



CAIR Case of the Month

Case Courtesy of Drs. M. Rochon and M. Simons
University of Toronto



University of Toronto
Sinai Health System
University Health Network
Women's College Hospital

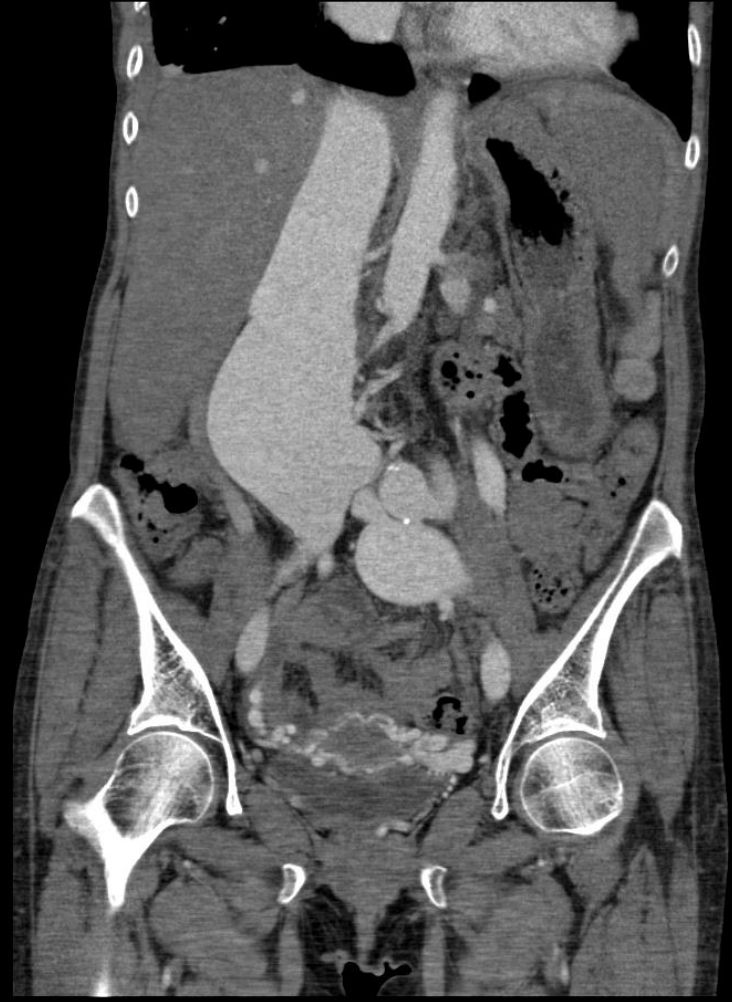
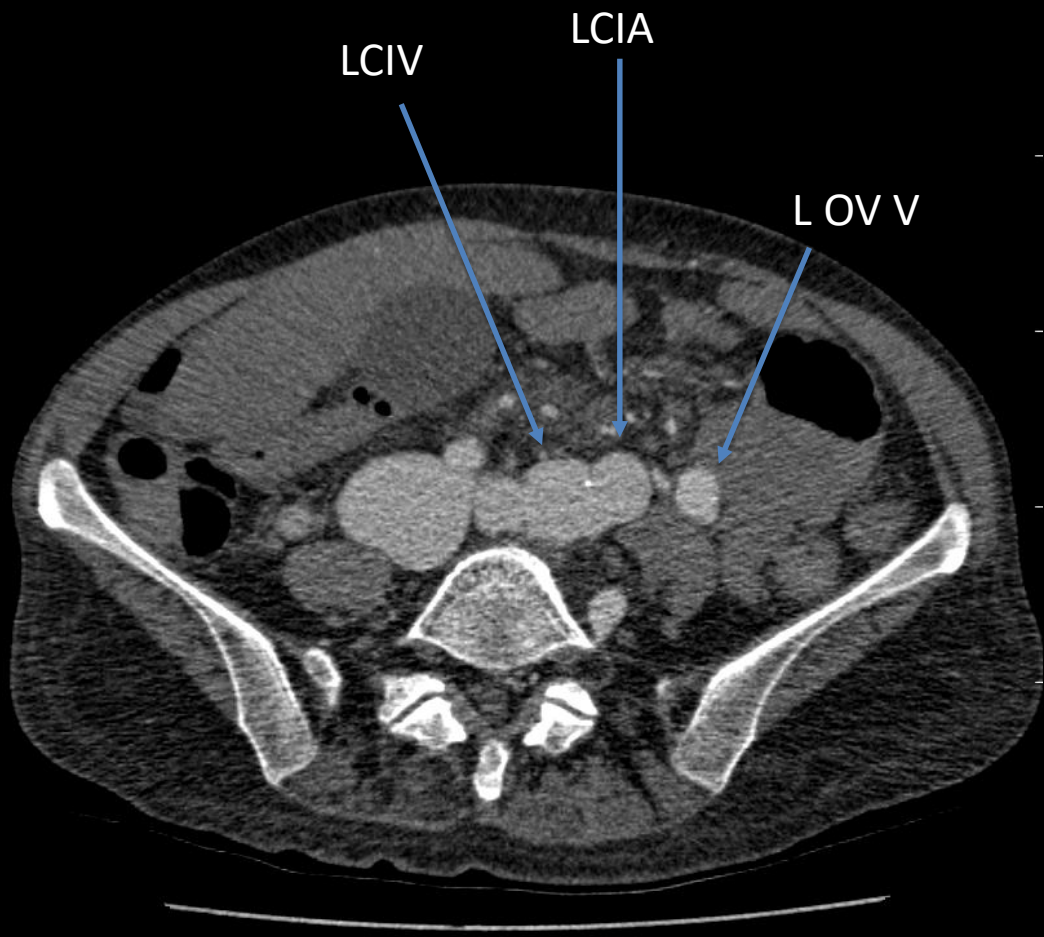
CASE

