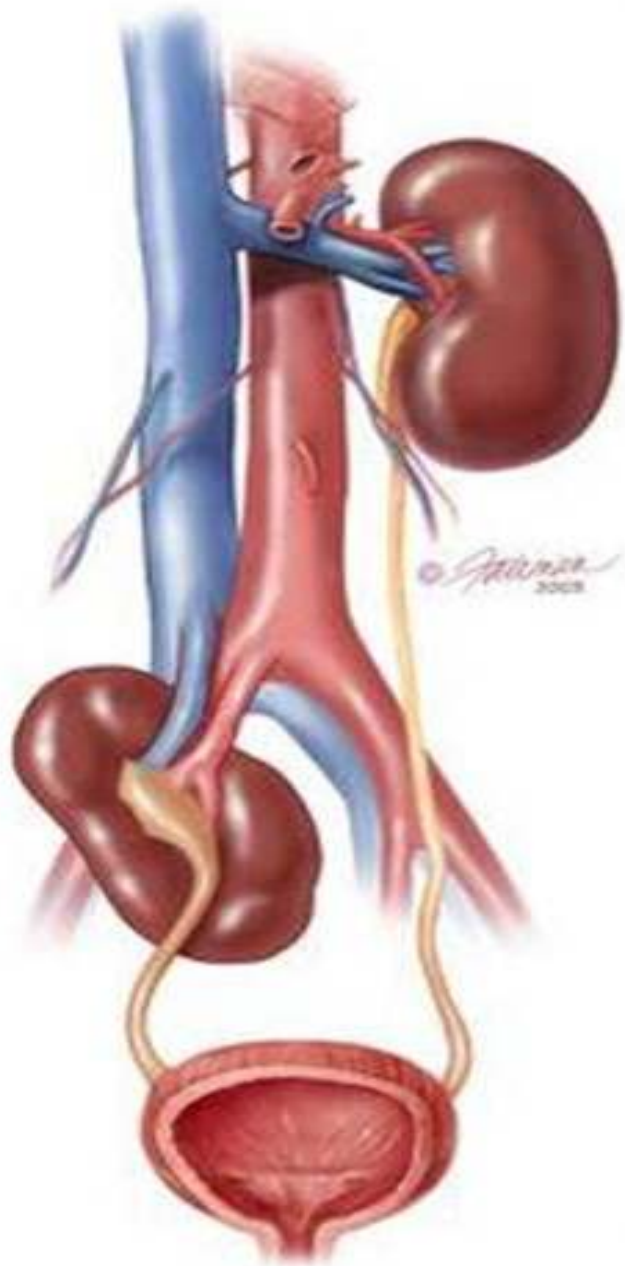
# **AAA With Short Angulated Neck And Ectopic Pelvic Kidney**

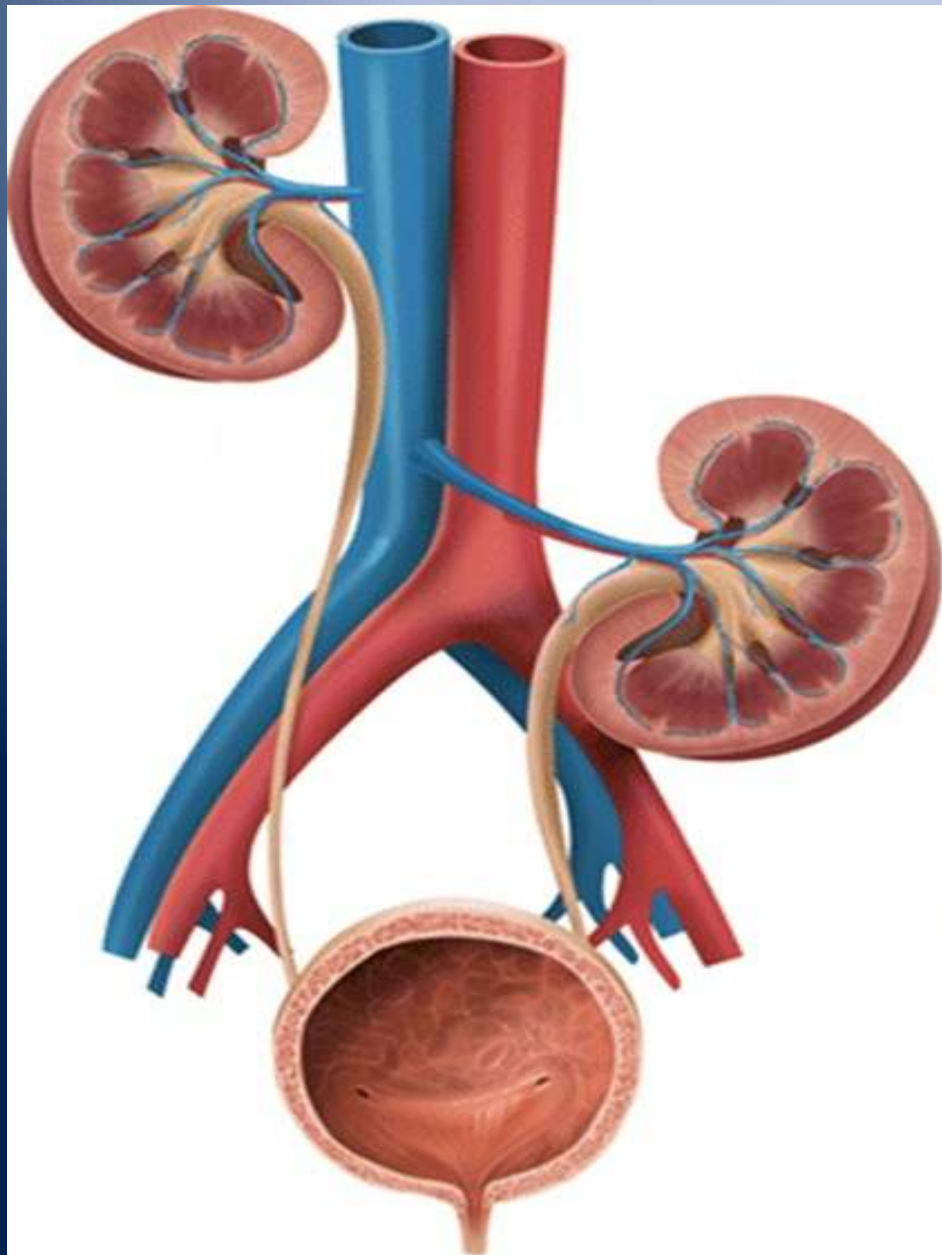
**Magdy Haggag,MD**

**Professor of Vascular and Endovascular Surgery,  
Cairo University, Egypt.**

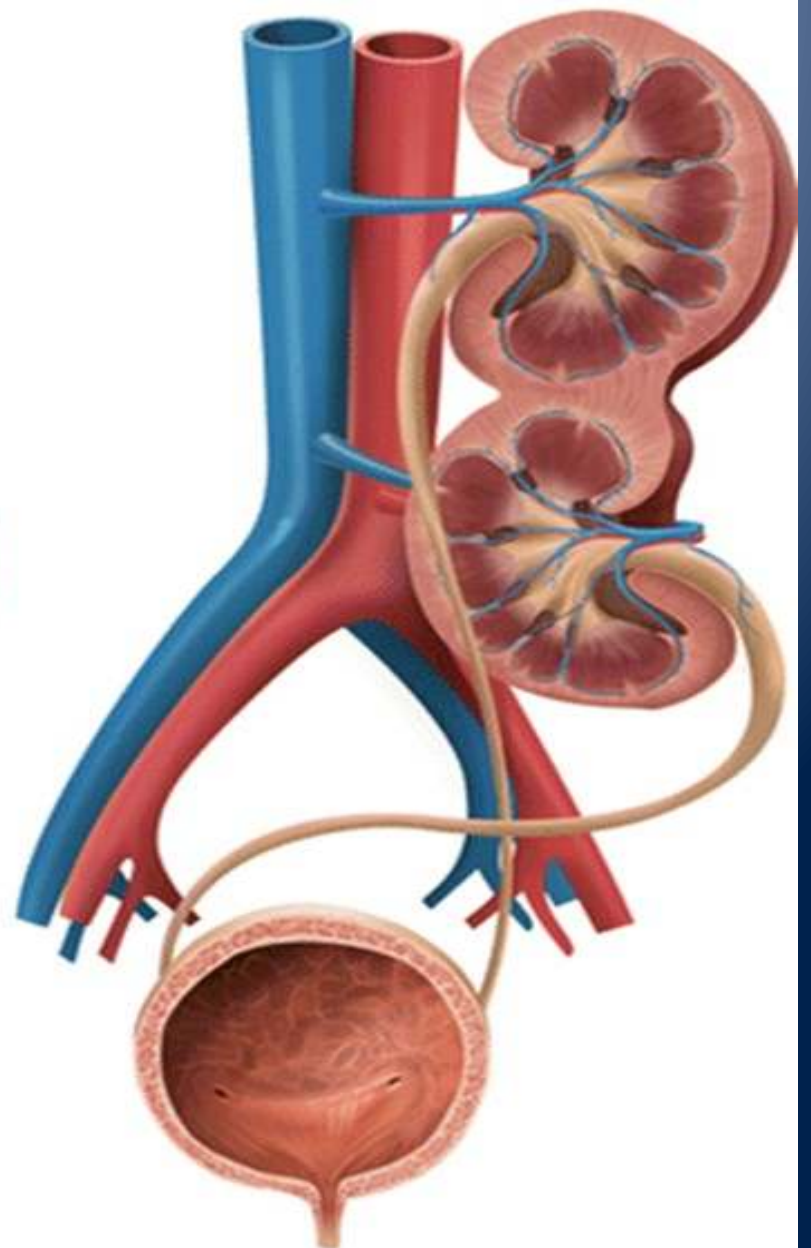
## Ectopic kidney position

Type	Location
Pelvic	Opposite sacrum, distal to the aortic bifurcation
Lumbar	In the iliac fossa, opposite the sacral promontory
Abdominal	Above the iliac crest, adjacent to the L2 vertebra
Cephalad	Below the diaphragm, near the T10 vertebra
Thoracic	Total or partial location in the chest, above the diaphragm
Crossed ectopia	Ectopic kidney located on the opposite side from its ureteral insertion  (1) with fusion, (2) without fusion, (3) solitary crossed ectopia, and (4) bilaterally crossed ectopia





Simple renal ectopia

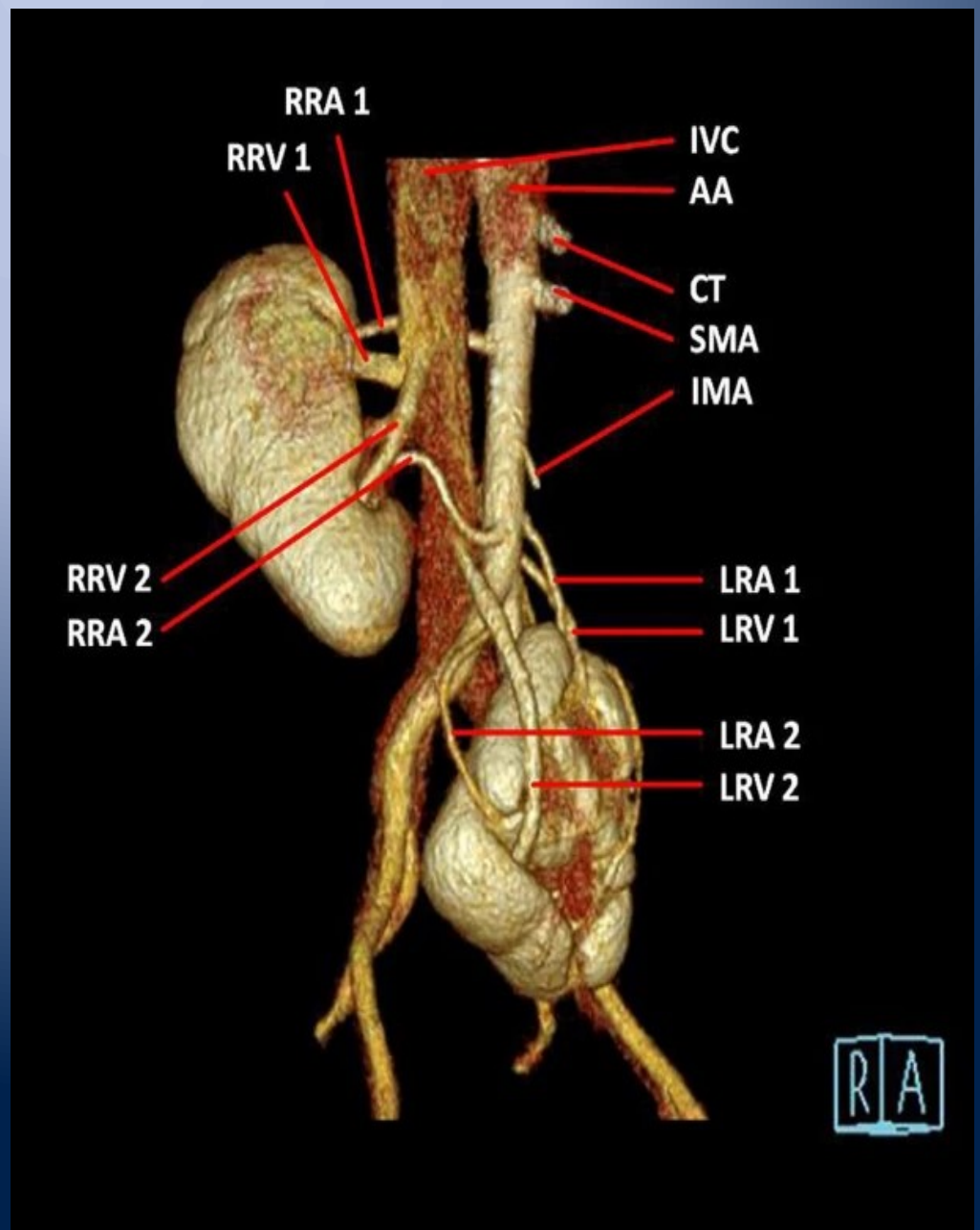


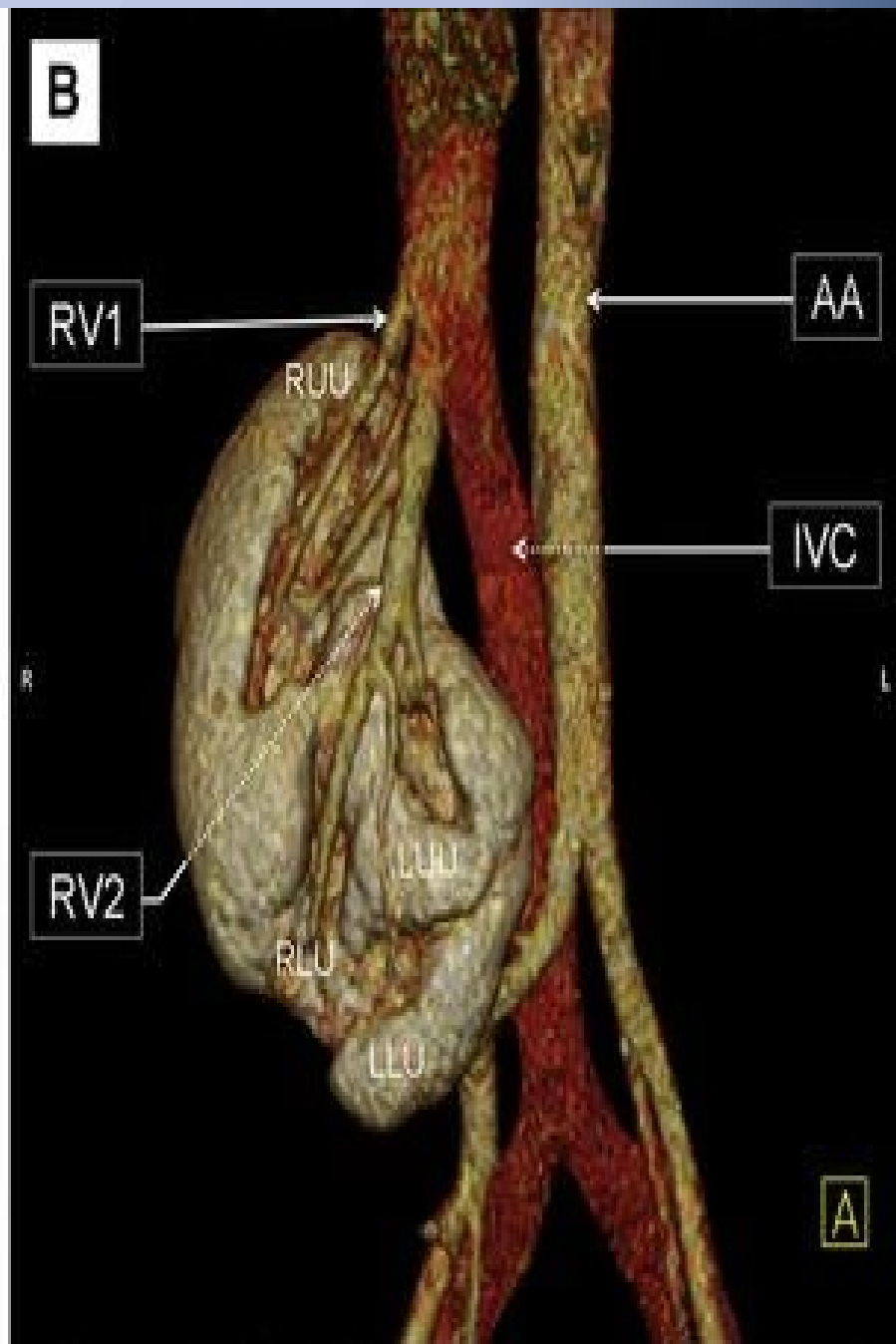
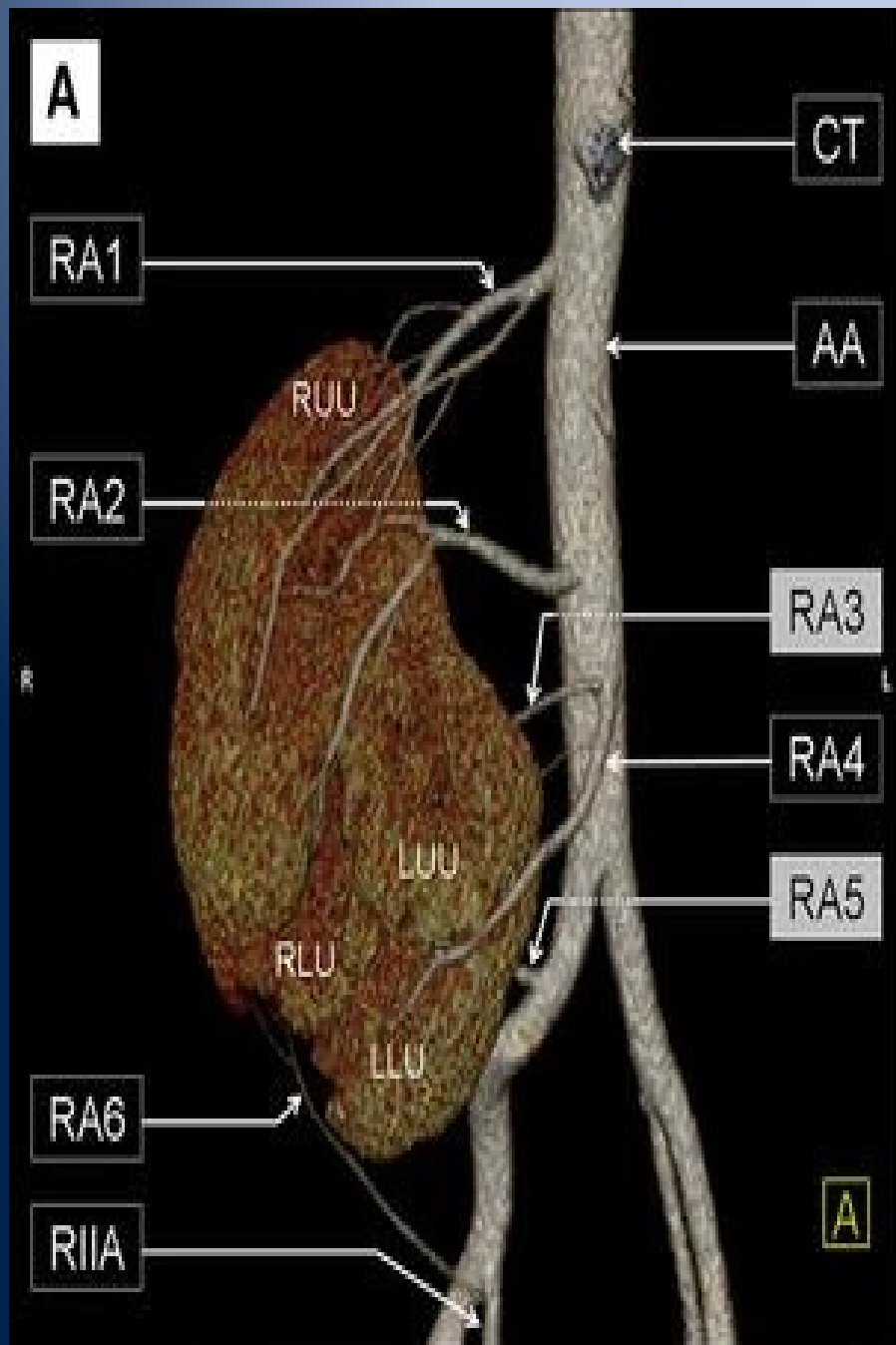
Crossed renal ectopia

