

CIRA Case of the Week

October 2015

Case Courtesy of Dr. Vikash S. Chennur

University of Ottawa

Case History

- 79 year old male patient
- Sudden epigastric and lower chest pain
- On & off chest pains x 4 months
- Normal ECG, Troponin

CT Angiography



- No trauma/ symptoms or signs of infection/ hemoptysis
- No bleeding diathesis/ anticoagulant therapy

CT Findings

- Hyperdense mediastinal lesion
- Aneurysms in the aortopulmonary window and subcarinal locations arising from bronchial artery

Diagnosis

Spontaneous hemomediastinum
(mediastinal hematoma) due to
rupture of bronchial artery aneurysm

Options

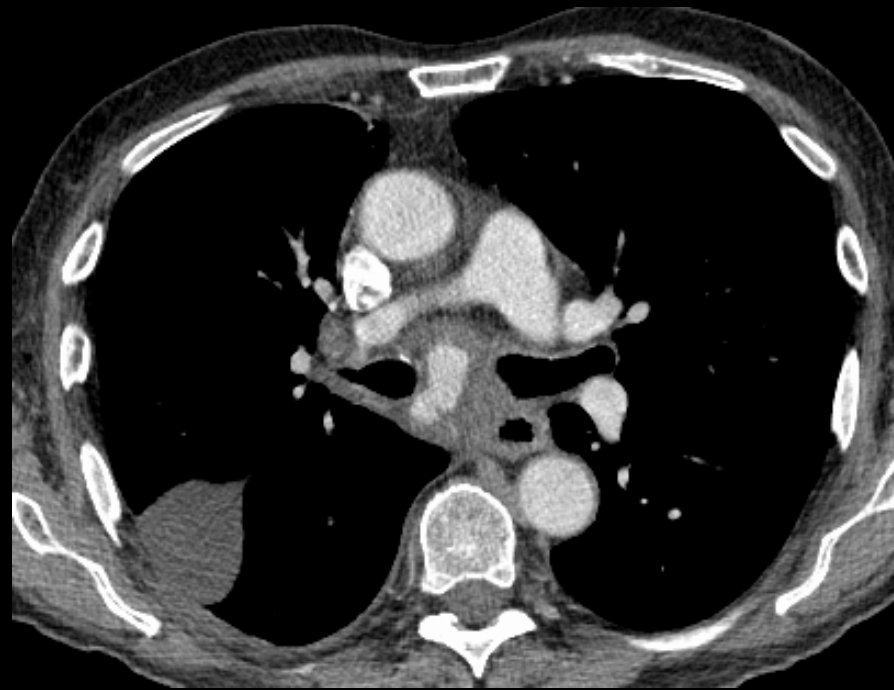
- Intervention - Angioembolization
- Conservative
- Surgery - VATS

Angioembolization

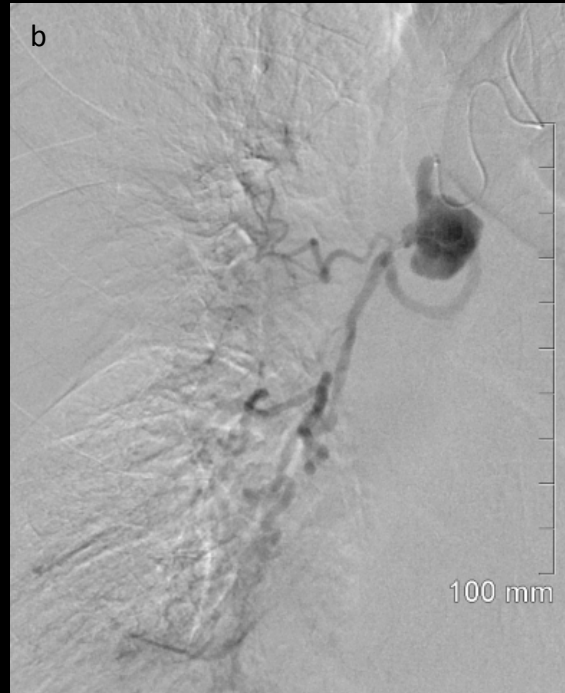


- Multiple aneurysms arising from bronchial artery
- Attempts in advancing the catheter close to aneurysms led to spasm and dissection
- A small amount of PVA (1 ml) was injected
- Decided to follow-up

