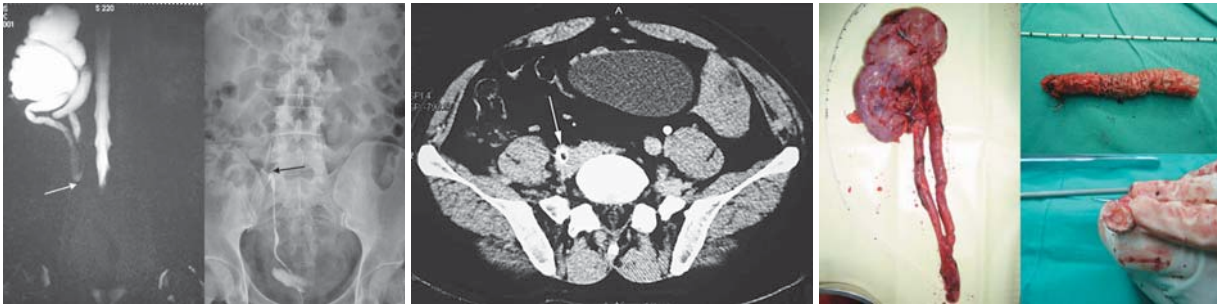


## Ureteral Obstruction and Stent Thrombosis After Endovascular Treatment of Iliac Artery Aneurysm

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A 36-year-old man presented with asymptomatic ureteral obstruction incidentally discovered in a routine health examination. His only past surgical history included an endovascular stenting of a right inflammatory common iliac artery aneurysm 12 years earlier. However, the patient did not take anticoagulant therapy regularly due to noncompliance.

Magnetic resonance imaging revealed a normal left kidney and grade III hydronephrosis of both segments of the right duplex kidney with a bifid ureter joining further distal to the kidney. Retrograde pyelography showed obstruction of the right ureter at the level of crossing with the right common iliac artery (RCIA) with the stent in situ. Computed tomography scan demonstrated a totally thrombosed RCIA and peri-arterial fibrosis, causing proximal ureteral dilatation and hydronephrosis.

The patient underwent a right nephroureterectomy for nonfunctioning duplex kidney. The completely thrombosed stent was removed in the same session. The collateral circulation to the lower limb was sufficient to maintain normal motor function and viability of the leg.

Premature anticoagulant therapy discontinuation was identified as predictors of thrombotic events. To the best of our knowledge, this is the first report of ureteral obstruction and stent thrombosis following endovascular stenting of RCIA.

With the increasing frequency of endovascular treatment of the iliac artery aneurysm, we must become aware of potential complications associated with these procedures.<sup>(1,2)</sup>

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