- 41 year old female with double lung transplant for pulmonary hypertension and a recurrence of pulmonary hypertension and CHF



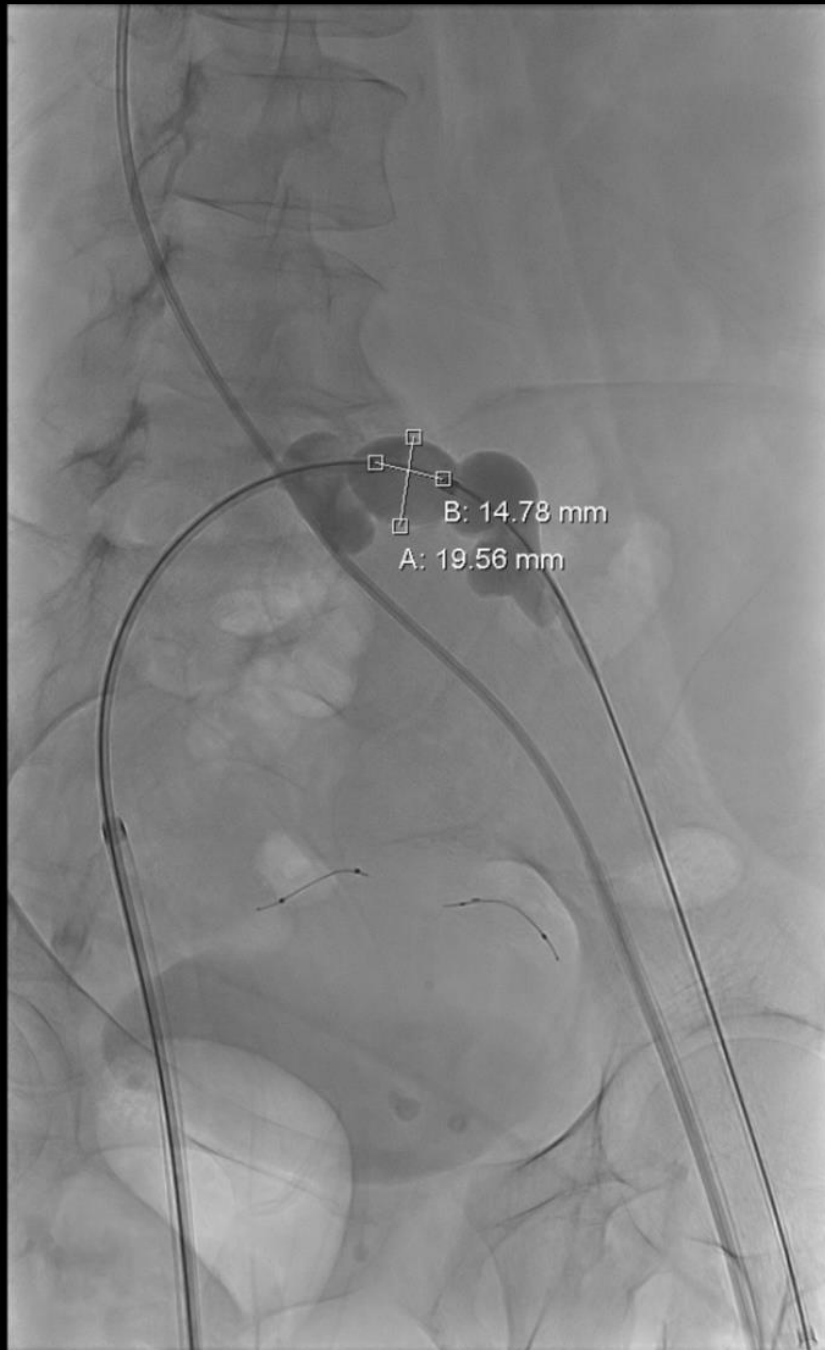
CASE (continued)