10 Days Later

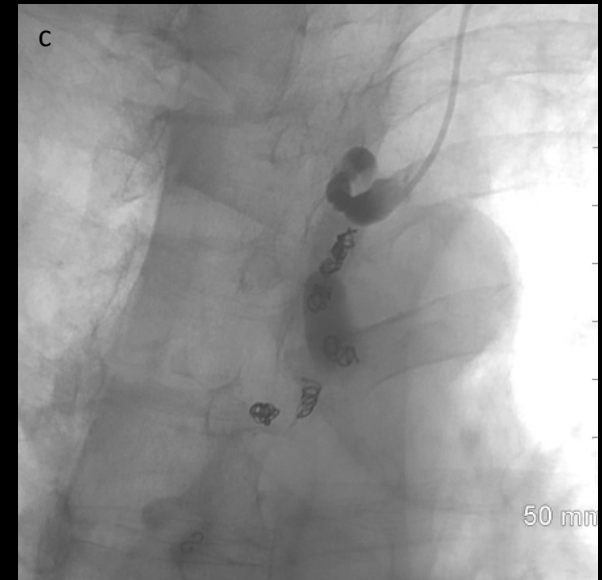
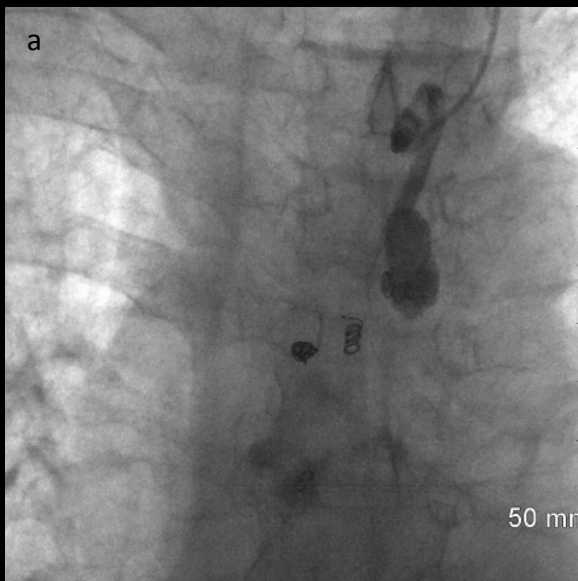


Repeat Angioembolization



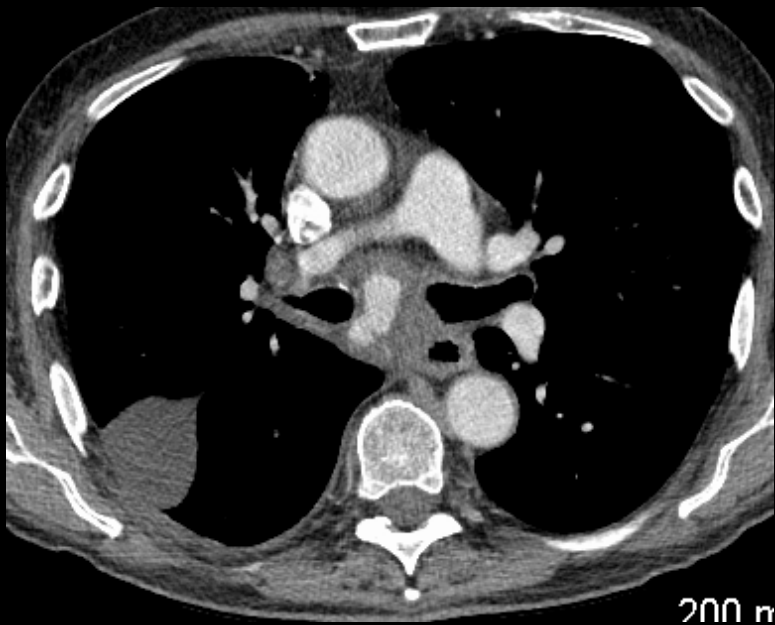
Two aneurysms arising from the tortuous bronchial artery. A microcatheter could be negotiated only close to the distal most aneurysm.

