



**Fig. 3** Arteriography shows stent repair of traumatic injury to the sciatic artery.

is seated. The more favored approach has been proximal and distal ligation of the aneurysm, with femoral–popliteal bypass.<sup>7,10</sup> Percutaneous endovascular thrombolysis of a sciatic artery aneurysm has also been performed.<sup>3,5</sup> Another method is obturator bypass with exclusion of the sciatic artery aneurysm.<sup>14</sup>

Stent-grafts have been successfully used in traumatic arterial disruptions.<sup>15,16</sup> In femoral aneurysm exclusion, preliminary information<sup>17</sup> suggested that 1-year primary patency and secondary patency for the Wallgraft stent were each 100%; for popliteal aneurysms, primary patency was 69% and secondary patency was 92%. For popliteal aneurysms, use of the more flexible GORE VIABAHN® nitinol/PTFE endoprosthesis (W.L. Gore & Associates; Flagstaff, Ariz) resulted in a 1-year primary patency of 80% and secondary patency of 90%, and a 2-year primary patency of 77% and secondary patency of 87%.<sup>18</sup> Although both endoprostheses can be effectively used in endovascular procedures, the Viabahn is currently approved in the United States for vascular and femoral use, but not for popliteal use, and the Wallgraft is approved only for tracheobronchial use.

In our patient, successful Wallgraft endovascular stent management of a traumatic sciatic artery injury obviated a difficult surgical procedure in the presence of acute trauma.

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