## When the solution is in front of our eyes

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A 72-year-old male was admitted with a five-year history of

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Consultant Vascular and Endovascular Surgeon Vascular Unit, Department of Surgery, University Hospital of Ioannina and School of Medicine, Ioannina, Greece E-mail: drgikaraolanis@gmail.com ISSN 2732-7175 / 2022 Hellenic Society of Vascular and Endovascular Surgery Published by Rotonda Publications persistent chest pain. The patient referred to multiple hospitalizations with the cardiological work-up to be negative for any abnormality of the heart. As an incidental finding, a penetrating aortic ulcer (PAU; red arrow) and an aberrant right subclavian artery (ARSA; white arrow) were detected on computed tomography angiography (CTA; A). Percutaneous bilateral femoral access was established. Angiography indicated PAU in the mid-thoracic aorta. A 42x121mm Zenith Alpha (Cook Medical Inc; Bloomington, IN) thoracic stent was deployed just below the ARSA covering the PAU (red arrow; B). The pain was relieved immediately after the intervention. The patient remains free of symptoms one year after the procedure.