Repeat Angioembolization

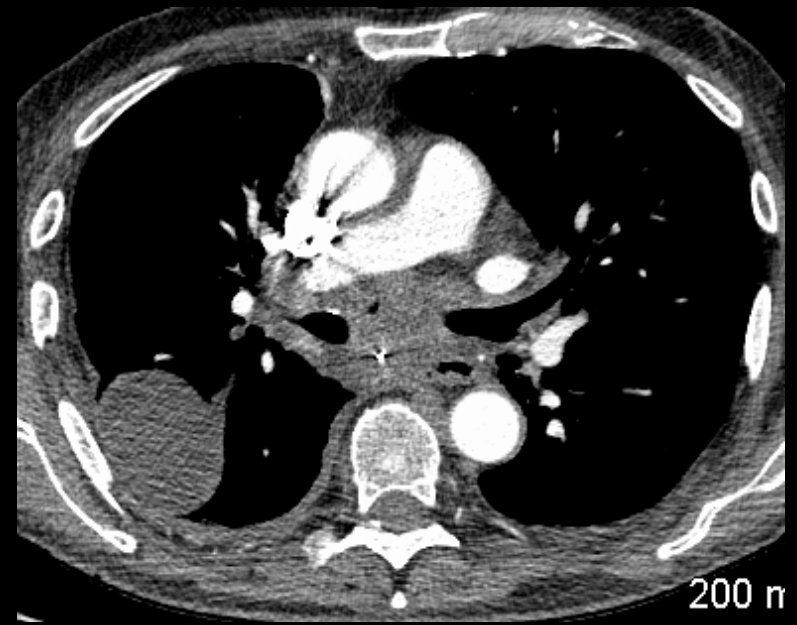


Successful embolization of aneurysms with coils. Image c shows stasis of contrast within the aneurysms.

PRE-EMBOLIZATION

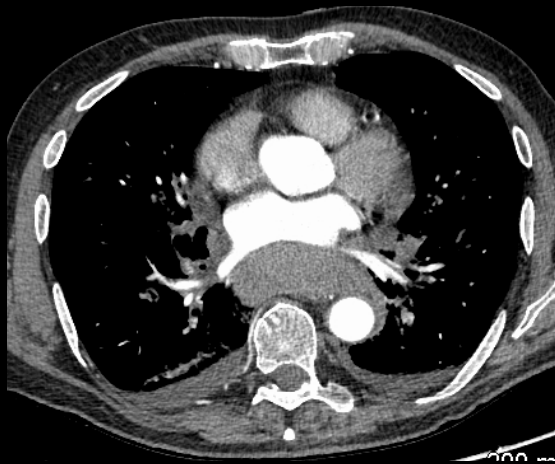


POST-EMBOLIZATION

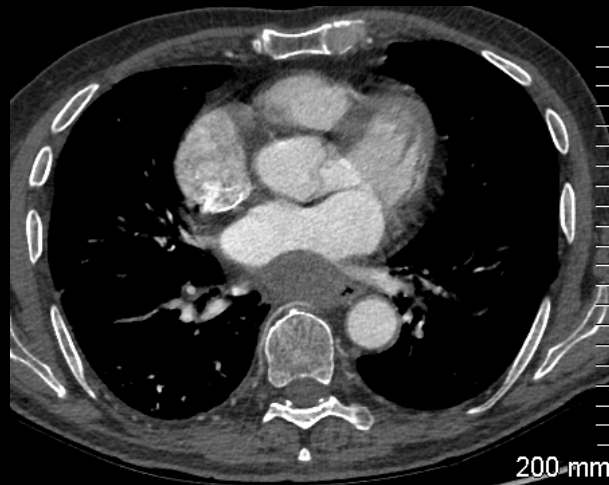


Post embolization CT image shows complete occlusion of the aneurysm

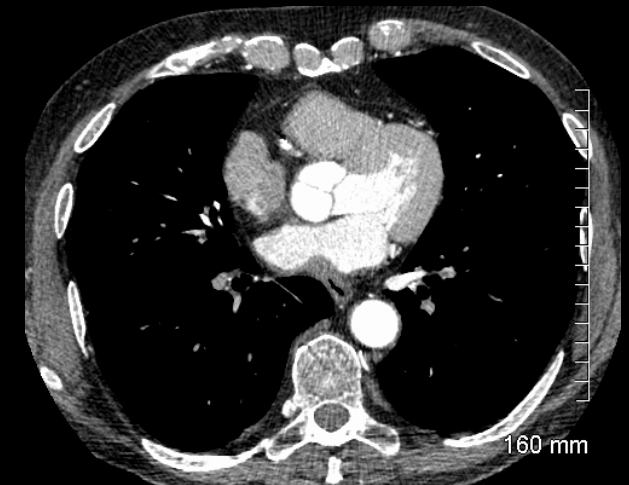
Follow-up



PRE-EMBOL



3 MONTHS



1 YR

Progressive reduction in the hematoma with complete resolution at 1 year