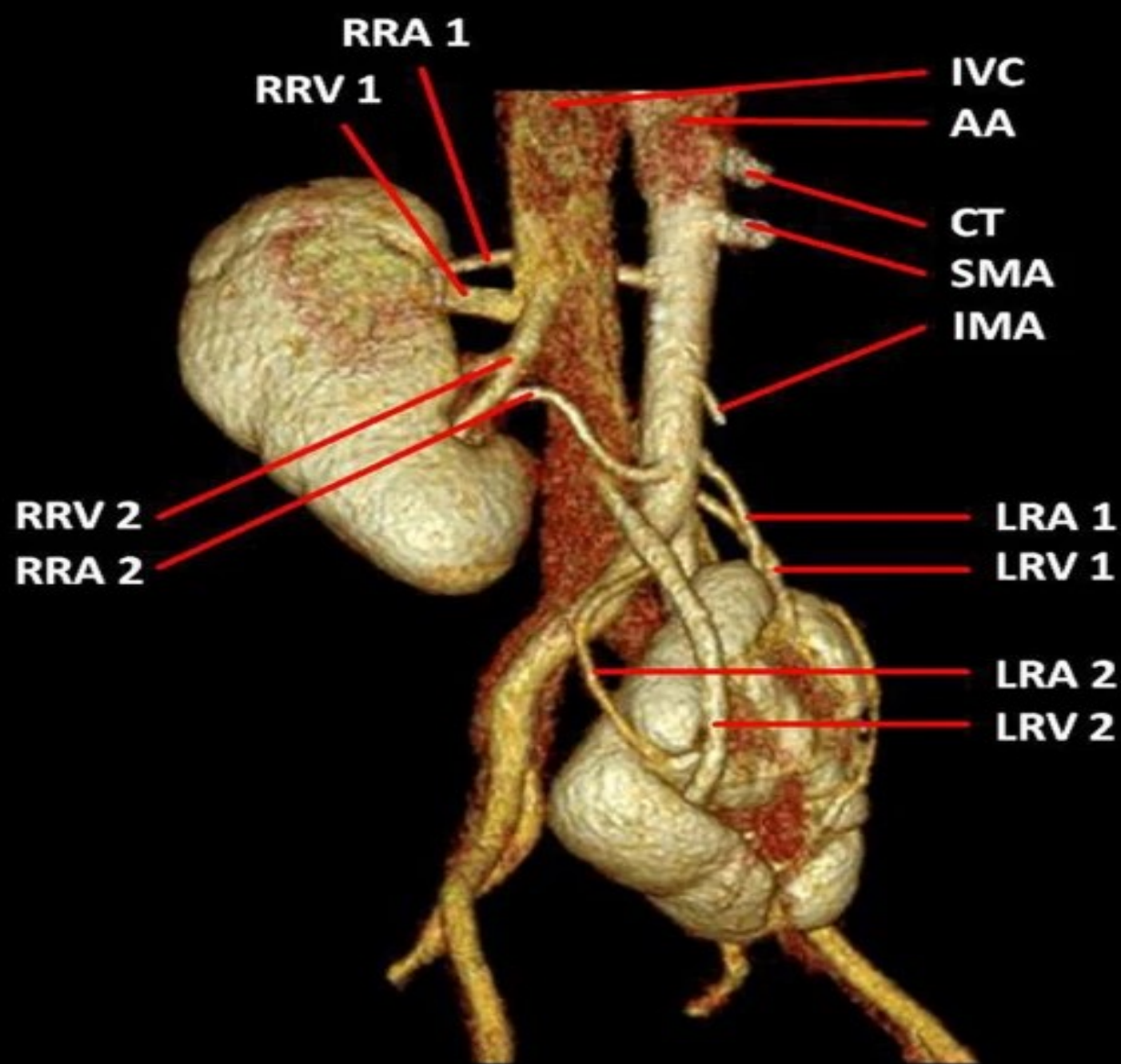
**The incidence of ectopic pelvic kidney between 0.033% and 0.047% .**

**Combination with abdominal aortic aneurysm (AAA) should be extremely rare.**

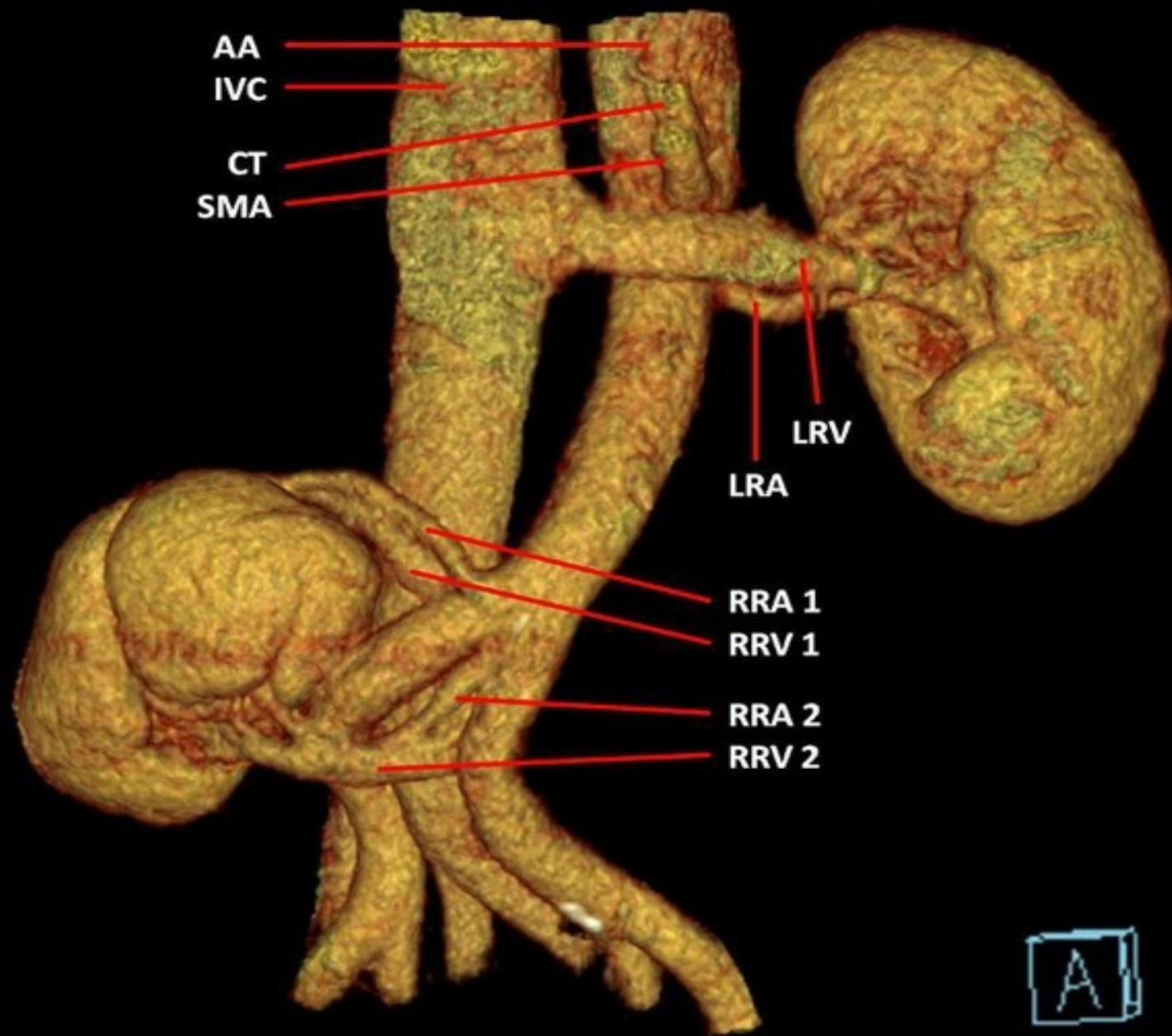
**A limited number of reports in literature about AAA with an ectopic pelvic kidney**

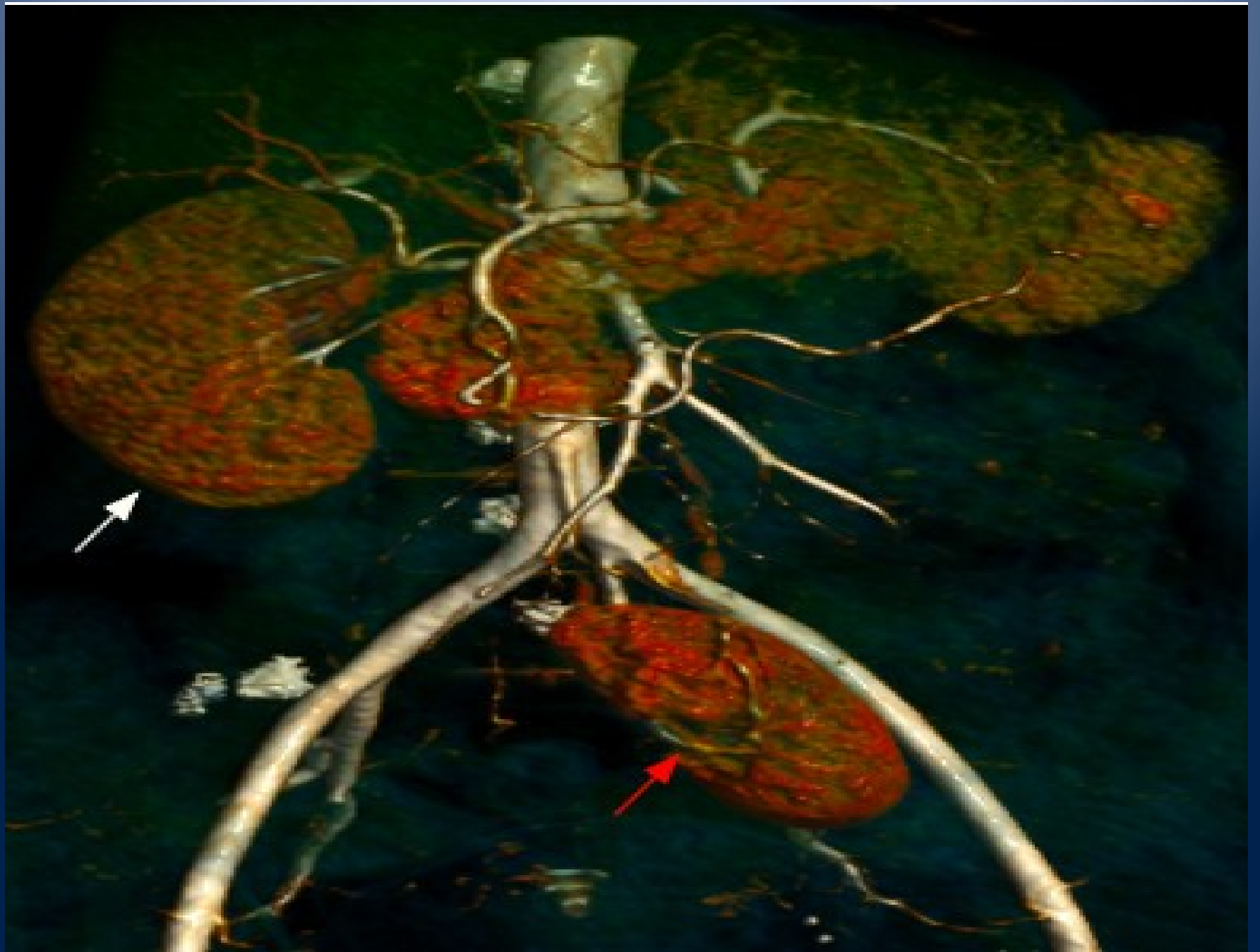


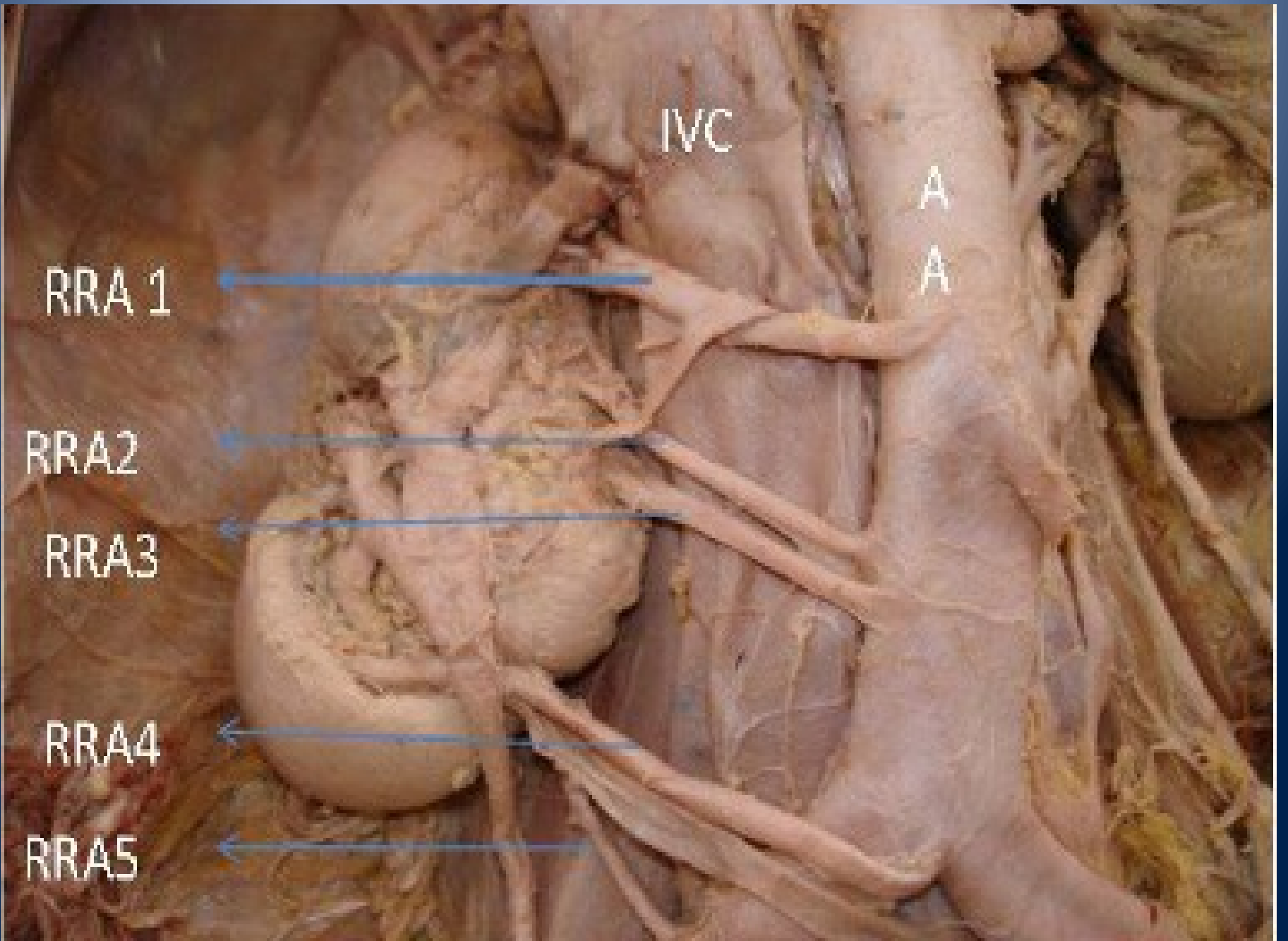












IVC

A  
A

RRA 1

RRA2

RRA3

RRA4

RRA5

# Case Presentation

- **Male patient 67 year old non Diabetic non hypertensive. He came with a huge pulsating abdominal mass proved to be AAA. Kidney function was normal and CT angiography was done that showed AAA with short angulated neck with right pelvic kidney, its renal artery arising from the proximal left CIA.**

