A 79-year-old presented with a thoracic rupture of a type II thoracoabdominal aneurysm. A hybrid-procedure (four-visceral-vessel debranching and simultaneous endografting) was performed (Fig. 1).

Completion angiography was unable to visualize the distal — landing zone adequately to exclude stent-related complications due to the proximity of the overlying inflow-graft (Fig. 2A). Intra-operative DynaCT offered cross-sectional evaluation ensuring technical success (Fig. 2B and C).
Fig. 2. (A) Completion uni-planar angiography is unable to clearly visualize both the endograft distal landing zone (DLZ) and the origin of the retrograde inflow-graft anastomosed to the common iliac artery (CIA). (B and C) DynaCT provides immediate high contrast space resolution (10 HU), multi-planar images demonstrating visceral-grafts patency (1 and 2: prosthetic limbs bypassing onto the SMA and coeliac trunk; 3 and 4: grafts bypassing onto the renal arteries) and excluding stent-related anomalies (endoleaks, kinking, dissection, thrombosis). Clear imaging of the DLZ and the origin of the inflow-graft ensures both surgical and endovascular technical success.