### Objective(s):  
There has been an increased use in both iliac branched devices and fenestrated aortic endografts since their introduction. However, there are few reports describing endovascular management of concurrent juxtarenal and extensive iliac aneurysmal disease, with preservation of all affected arterial branches using fenestrated and iliac branch devices in combination.

### Methods:  
A 65-year-old male ambulatory patient with past medical history of coronary artery disease status post coronary artery bypass grafting; congestive heart failure, chronic obstructive pulmonary disease; dyslipidemia; alcohol abuse; bipolar disorder; and a 25 pack-year smoking history, presented with severe claudication in the right leg and was incidentally found to have a juxtarenal abdominal aortic aneurysm, measuring 5.5 x 4.7 cm with neck length 4 mm, and bilateral iliac artery aneurysms (Figure 1, left). Right common iliac artery measured 3 cm at the iliac bifurcation with high grade stenosis in right external iliac artery suspected to be contributing to his claudication, and the left common iliac artery measured 2 cm. The decision was made to proceed with endovascular repair with combined iliac branched device (GORE® EXCLUDER® Iliac Branch Endoprosthesis, W.L. Gore & Associates, Flagstaff, AZ) for preservation of the right internal artery and to treat right external iliac artery stenosis, and a fenestrated endovascular aortic device (Zenith® Fenestrated AAA Endovascular Graft, Cook Medical, Bloomington, IN) with bilateral renal artery stents and a scallop for the superior mesenteric artery.

### Results:  
Our patient was successfully treated with no evidence of endoleak and patent renal and internal iliac arteries on completion aortogram. He had no significant perioperative adverse events. At 1 month follow-up his claudication symptoms had resolved and he was able to walk over 1 mile with no leg pain. All graft components remain widely patent with no endoleak on 1 month post-operative CT scan (Figure 1, right).

### Conclusions:  
We present a successful combined endovascular approach for the repair of juxtarenal aortic and bilateral iliac artery aneurysmal disease using fenestrated aortic and iliac branch devices, concurrently. We feel that our case reflects a "real-life" approach to the repair of aneurysms with appropriate but challenging anatomy.