- Cardiac catheterization noted high O₂ saturation in the IVC (82) vs the SVC (54) and so an aortogram was performed which lead to a CTA



CASE (continued)

- CTA showed a large left common iliac artery to common iliac vein fistula with massive dilatation of the IVC (5.8cm)
- There had been no previous line, intervention or even imaging of the left groin/pelvis
- Angiographic sizing and test balloon occlusion of the fistula with hemodynamic monitoring by anesthesiology was next performed



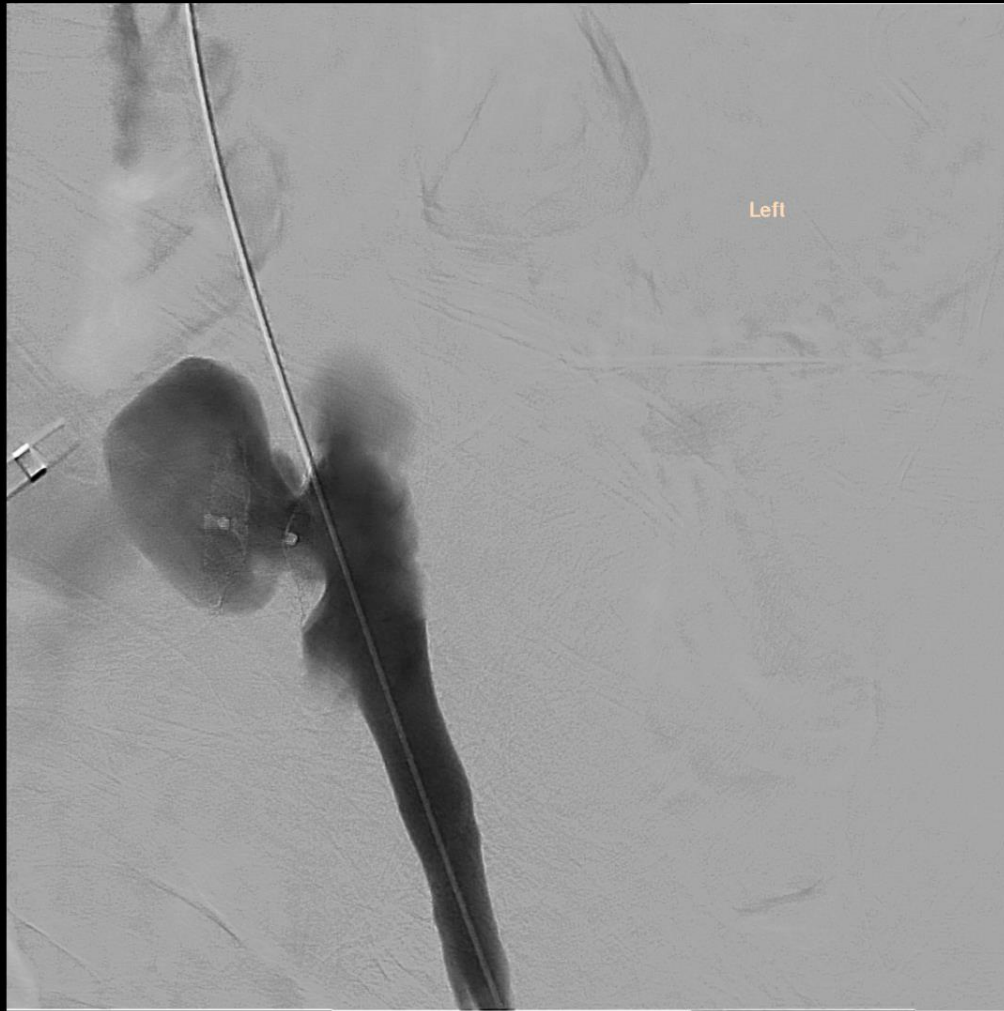
CASE (continued)