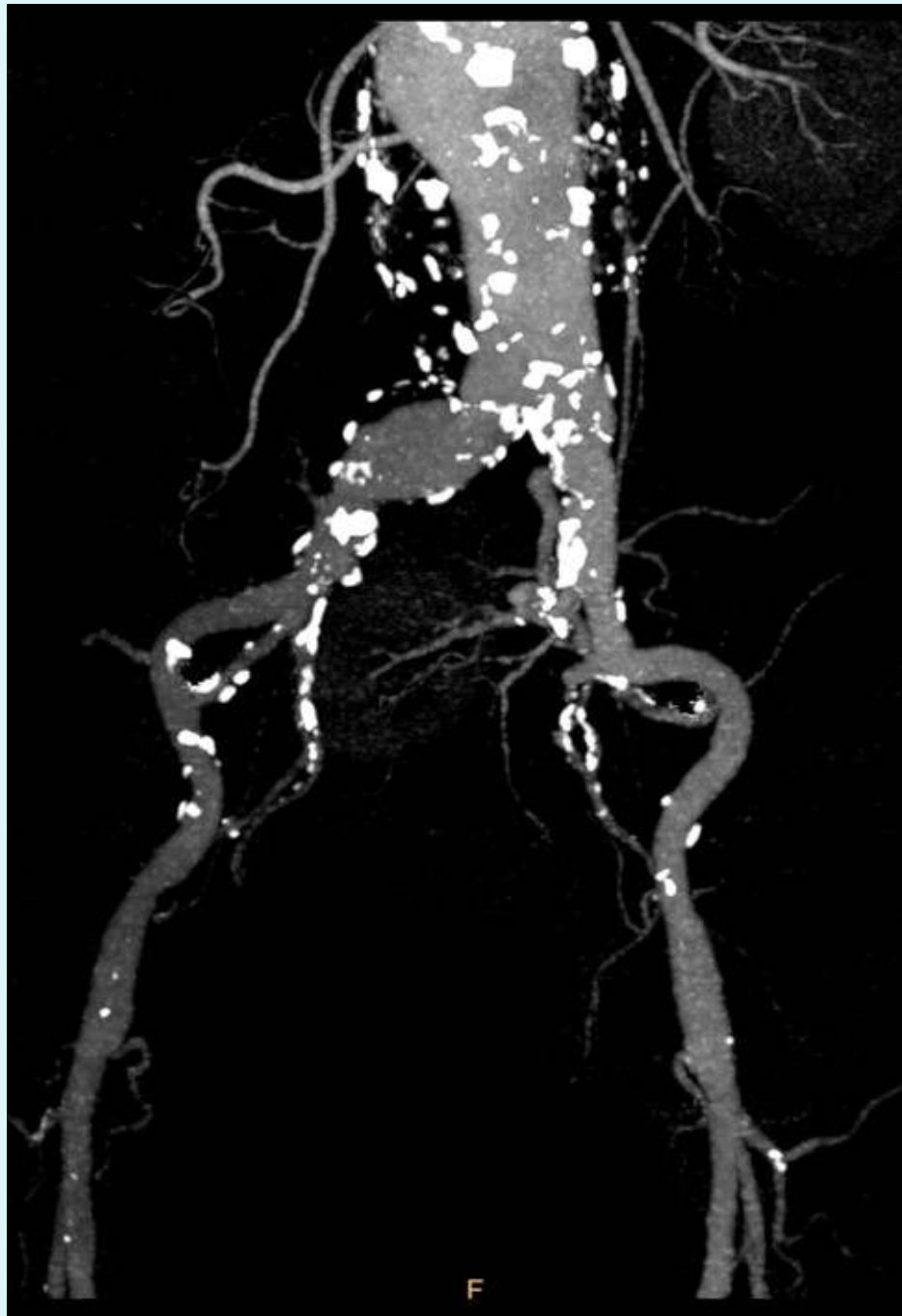
# CT Angiography





















A DECENT PROPOSAL



Lifetime.

# INDECENT PROPOSAL



# Treatment Proposals

**Surgical treatment**

**Endovascular Treatment**





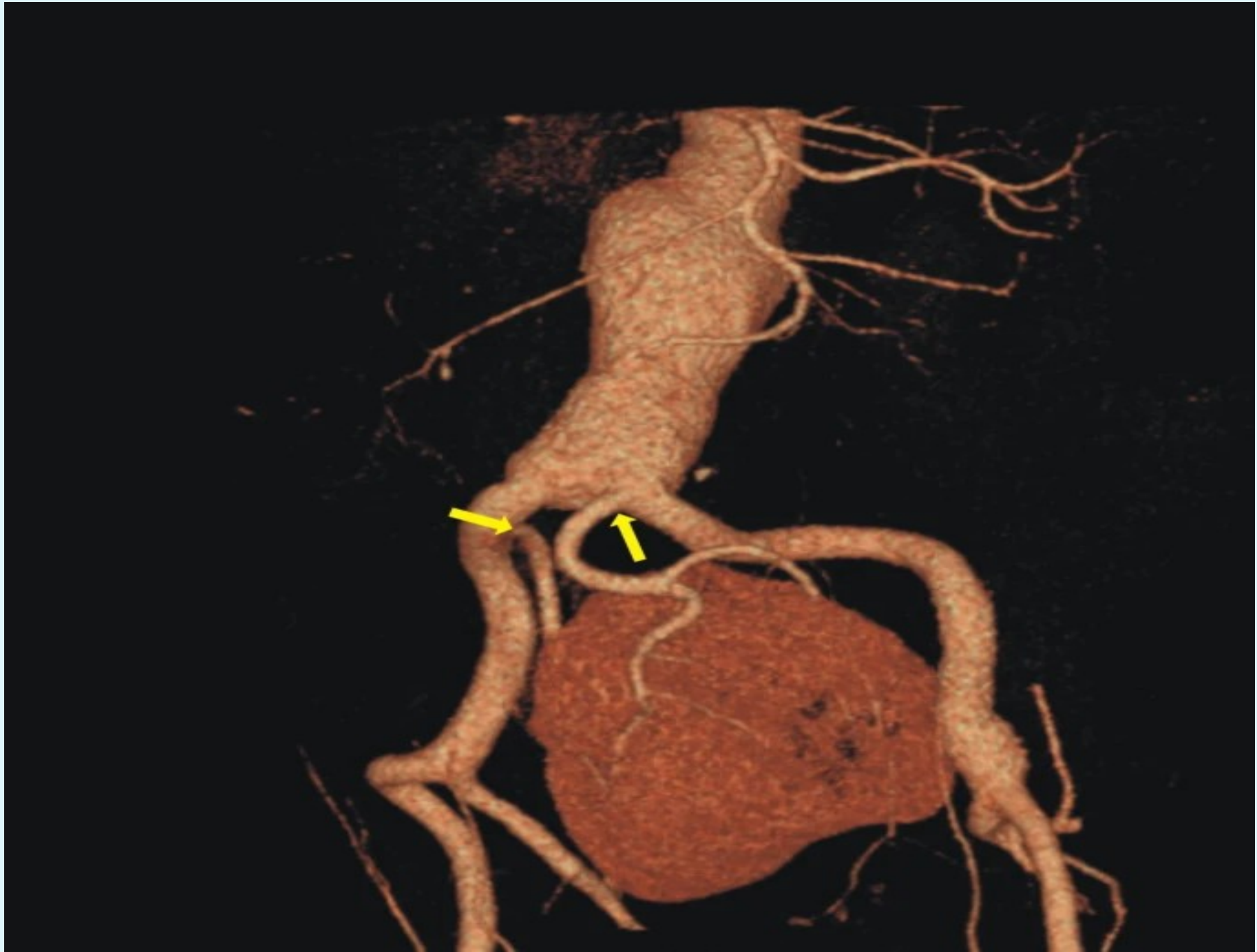
# Surgical Treatment

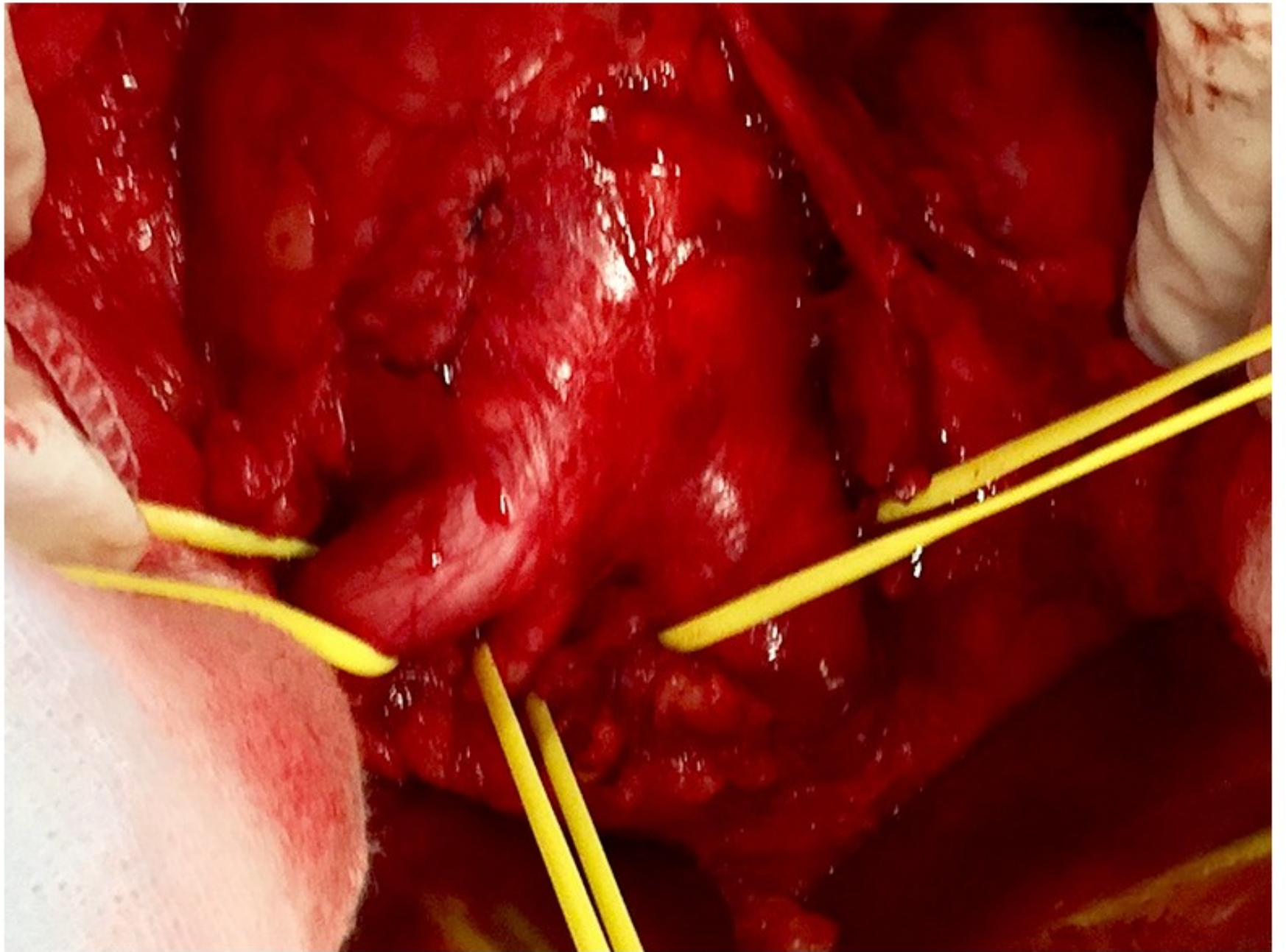
- **Aorto-Biiliac bypass**
- **Aorto- bifemoral with renal bypass**
- **Aorto-ilio-renal bypass**

