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## Clinical Image

# Ex Situ Repair of Pre-Hilar Aneurysmal Lesion of the Renal Artery

### Abstract

We report a case of a 54-year-old-man with a renal artery aneurysm, treated by ex-situ repair.

### Conclusion

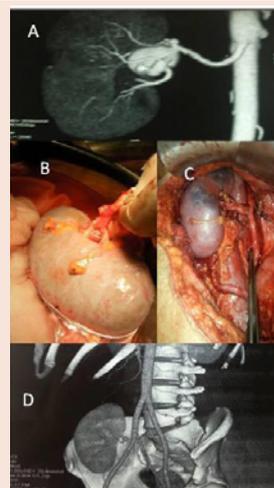
Extracorporeal surgery remains a well codified technique with moderate risks for the treatment of complex lesions of the renal artery.

## Introduction

Renal artery aneurysms (RAAs) are rare. They are often identified incidentally during abdominal computed tomography (CT) screening for other diseases. They are occasionally identified as a rare abdominal emergency due to rupture of a left renal artery aneurysm. In recent years, endovascular therapy such as coil embolization or stent-graft with the coil embolization was successful for treating RAAs, but complex RAAs may require aneurysmectomy and renal artery reconstruction by in-situ repair or ex-vivo.

## Observation

We report the case of a 54-year-old-man with a history of hypertension and smoking, followed in urology for lower back pain. Renal ultrasound suspected the presence of a pre-hilar aneurysm, confirmed by CT angiography (Figure 1A) which showed a large and distal aneurysm, extended to the division of arterial branches. The complexity of the lesion has justified the use of ex-situ repair (Figure 1B,C). The patient has been addressed by retro peritoneal route, the arterial bifurcation was replaced by the hypo gastric artery. The kidney was re implanted in heterotopic in the right iliac fossa. The postoperative course was simple, with good anatomical and functional results (Figure 1D).



**Figure 1:** (a) preoperative CT scan, (b) Repair on a Bench-work, (c) Reimplantation in the iliac fossa, (d) postoperative control.

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