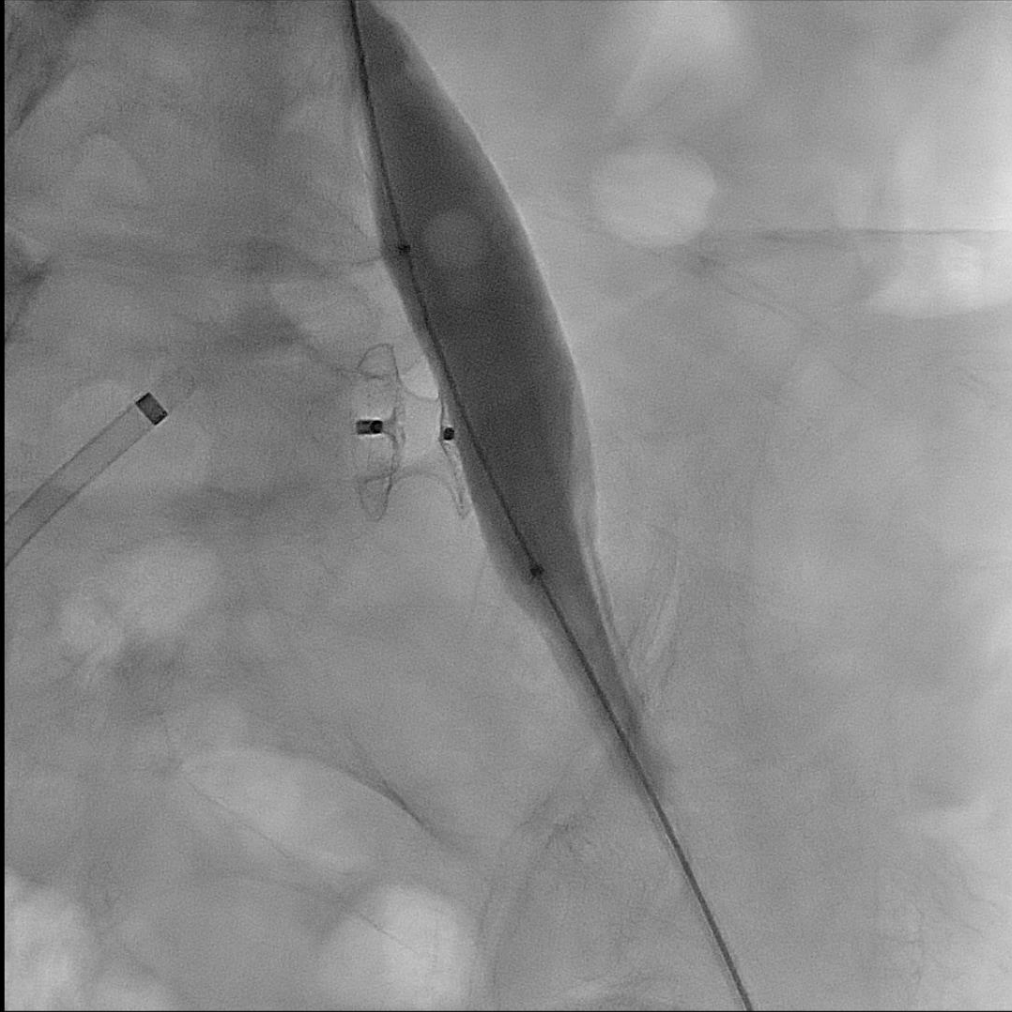
- Direct closure of the 2 x 2 cm fistula with sparing of the adjacent internal iliac artery was then attempted using a muscular VSD closure device from cardiology