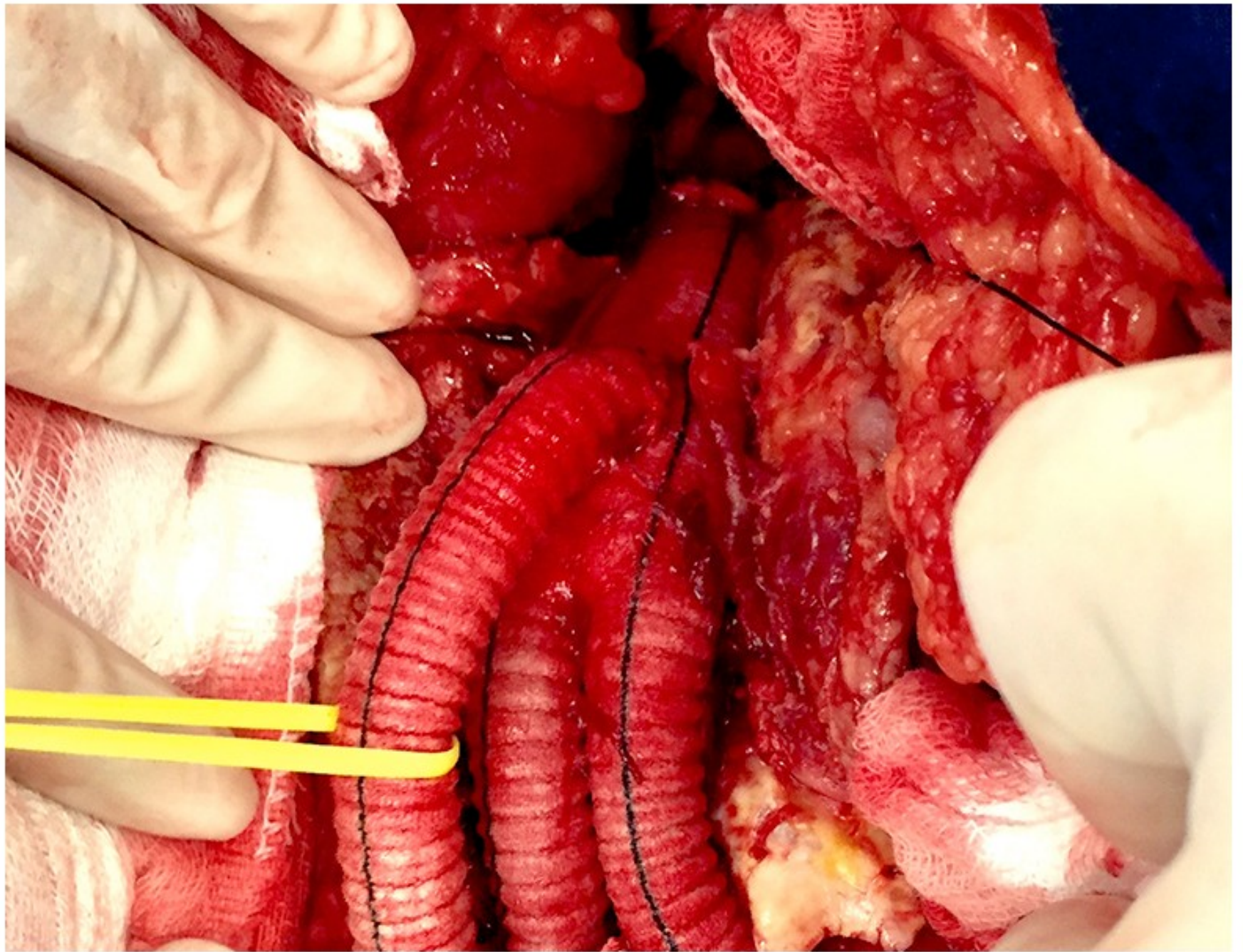
# Technical Difficulties

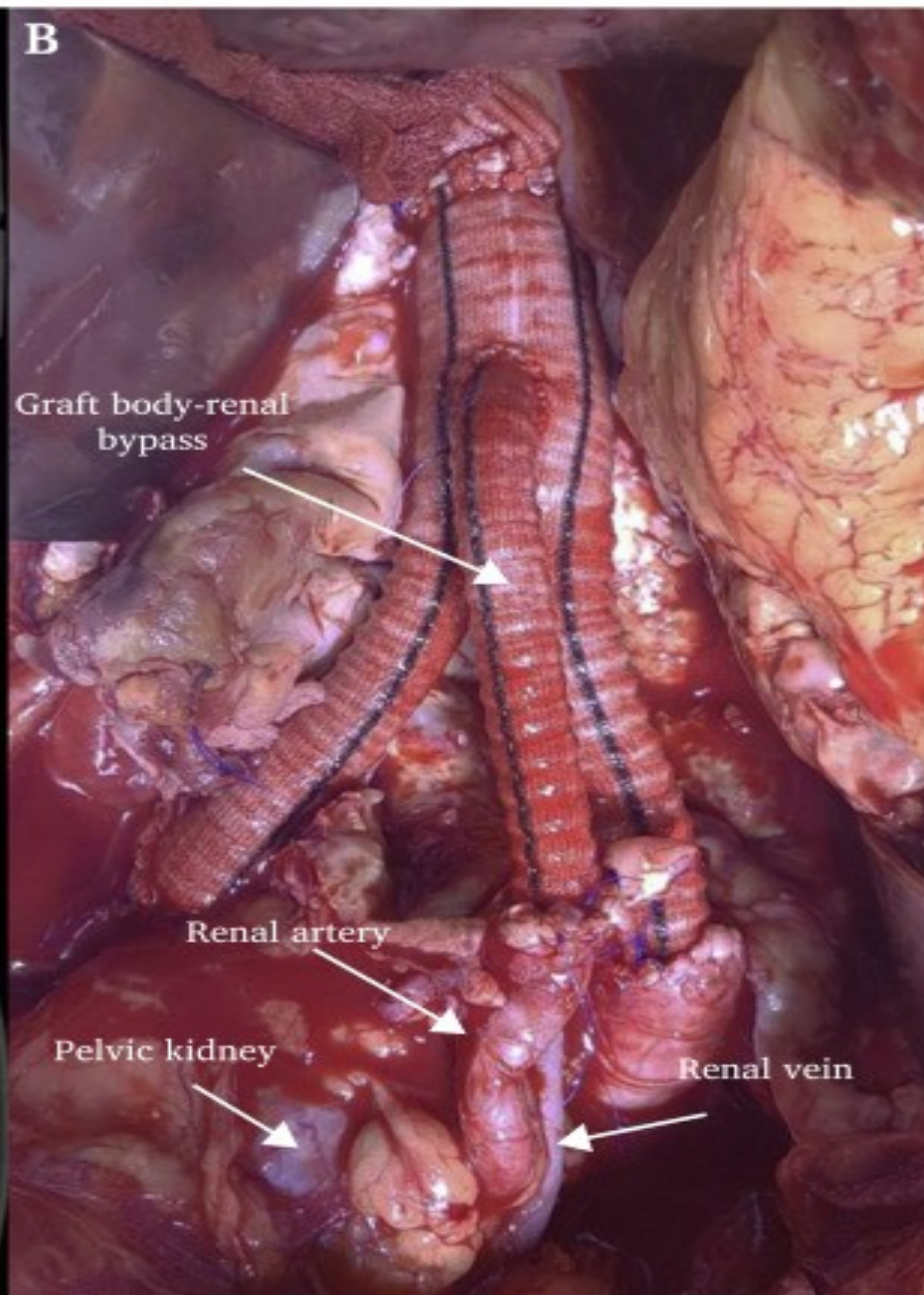
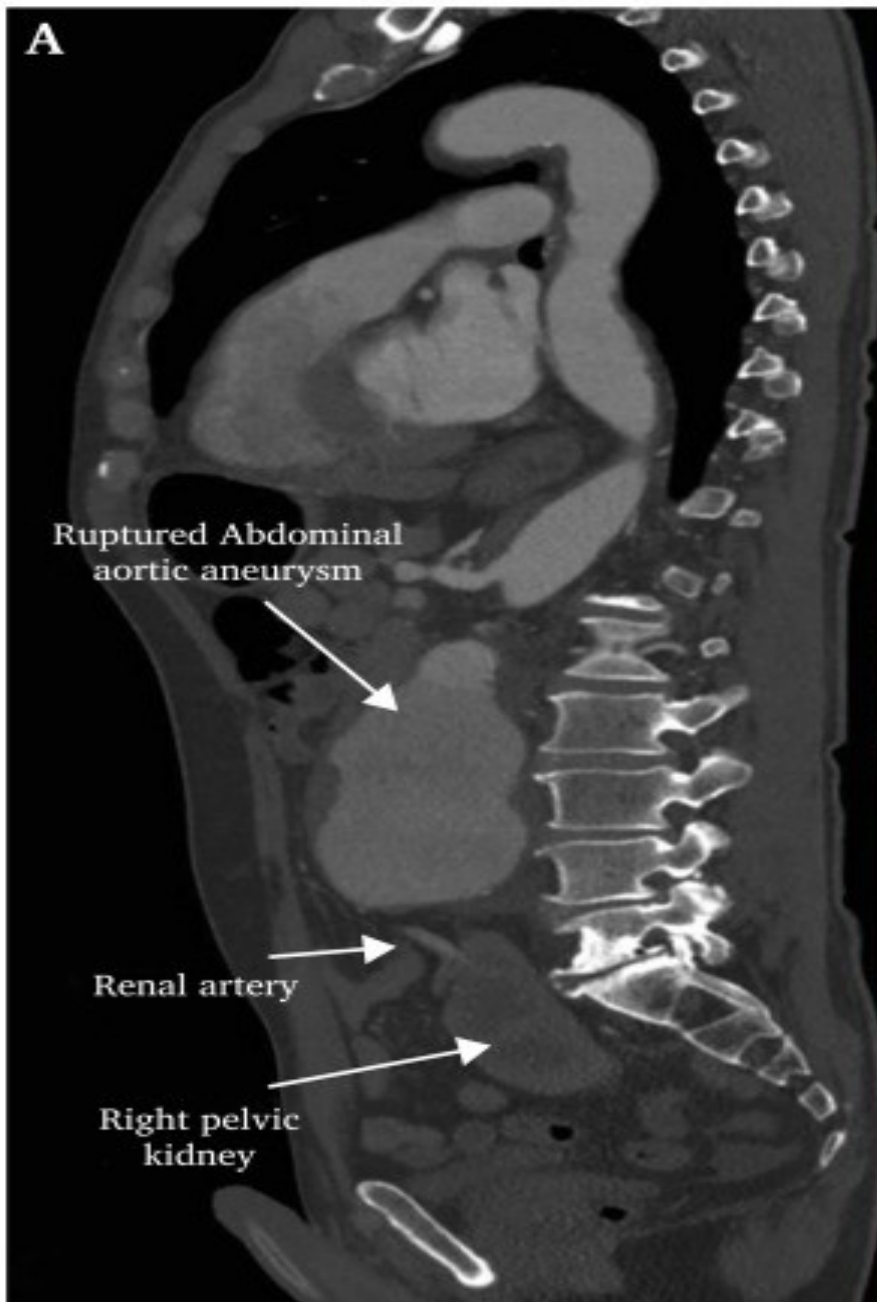
- **Renal ischemia during Aortic cross clamping.**
- **Aorto-renal bypass before attacking the Aneurysm.**
- **A temporary bypass to the renal artery during Aneurysm Repair.**
- **Renal veins cava anomalies.**

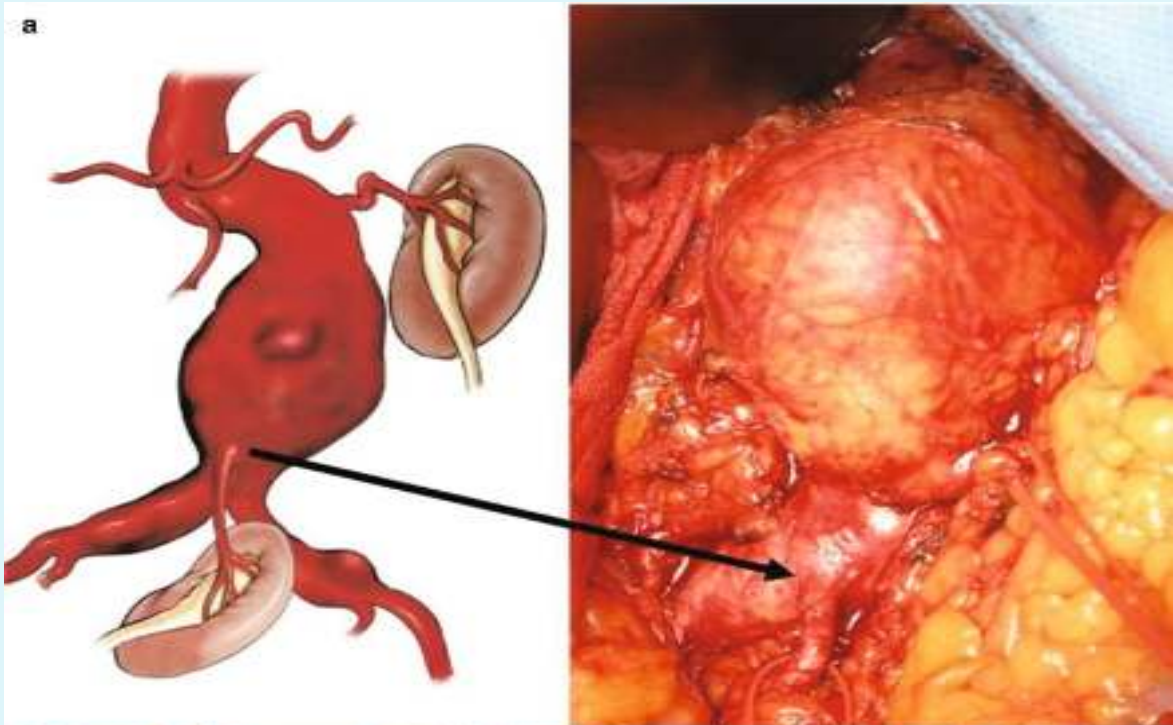
# **Surgical Technique**





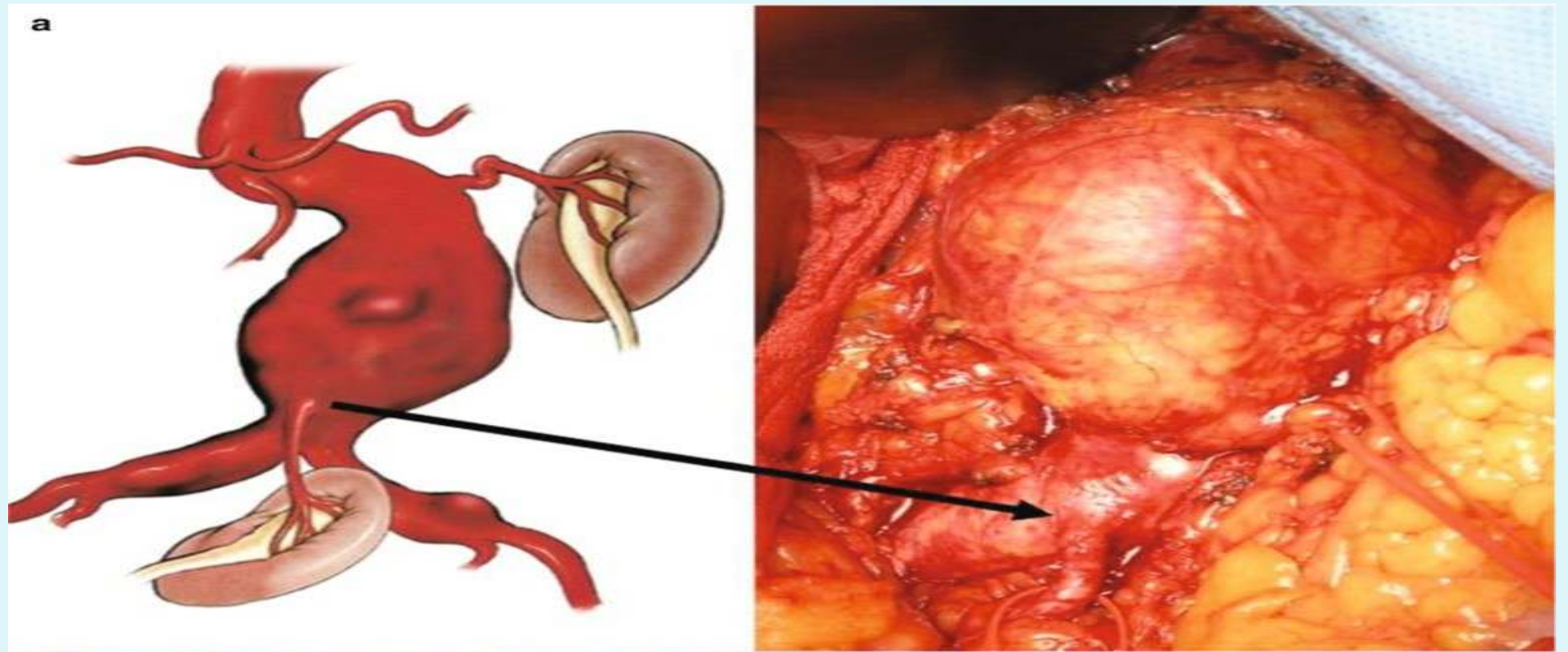






**Perfusion of cold crystalloid into the orifice of the pelvic kidney feeding artery through an occlusion perfusion balloon catheter and end-to-end Dacron aortic bypass with the main pelvic kidney renal artery reimplantation**







Case report | [Open Access](#) | [Published: 06 March 2011](#)

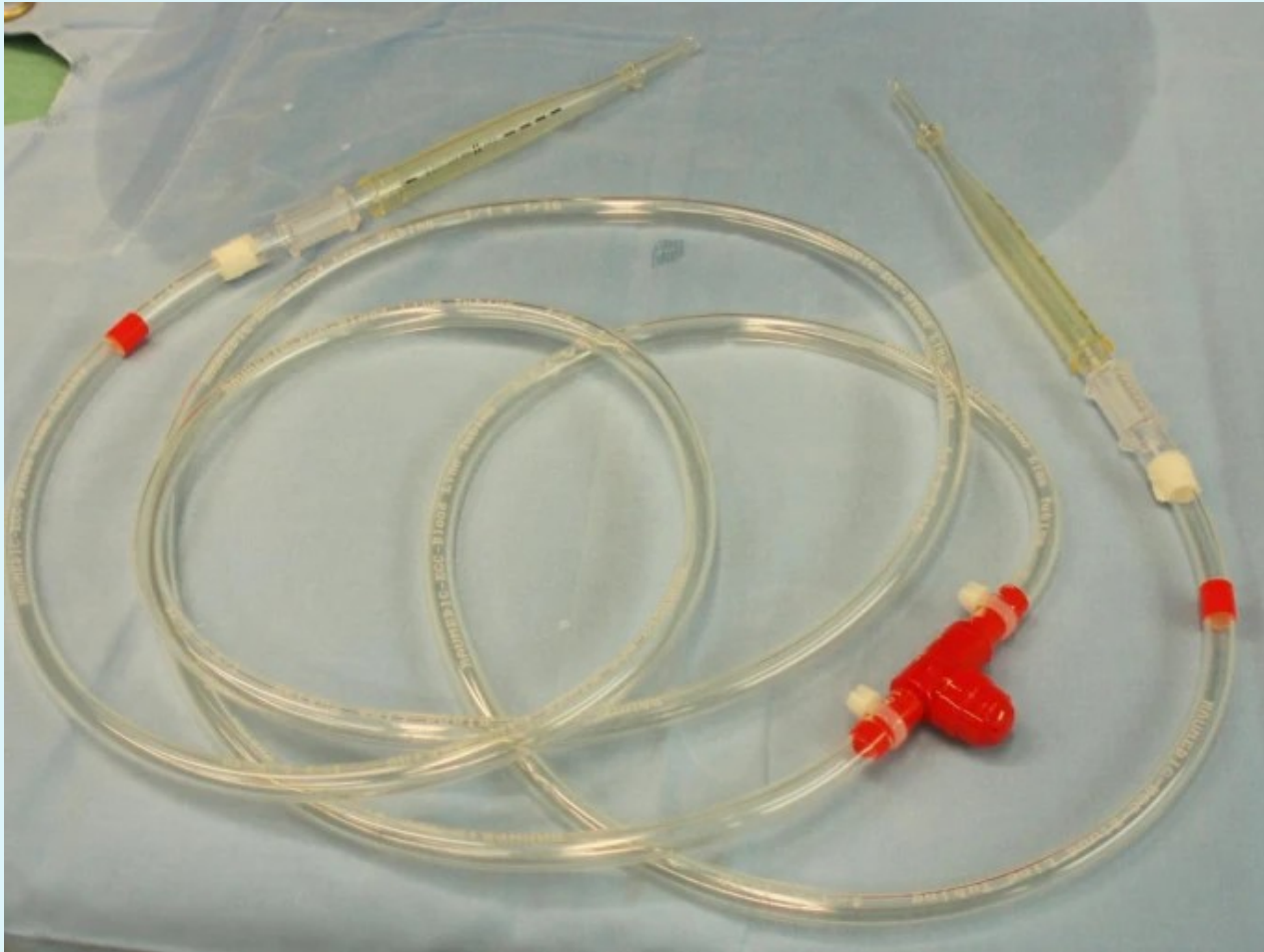
## A double shunt technique for the prevention of ischaemia of a congenital, solitary, pelvic kidney during abdominal aortic aneurysm repair: a case report

[Sotirios A Makris](#) , [Eleftherios Kanellopoulos](#), [Anastasios Chronopoulos](#), [Thomas G Vrachliotis](#) & [Nikolaos Doundoulakis](#)

*Journal of Medical Case Reports* **5**, Article number: 92 (2011) | [Cite this article](#)

**3868** Accesses | **4** Citations | [Metrics](#)

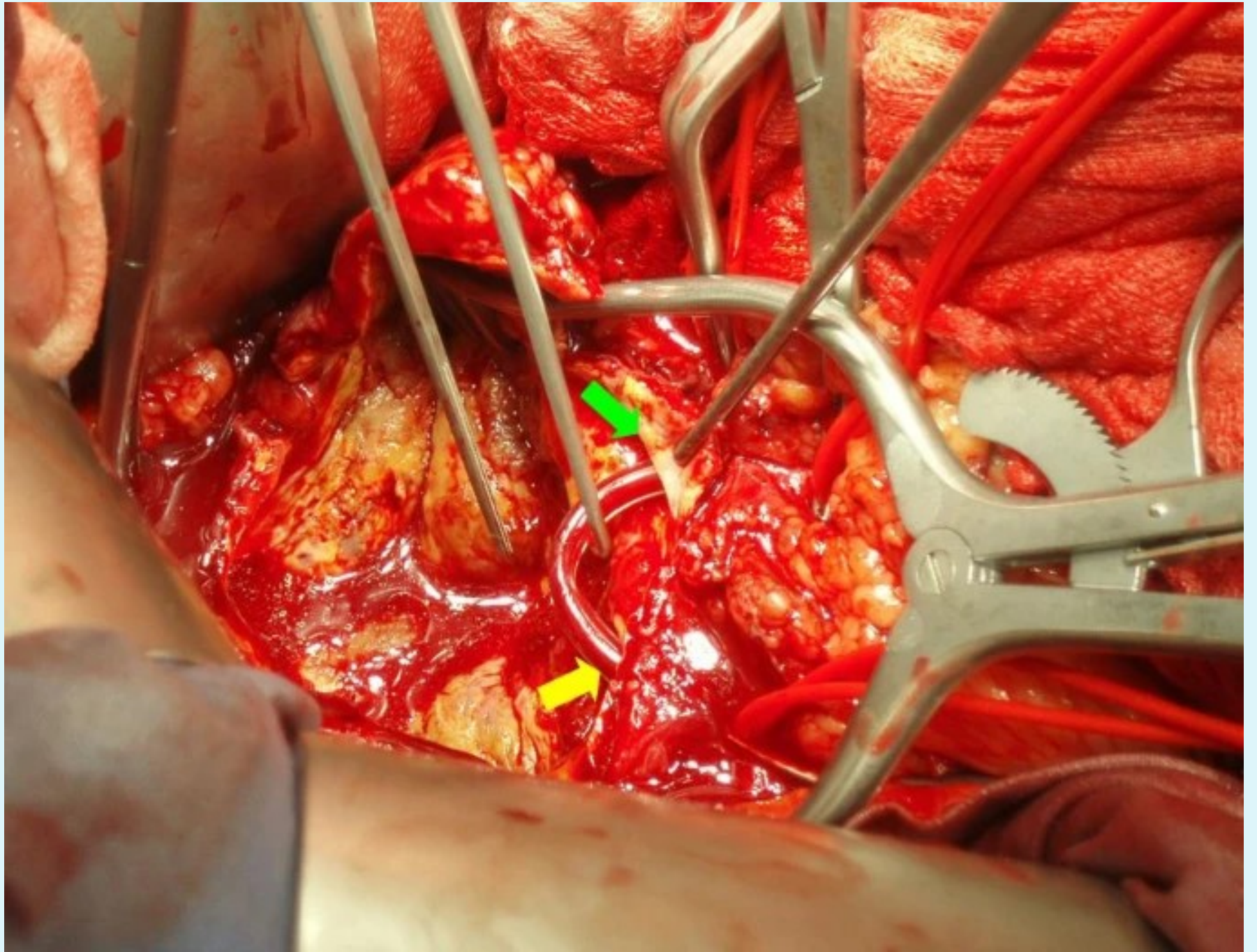
**The first shunt. The axillofemoral shunt consisting of two 22 Fr femoral cannulas connected to each other with a half-inch Vent tube of extracorporeal circulation and an one-way valve, similar to a custom-made long Javit-like shunt used in carotid surgery.**

