A 76-year-old man, who had been treated for an abdominal aortic aneurysm by endovascular aneurysm treatment at the age of 74, was admitted to our hospital with severe back pain. An emergent spiral computed tomographic (CT) scan revealed Stanford type B acute aortic dissection. His blood pressure was 164/108 mm Hg. Intravenous administration of nicardipine hydrochloride reduced it to 138/86 mm Hg, but he began to complain of numbness and sensory loss in his lower body although motor function was not disturbed. His femoral arterial pulse disappeared, and his lower body skin became pale, cold, and cyanotic. An immediate second CT scan revealed the squashed body of the abdominal aortic stent graft (Figs 1A, 2A). Reestablishment of the lower body circulation was necessary. During the preparation for surgery, we elevated his systolic blood pressure to greater than 150 mm Hg to increase the collateral blood flow to the lower body. Ten minutes later, his lower body blood flow was reestablished spontaneously. A third CT scan revealed the reopening of the stent graft (Figs 1B, 2B). The aortic shutdown time was less than 1 hour. The clinical course thereafter was uneventful.

We encountered the life-threatening complication of acute aortic dissection after endovascular aneurysm repair. An aortic stent graft was squashed by the false lumen. Fortunately, elevating the blood pressure reopened the stent graft, and the crisis resolved.

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