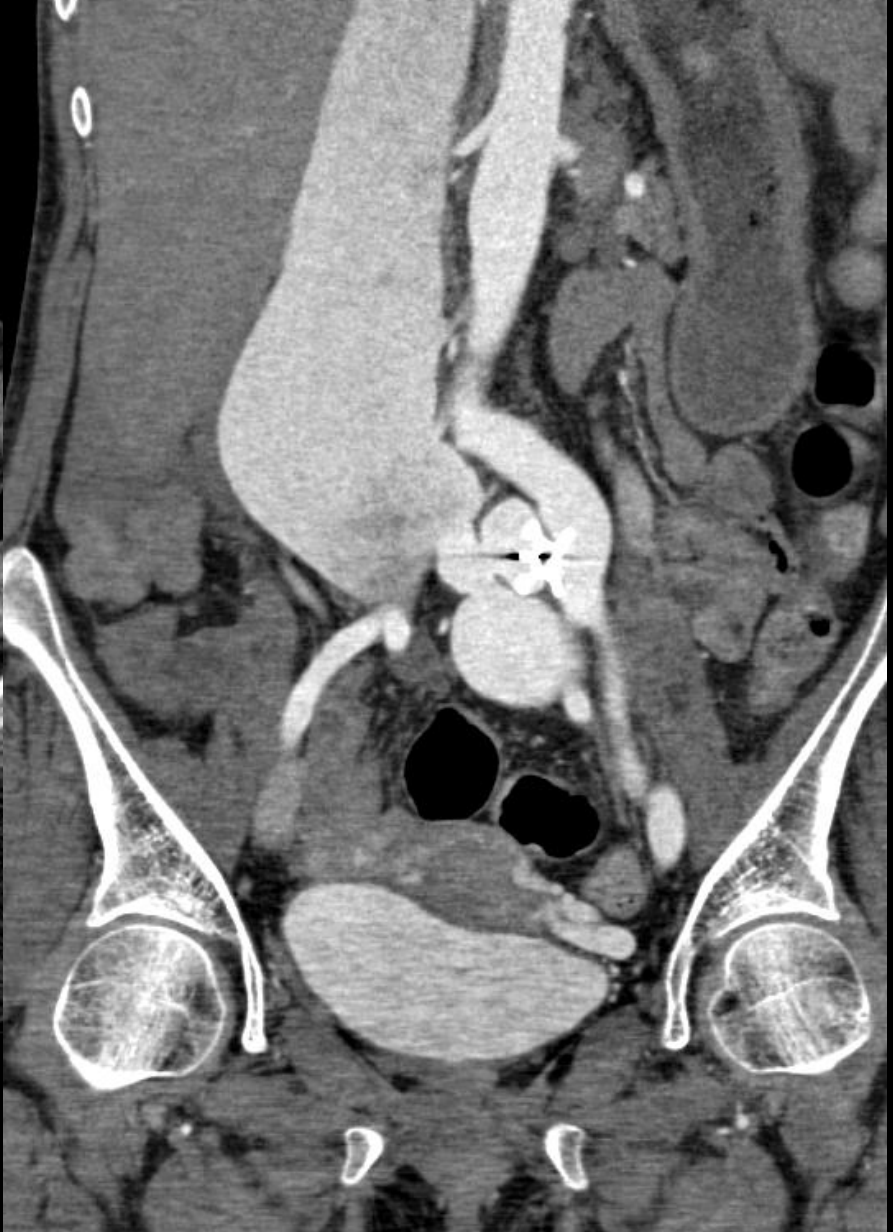


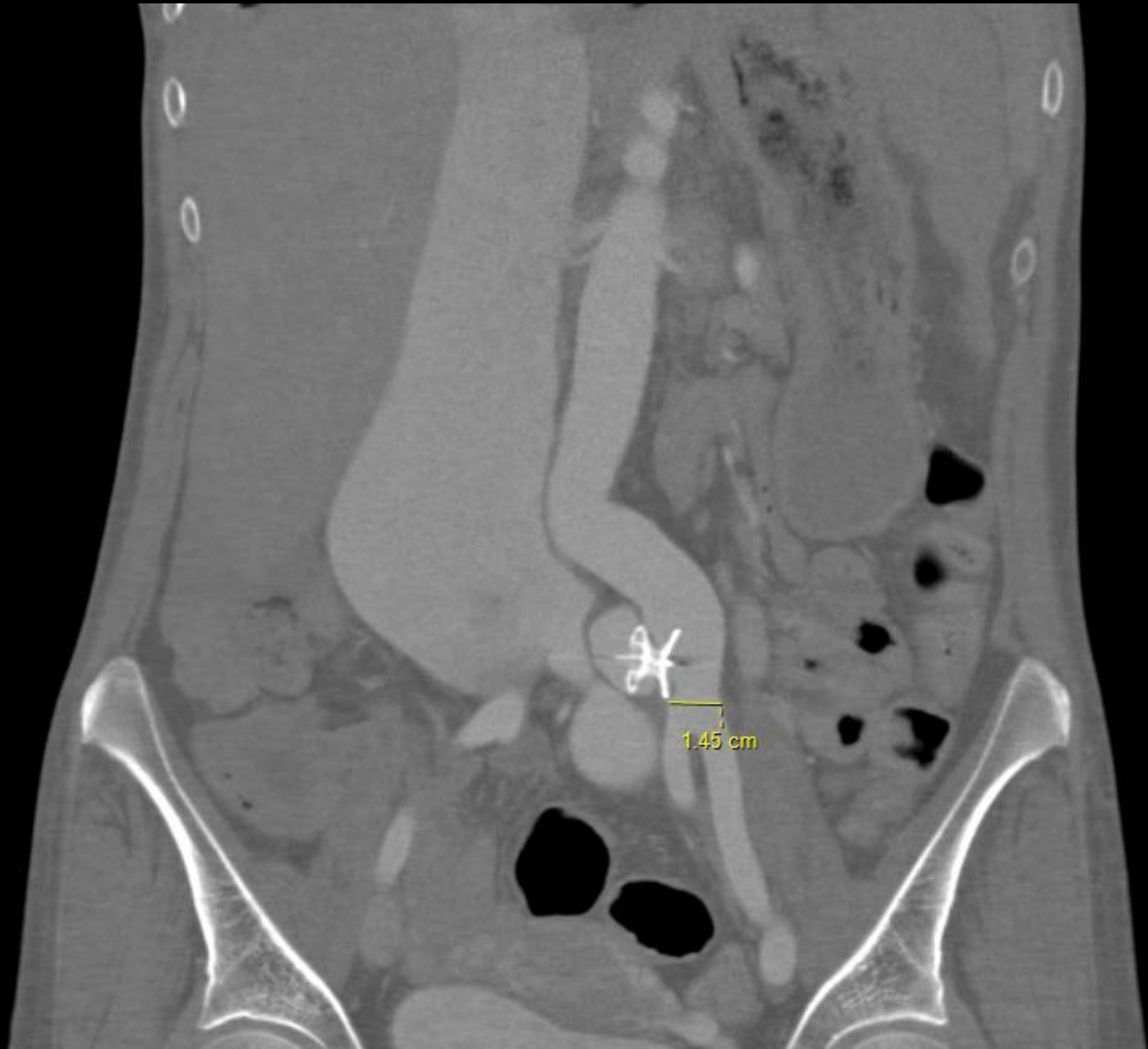




CASE (continued)

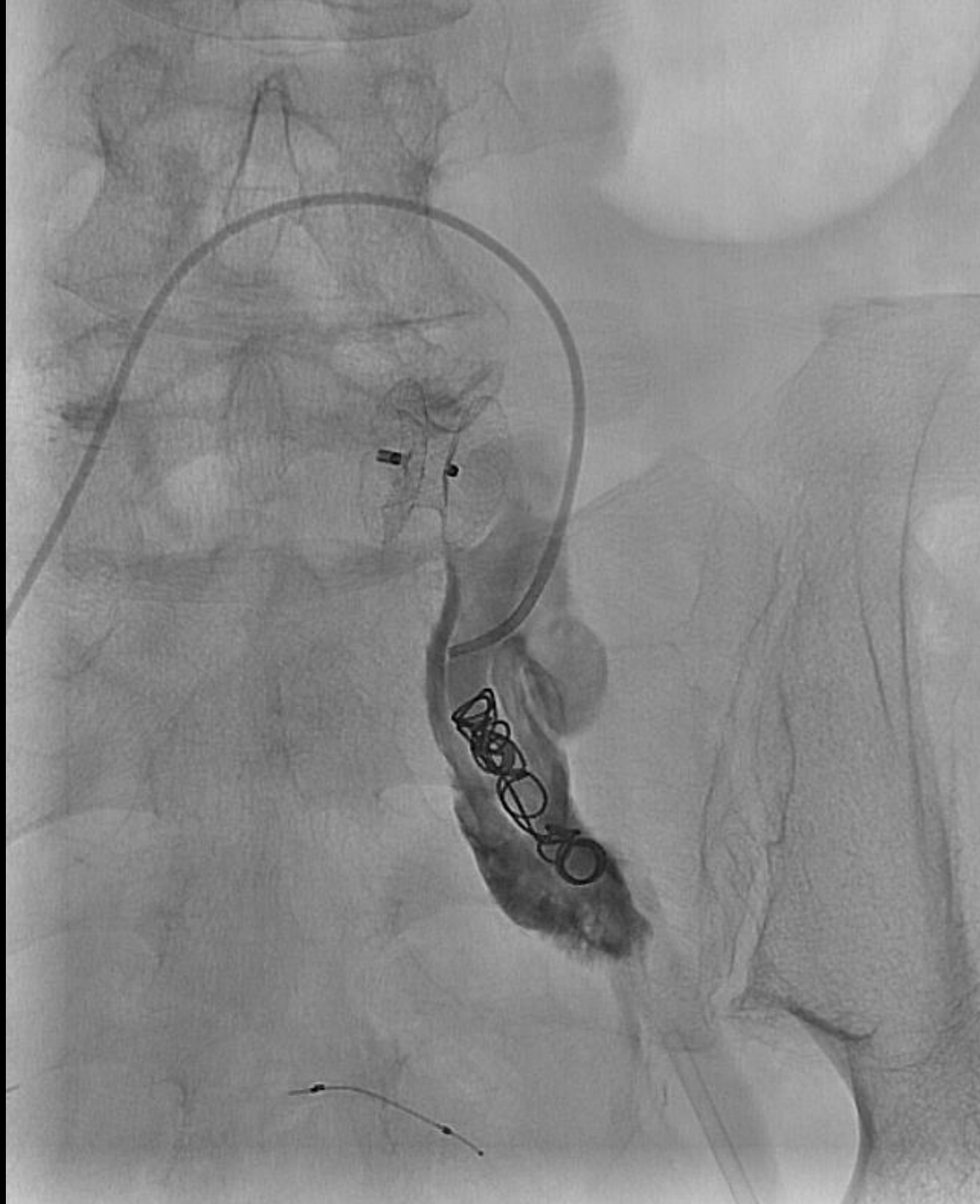
- This was not successful at the time of angio
- Waited for possible thrombosis to occur over a couple days...