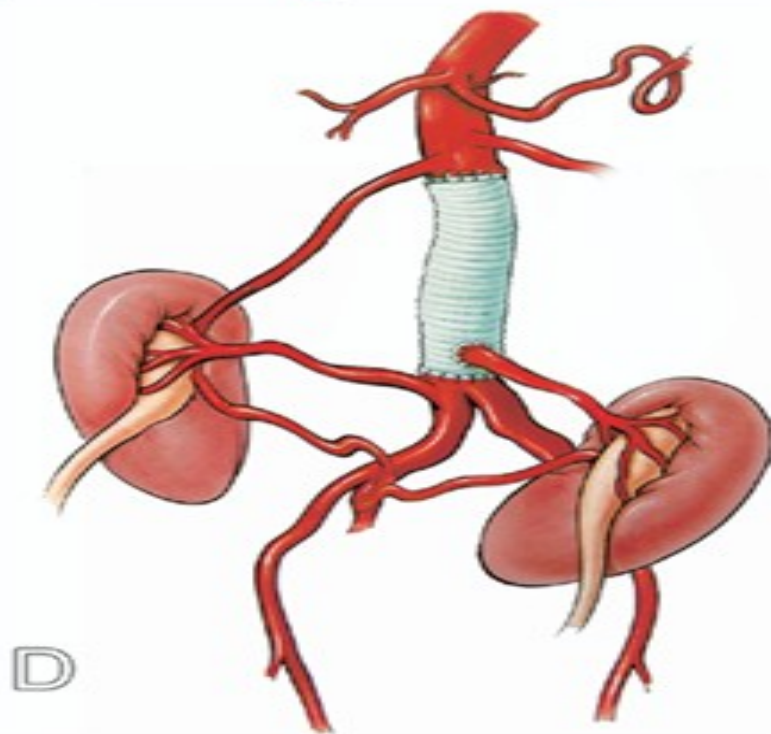
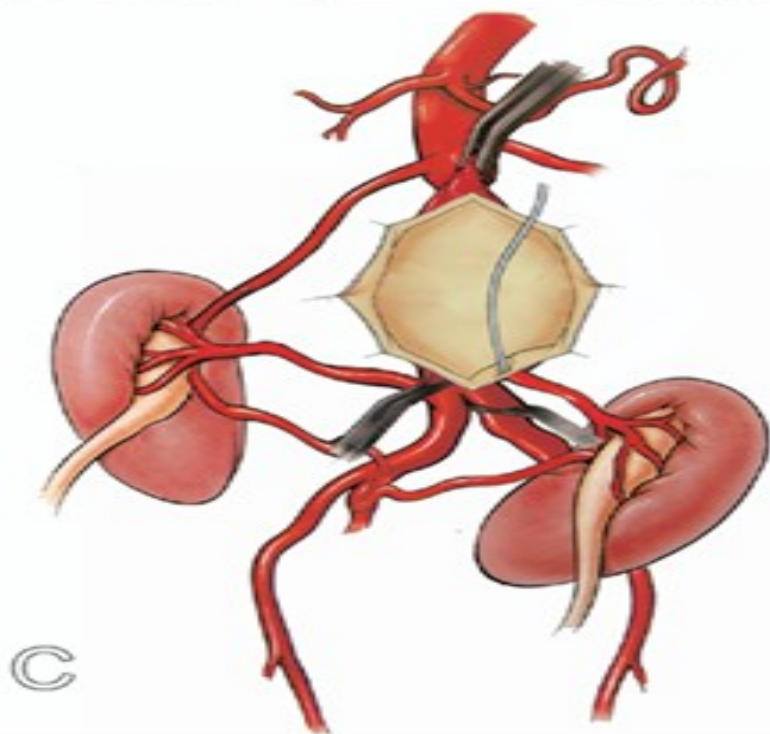
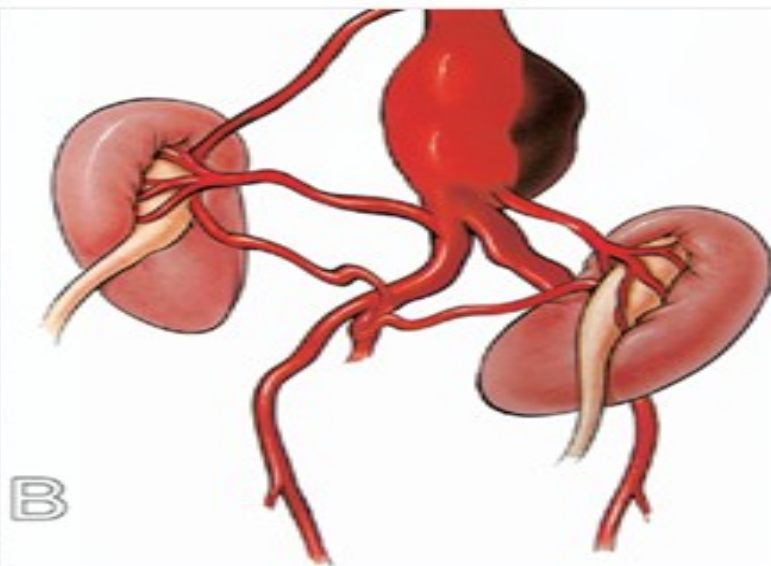


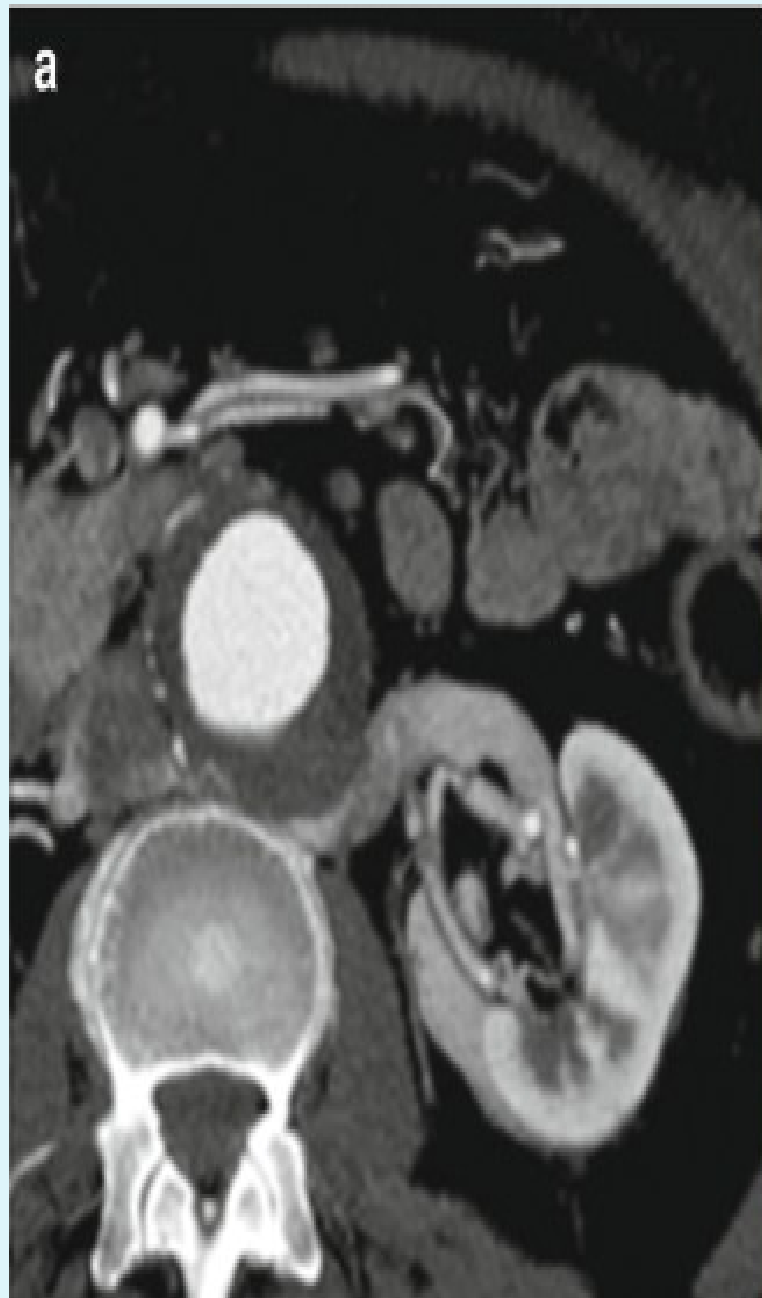


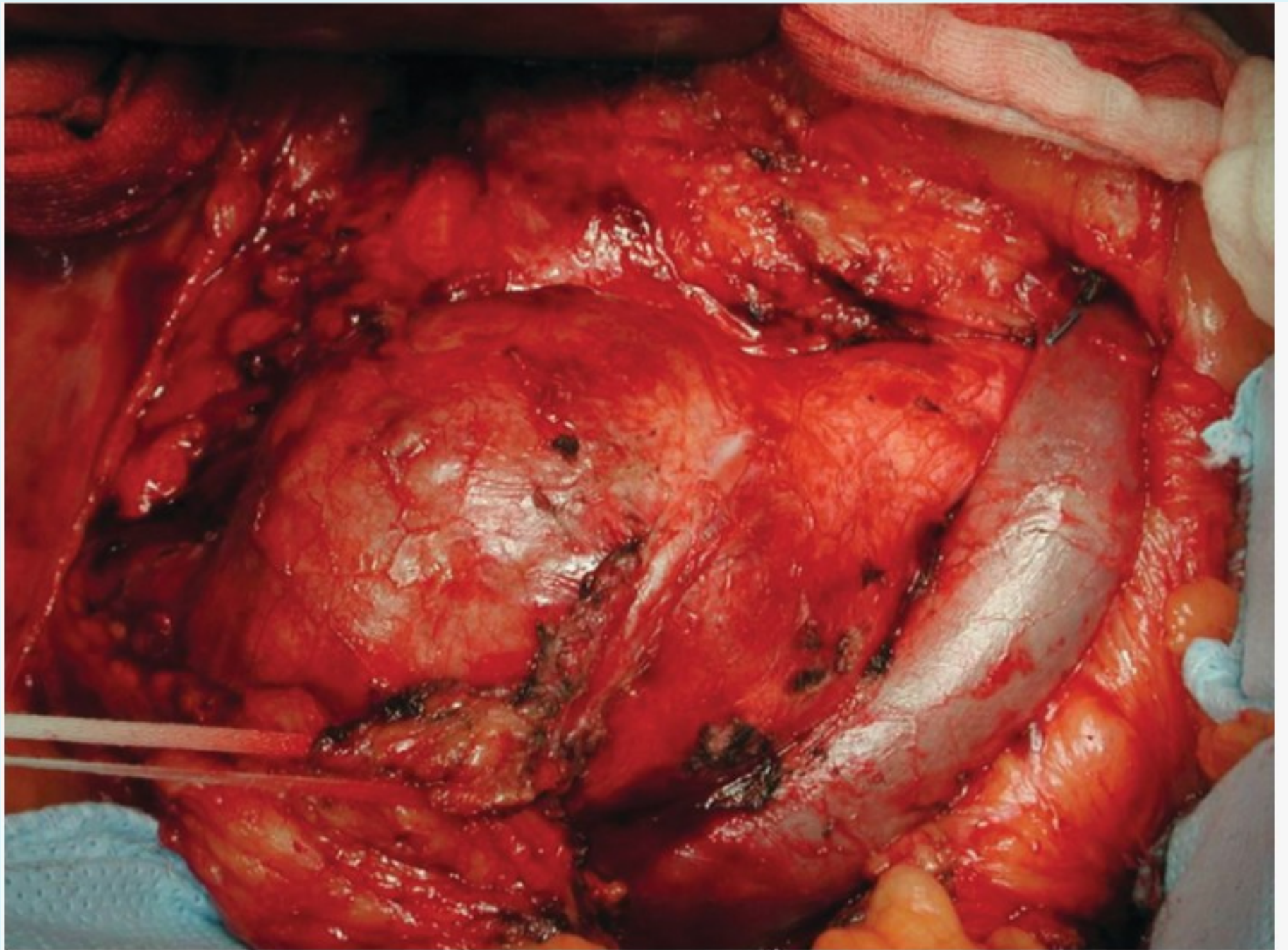
**12 Fr Argyle shunt (Tyco Healthcare, Tullamore, Co. Tipperary, Ireland) was inserted into it.**

**The first shunt. The axillofemoral shunt consisting of two 22 Fr femoral cannulas connected to each other with a half-inch Vent tube of extracorporeal circulation and an one-way valve, similar to a custom-made long Javit-like shunt used in carotid surgery**

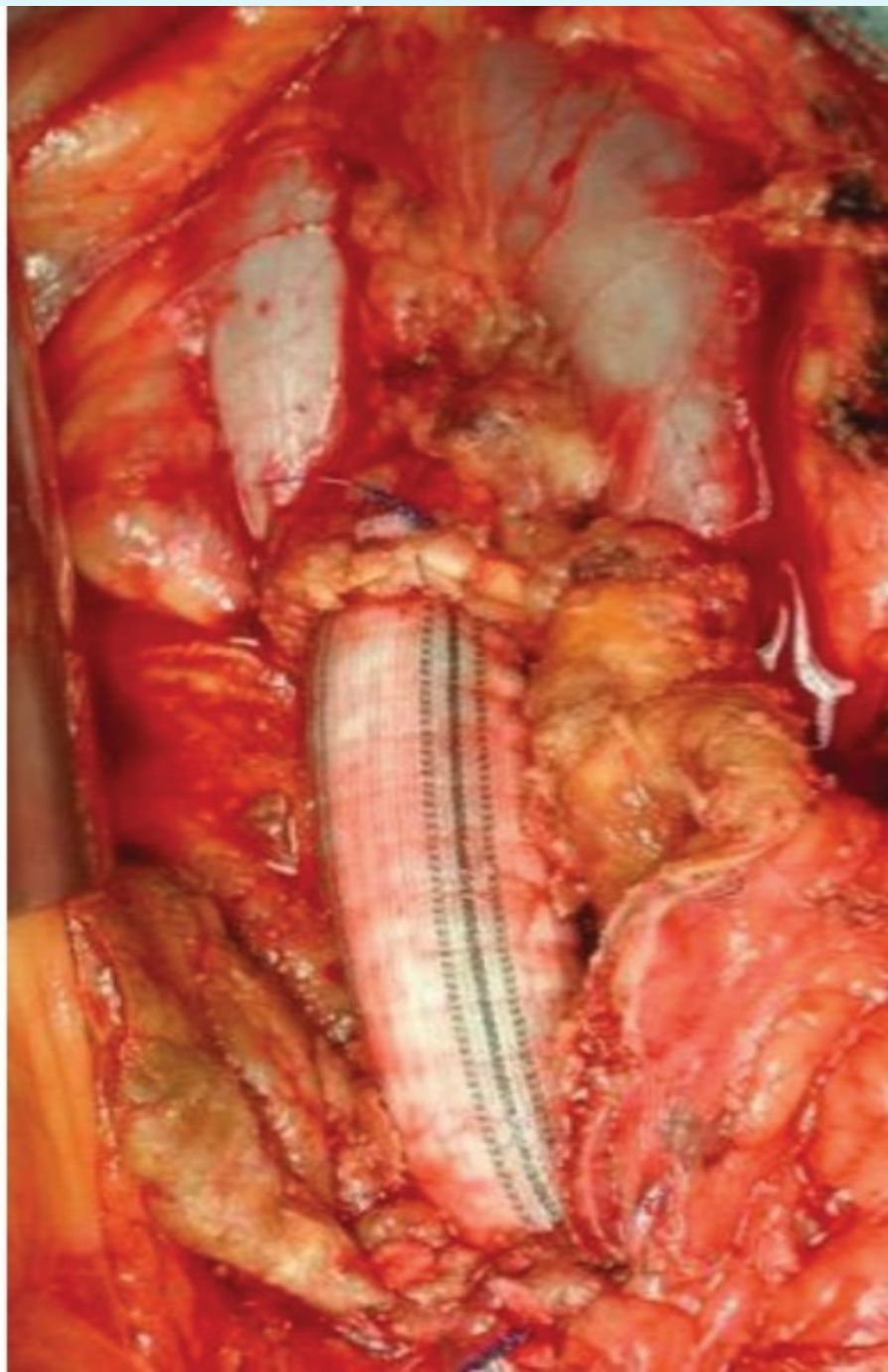
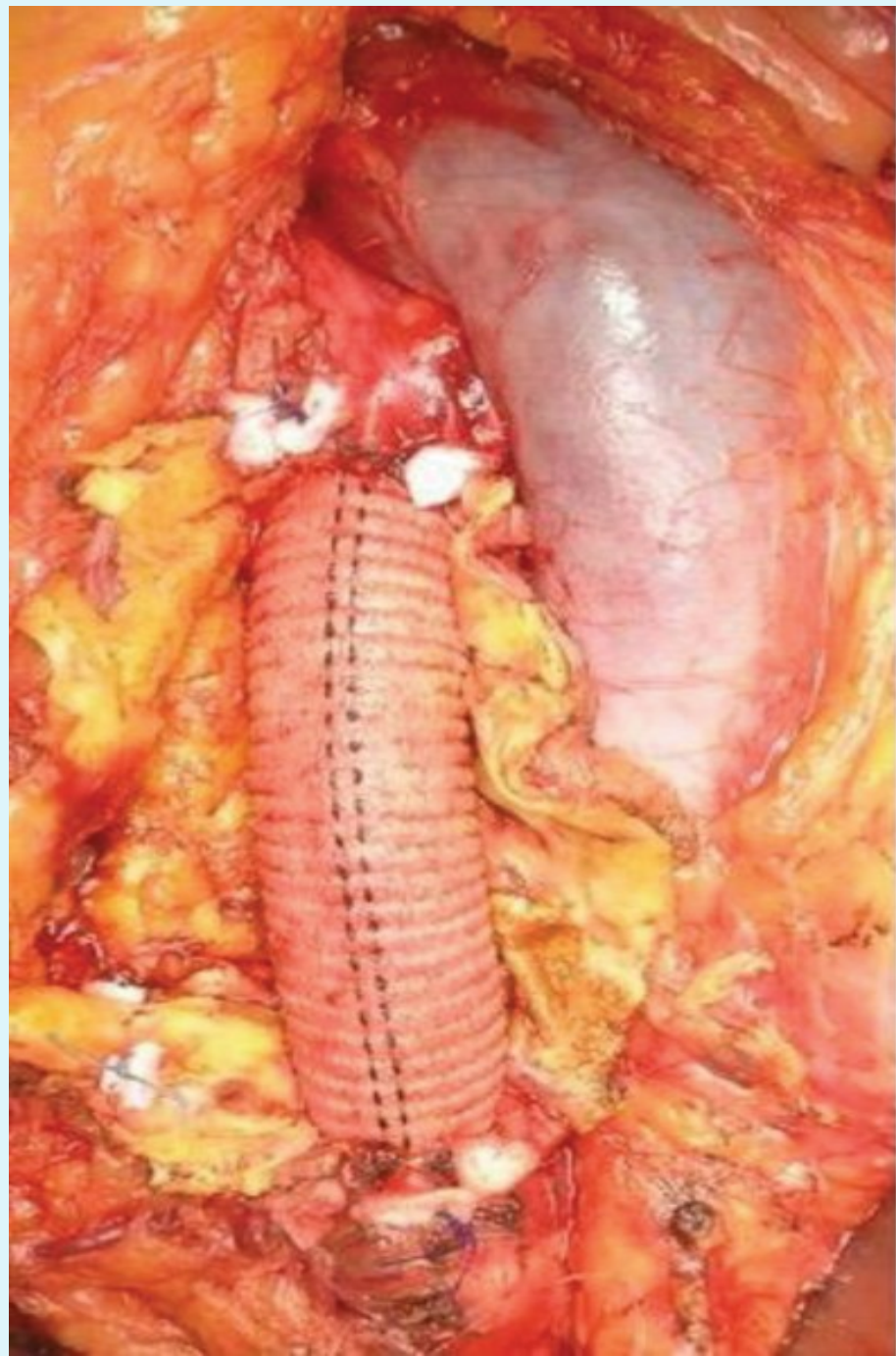








