A 71-year-old male, hypertensive, and diabetic patient was admitted to our department with intractable left-sided chest pain of 1-month duration. The preoperative three-dimensional contrast computed tomography scan revealed an extensive aneurysm of distal ascending aorta, arch, and descending thoracic aorta extending to just above celiac axis (A). The aneurysm measured 8.5 cm at its descending thoracic and 5 cm at its distal ascending and supraceliac aneurysm segments (B). Open surgical (stage I) component of hybrid procedure was achieved by pan-supra-aortic debranching preceded by circulatory pathways reconstructed sequentially, using ascending aorta to bicarotid and left subclavian bypass with the aid of inverted 16/8 bifurcation graft with a side branch of 8-mm graft. Subsequently, the patient underwent thoracic endovascular graft deployment (stage II) using 44-mm (first distal poised above the celiac axis whose ostium was marked by a catheter) and then 46-mm Medtronic aortic stent graft (Medtronic, Inc, Minneapolis, Minn) (C) deployed with landing zone at midascending aorta under general anesthesia to alleviate respiratory discomfort.

Plaque at right common iliac artery, resulting in 60% focal stenosis, mandated prior deployment of 12-mm bare metal stent to provide access for the stent grafts across the iliofemoral segment into aorta. Thereafter, the patient required intensive care unit entry and overnight ventilation and eventually made excellent recovery and left the hospital on postoperative day 7 (Cover).

**DISCUSSION**

State-of-the-art endovascular aneurysm repair has evolved into standard of care for patients with thoracic aortic pathology, particularly for the extensive aneurysms, almost totally replacing hazardous open surgical repair. Staged procedure was chosen in view of revascularization of all brachiocephalic arteries—left subclavian grafting mandated to preserve spinal cord perfusion, compromised by extensive relining of whole of descending thoracic aorta. In addition, cerebrospinal fluid drain helped monitor and optimize pressure for spinal cord protection. Pan-supra-aortic debranching supported by bilateral innominate along with stenting of iliac artery for access of stent grafts for endovascular repair in this septuagenarian is an extremely rare reported experience in the literature.

**REFERENCES**


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