CASE (continued)

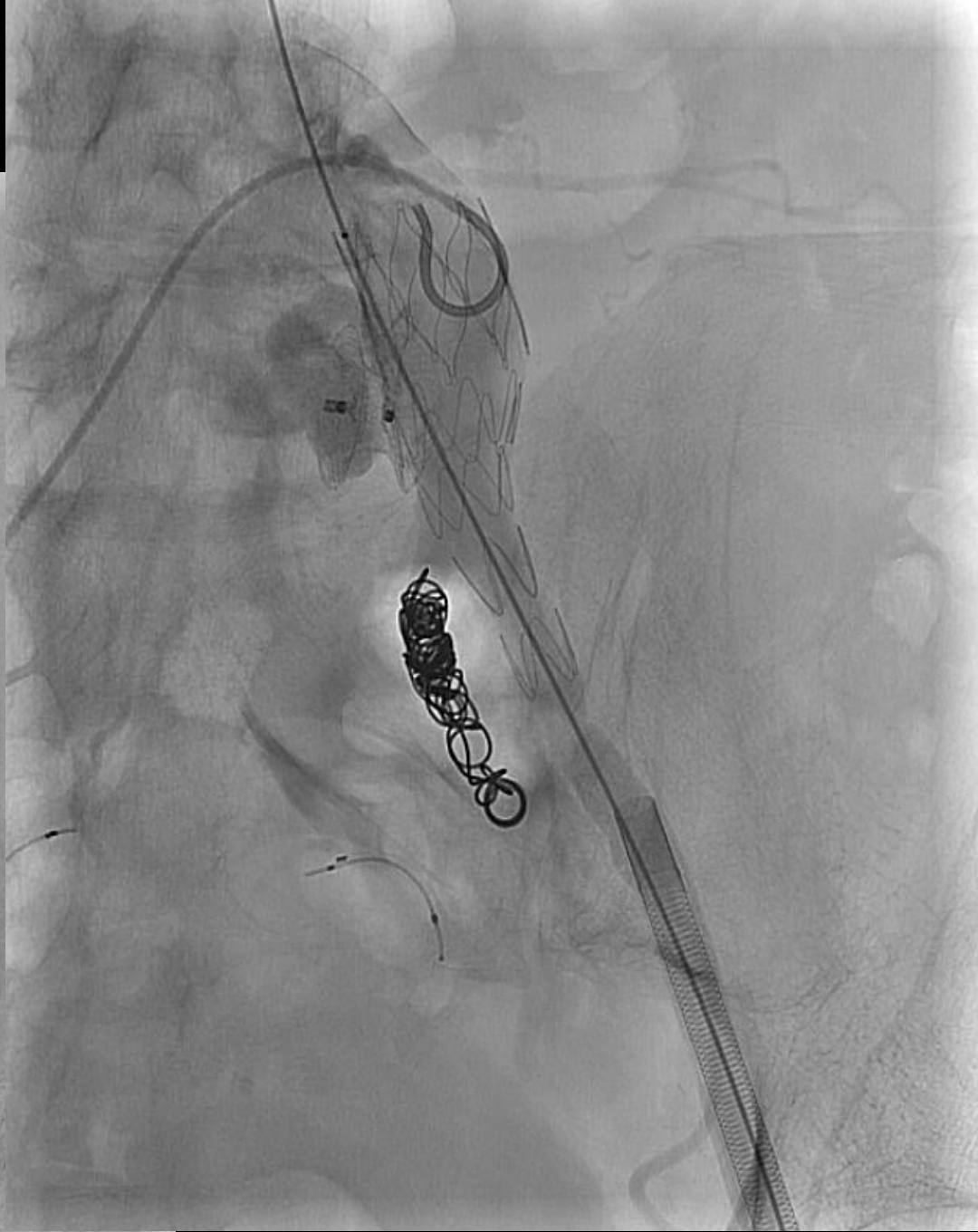
- Not successful
- Now what?