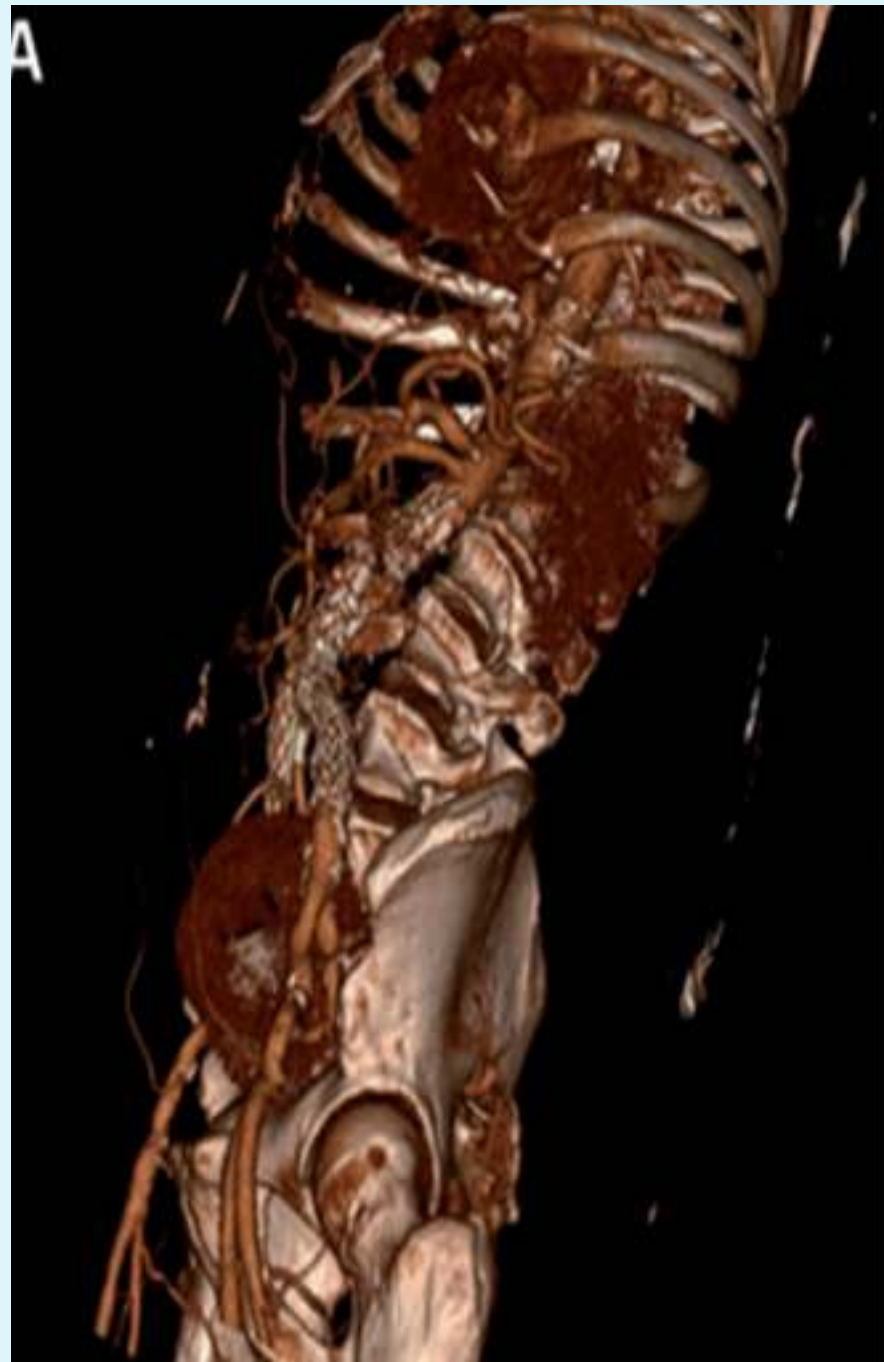




# Endovascular Proposal

# Endovascular Proposals

- **Chimney EVAR with Long Chimney from the neck to the left renal artery**
- **EVAR with Parallel graft from one of the EVAR limbs**
- **Use of iliac branch device to branch to the left renal A instead of the internal iliac artery**
- **Fenestrated Graft**



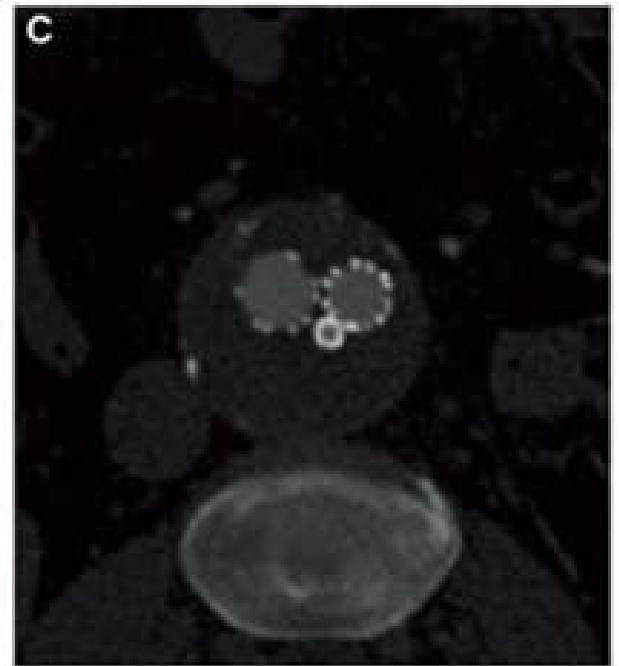
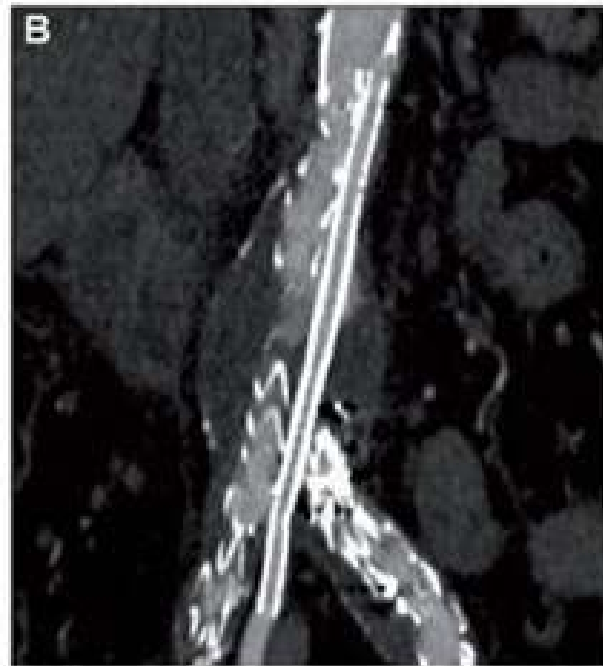
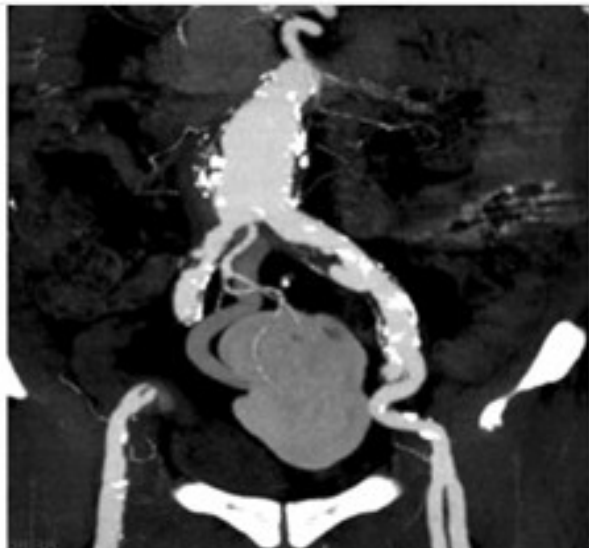


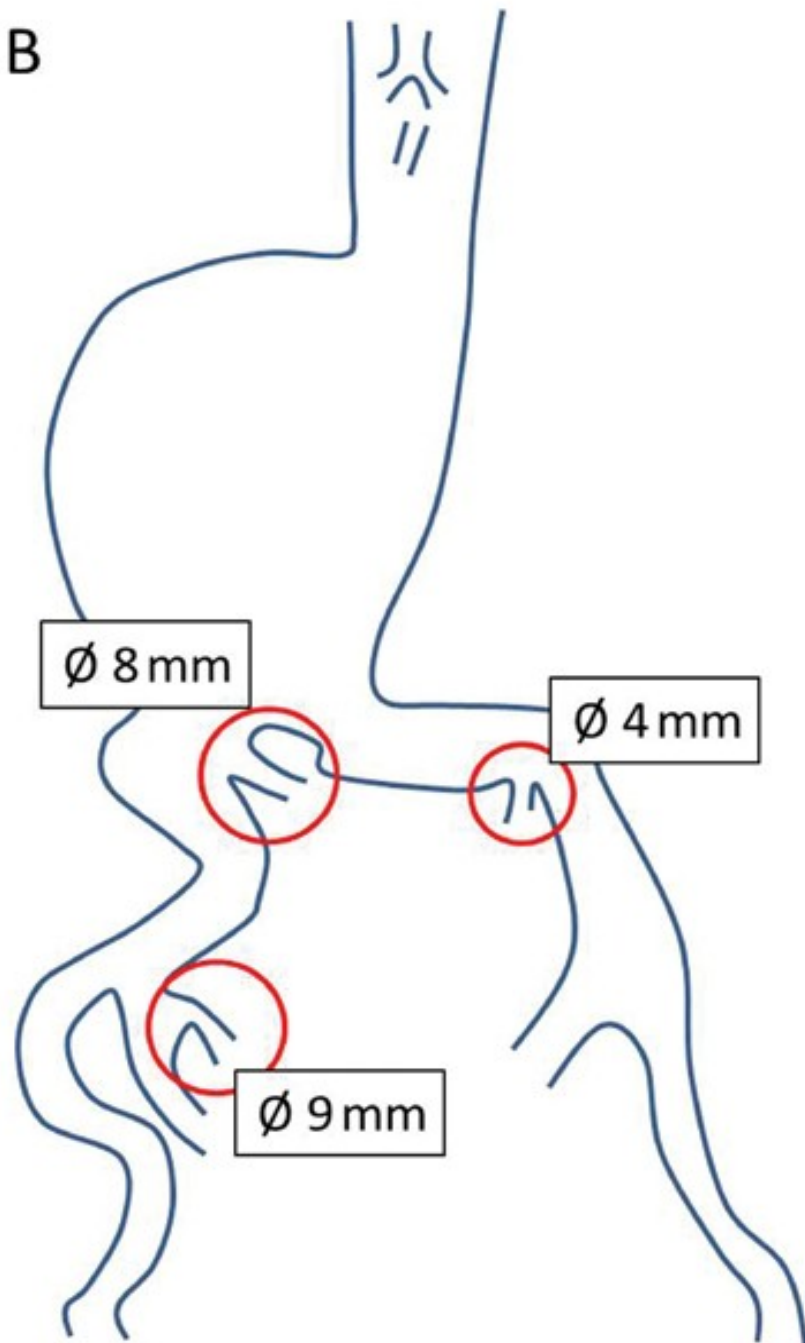




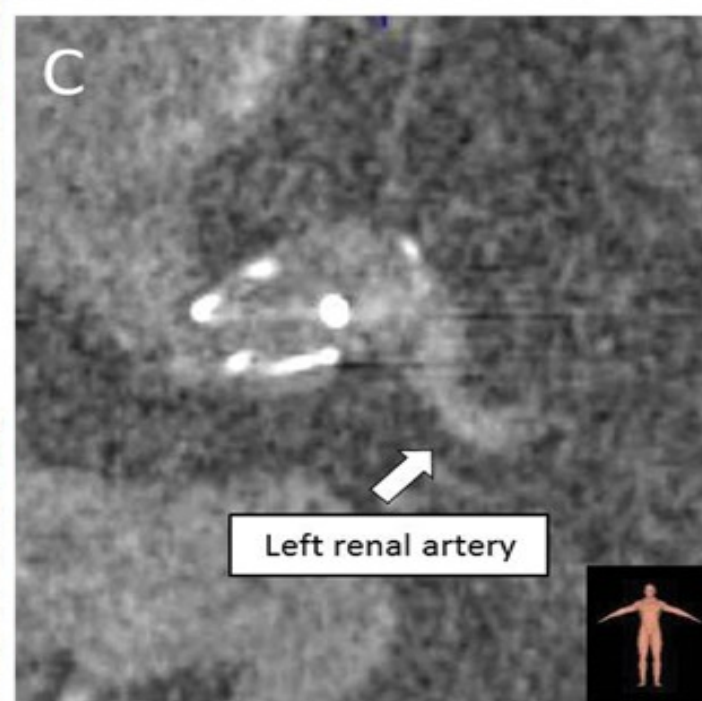
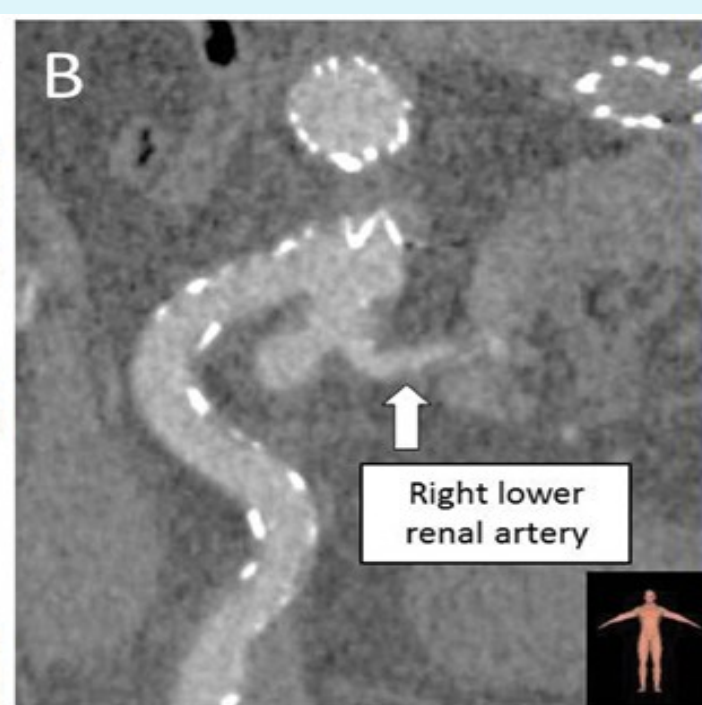
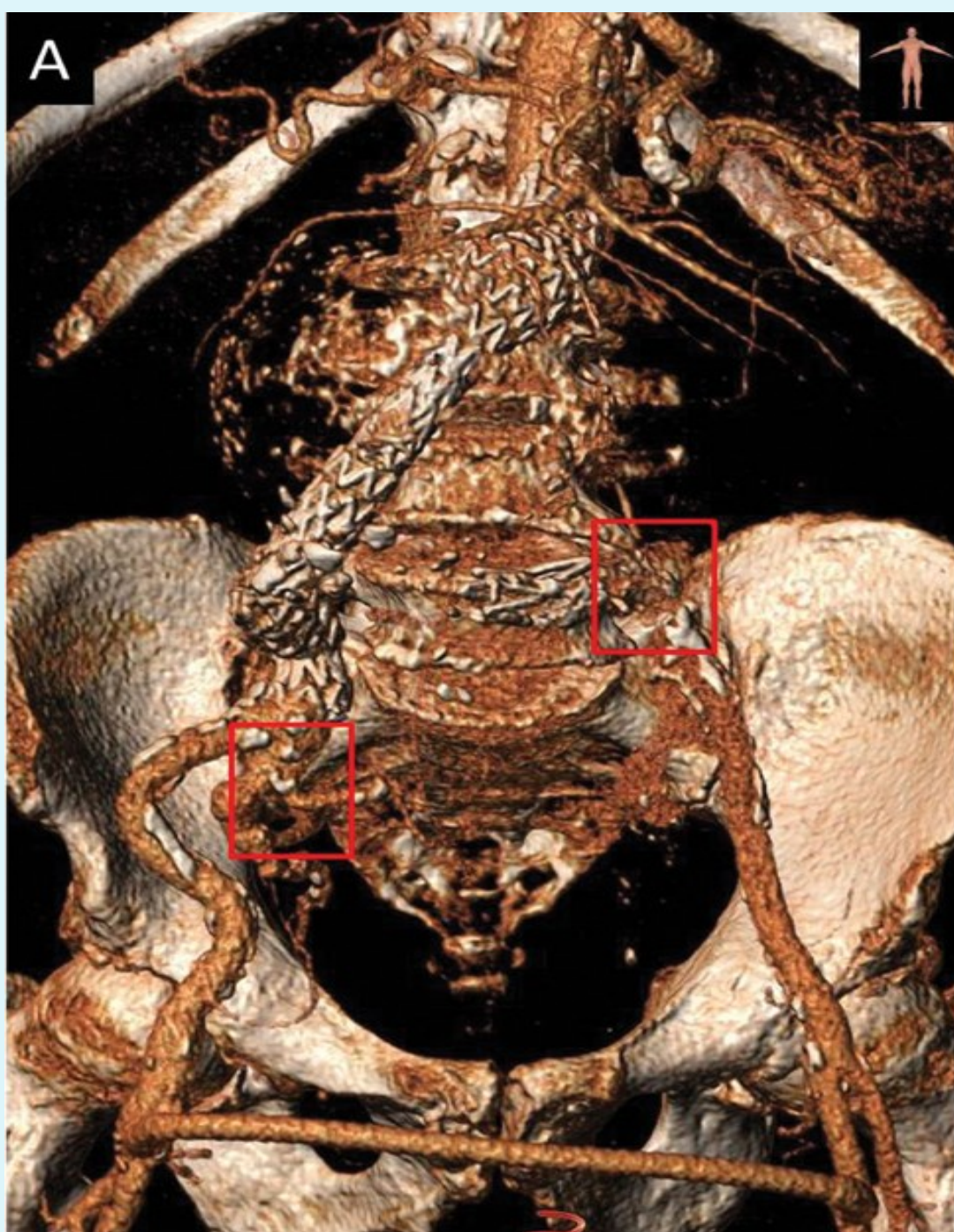
Figure 2. An intraoperative angiogram revealed cannulation of the helical limb of the branched device and selective cannulation of the pelvic kidney artery (A). After stent placement, the helical limb is patent (B). Completion angiogram (C).



B







# Our Proposal

- **Plan:**



- **Bilateral femoral exposure**
- **Mini-laparotomy for Ext.ilic artery to left renal saphenous vein bypass**
- **Regular EVAR with left EVAR limb landing at the distal Left CIA.**

# Steps

0.40

licit

X:

X: 306 px

Catheterization

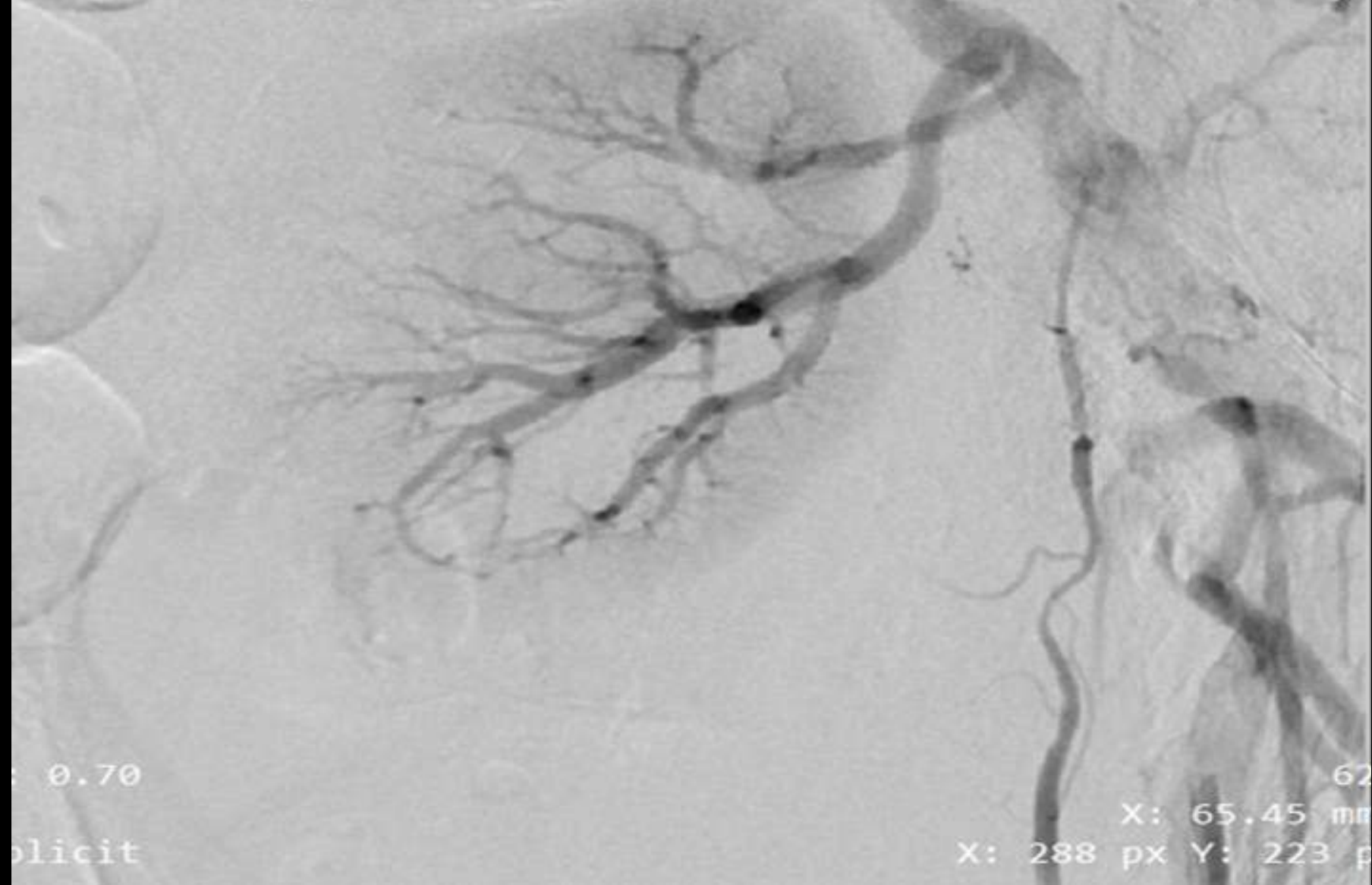
10-



X:

56 M  
Diagnostic Coronary Catheterization

Dr. [unclear]  
10-February-



: 0.70

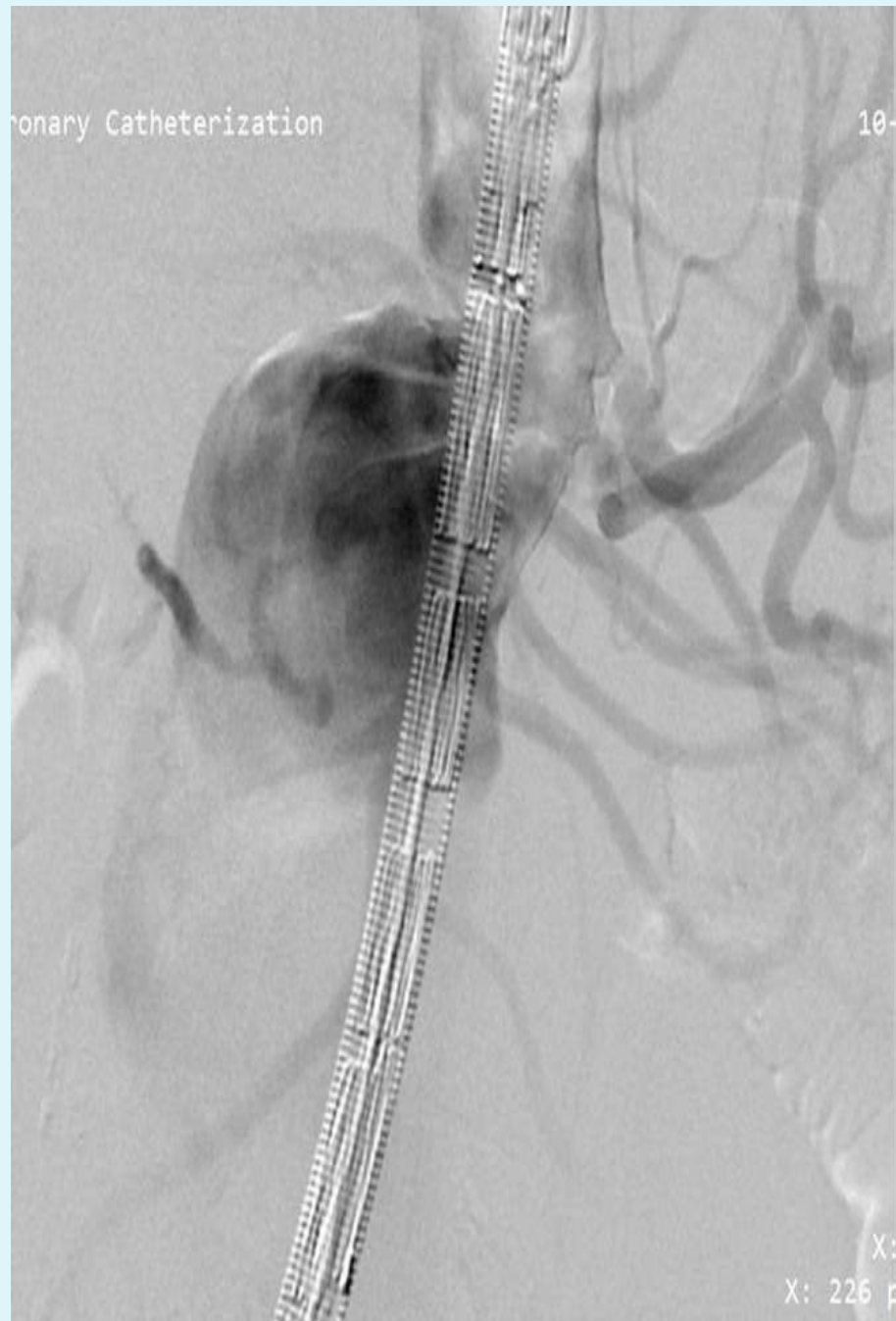
licit

62  
X: 65.45 mm  
X: 288 px Y: 223 p



Coronary Catheterization

10-



X: 226 p

at Mohasmed

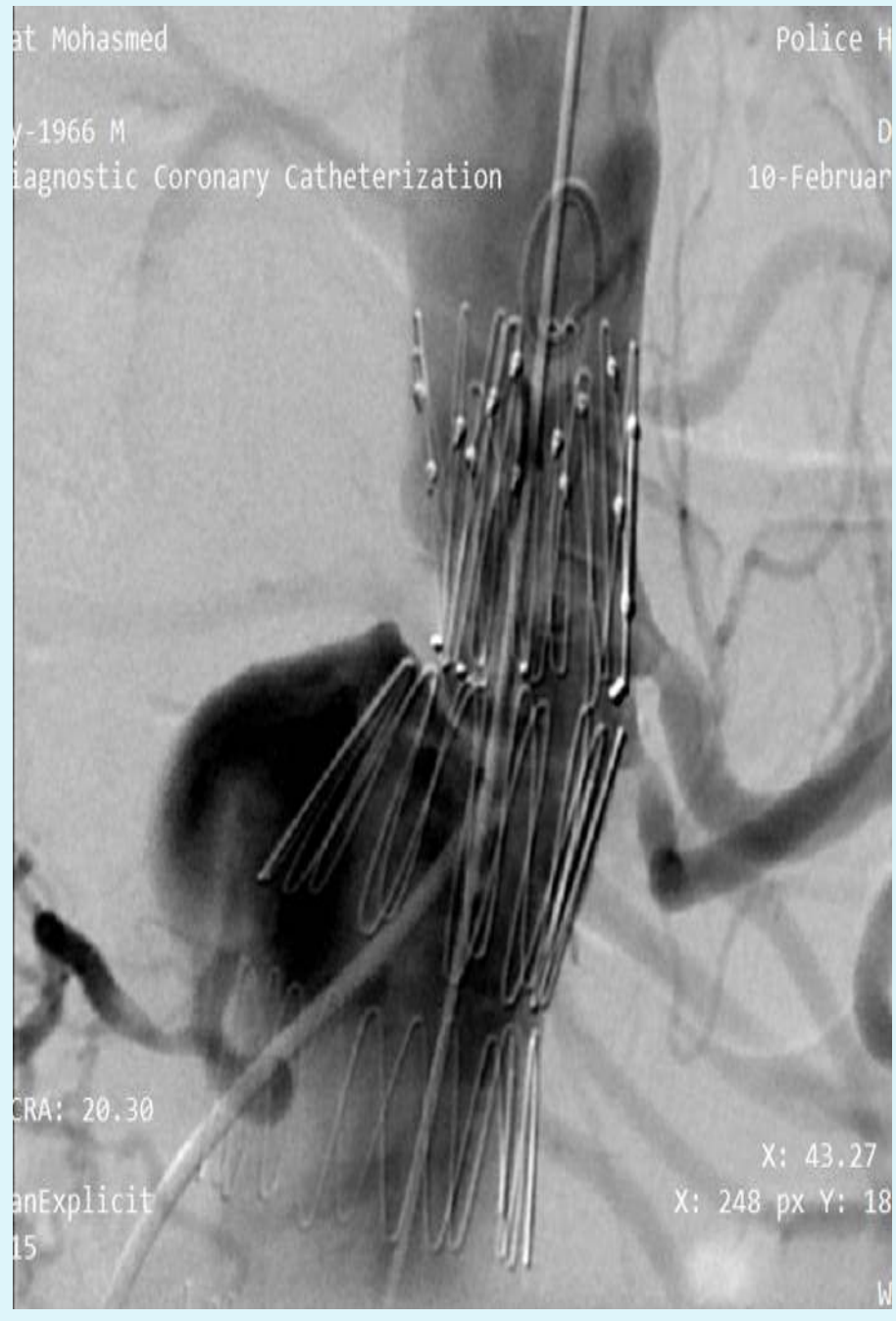
Police H

y-1966 M

D

Diagnostic Coronary Catheterization

10-Februar



CRA: 20.30

X: 43.27

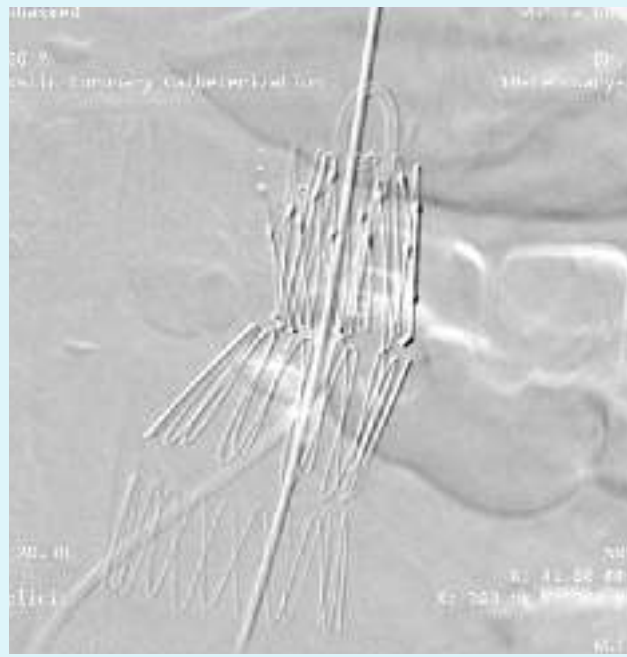
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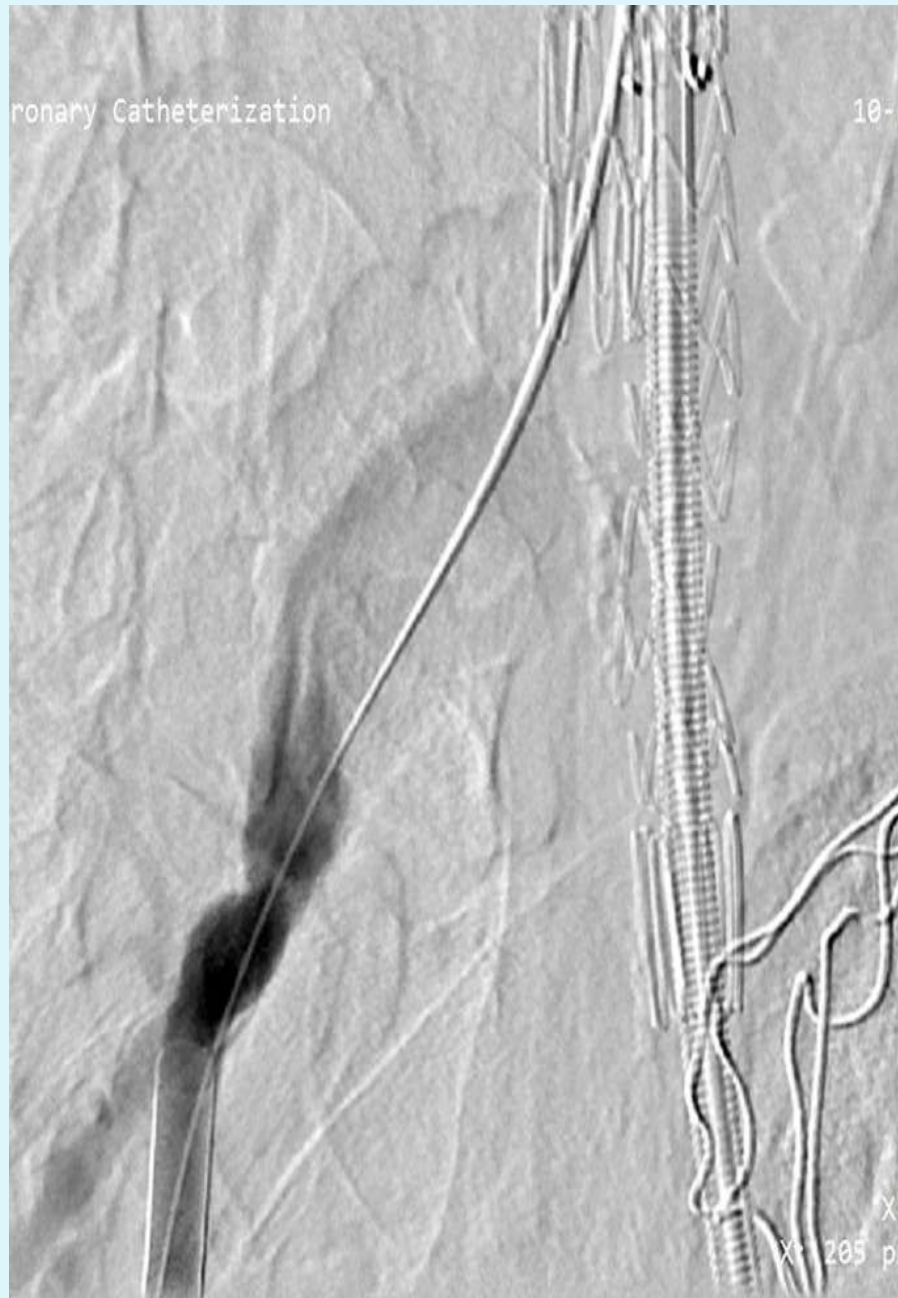
X: 248 px Y: 18