CASE (continued)

- R CFA access for embolization of left internal iliac artery using three 8 mm x 14 cm coils
- Perforation encountered
- L CFA access with two Perclose devices placed
- 16F sheath to accommodate tapered 66 mm long stent-graft converter (24 mm prox and 12 mm distal diameters)
- Coda balloon

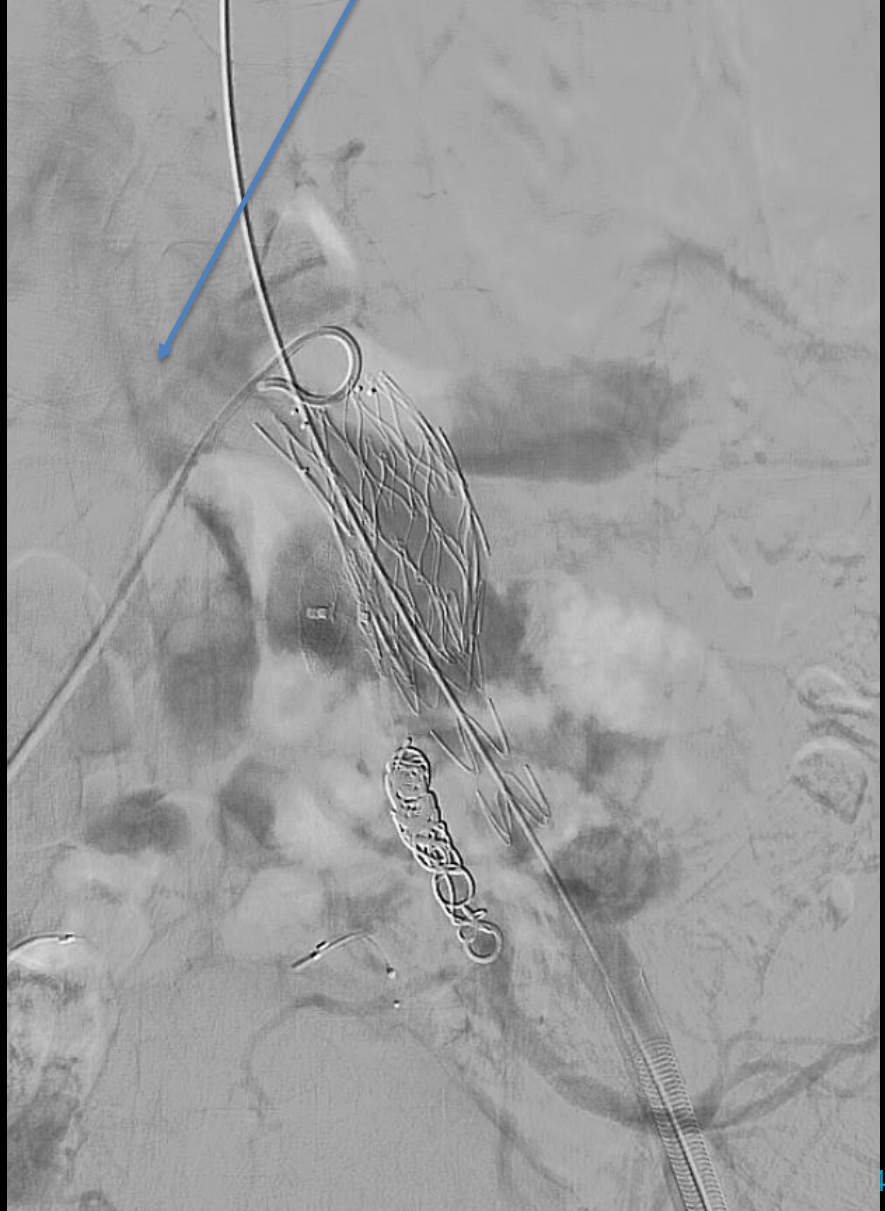






CASE (continued)

- Type 1A endoleak noted
- More Coda... no help
- Proximally extended to the LCIA origin with a 28 mm diameter 45 mm long stent graft extension
- Coda



CASE (continued)

- There was a persistent delayed small 1A endoleak
- CTA 2 days later confirmed a tiny 1A endoleak