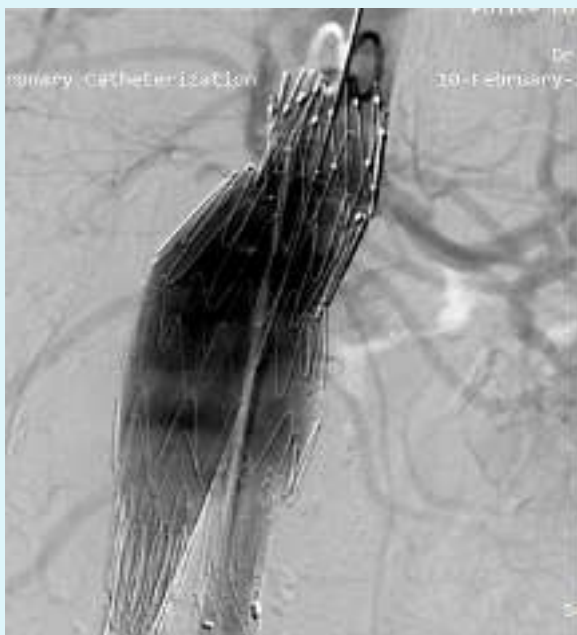
X: 15

W



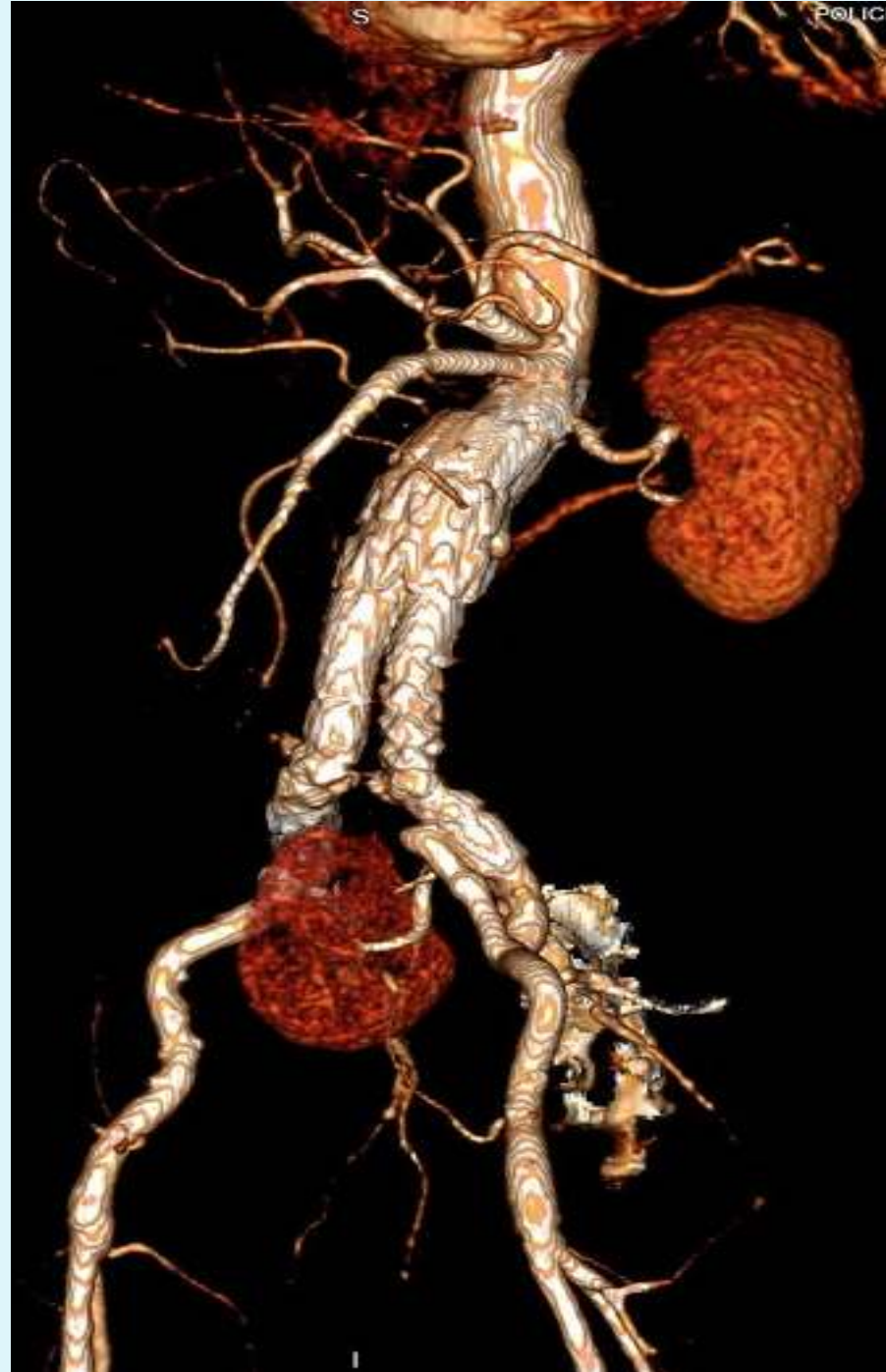




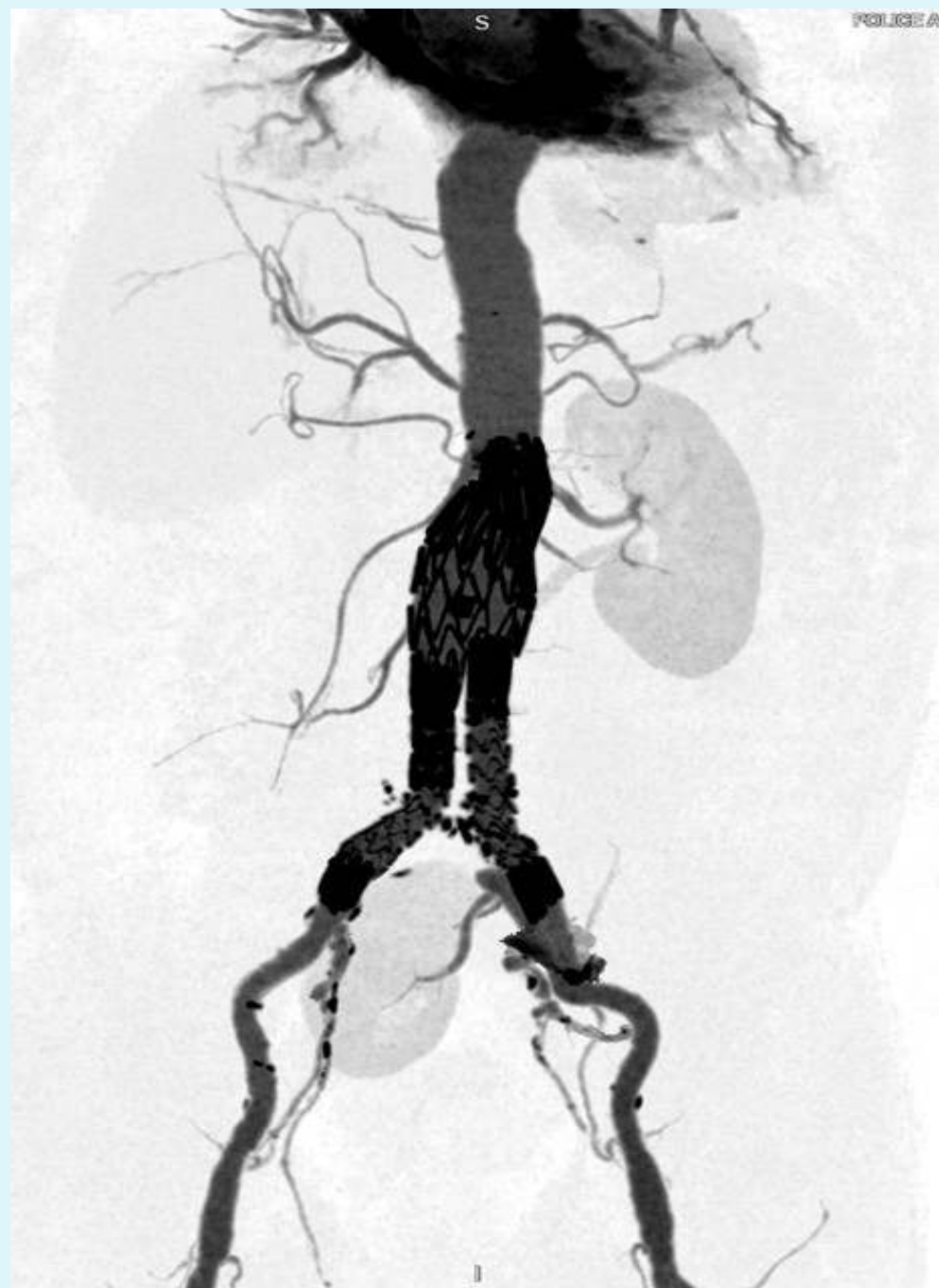




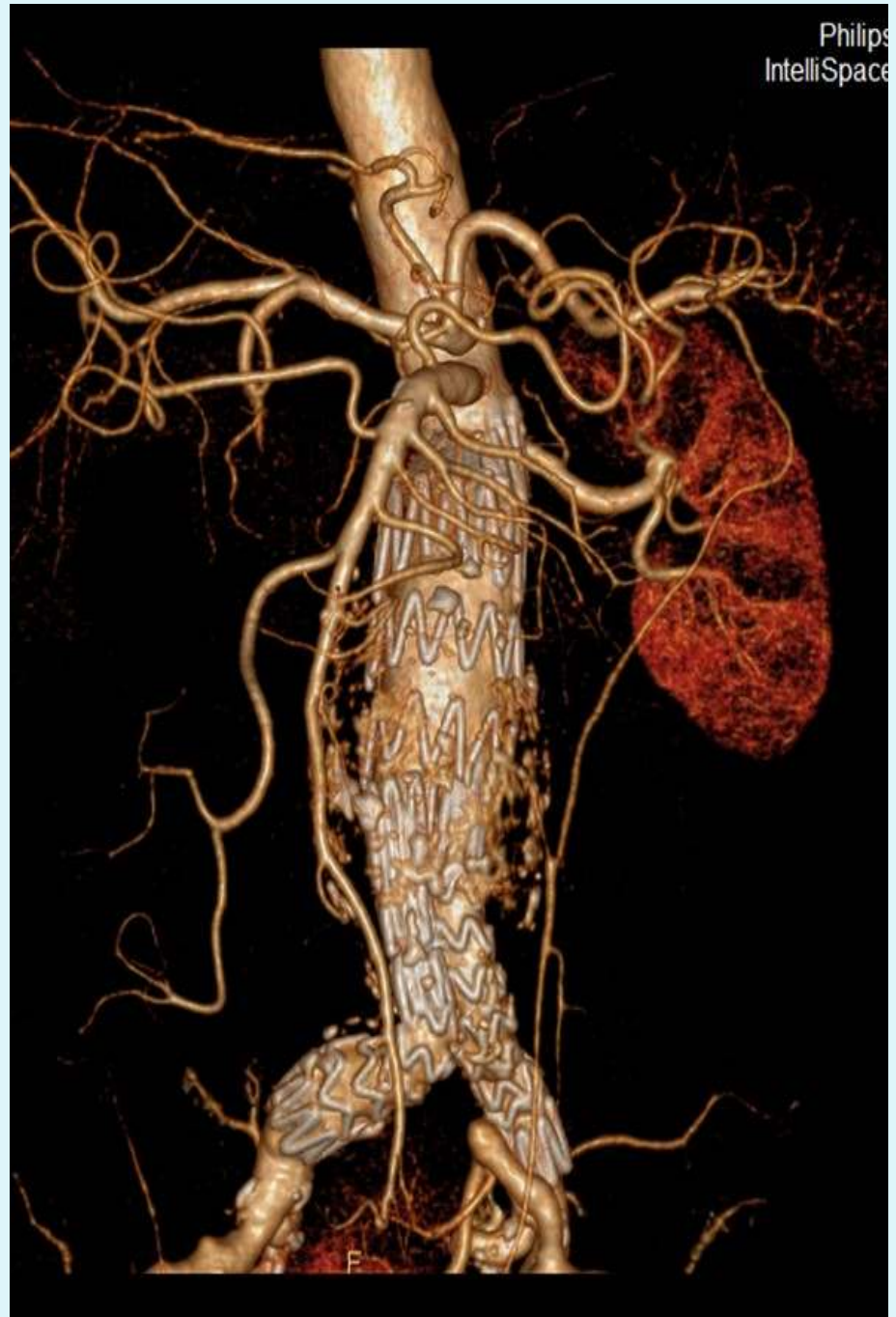
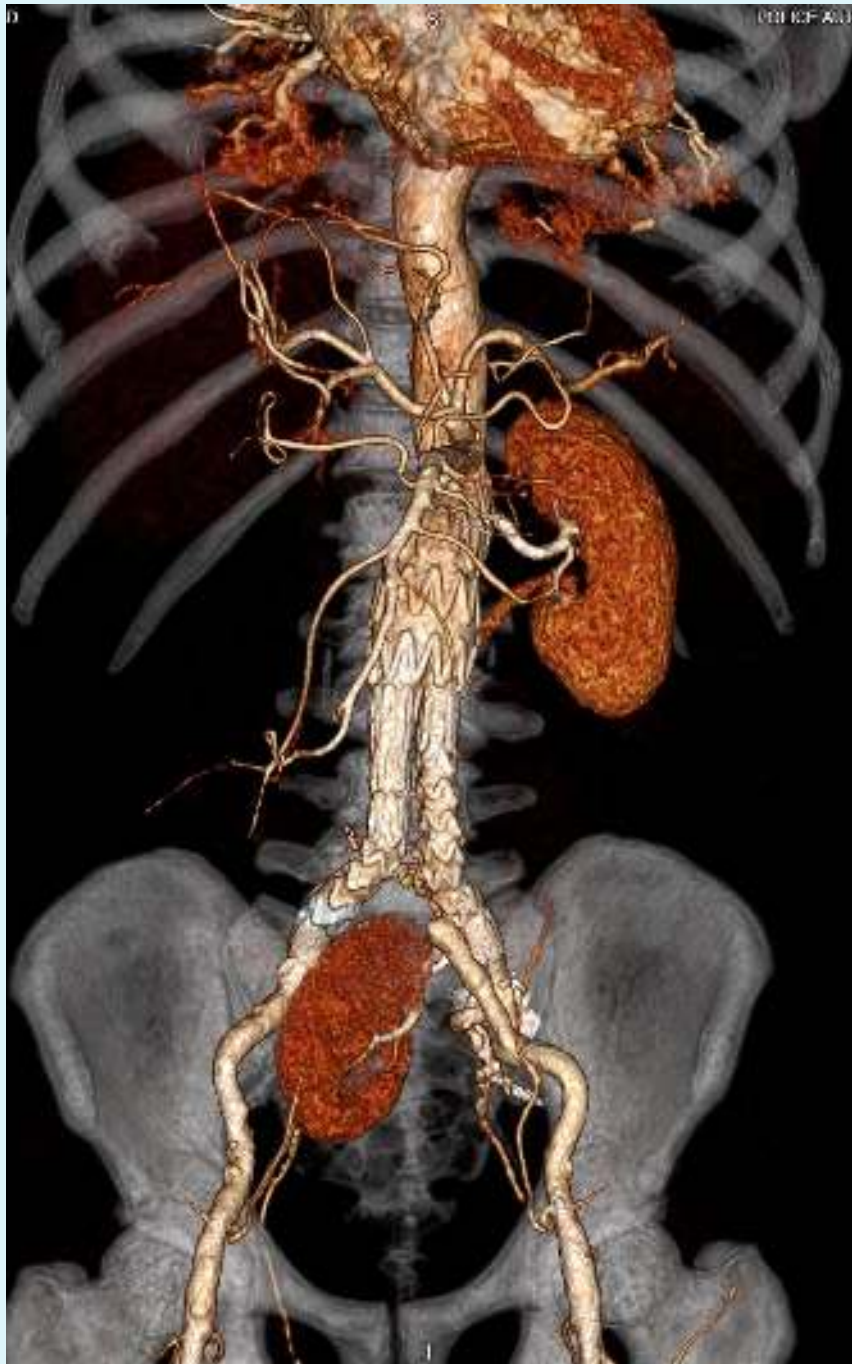
















A DECENT PROPOSAL



Lifetime.



*Gracias por su Atención*  
*Thank you for your Attention*