Transcatheter Embolization of Non Bronchial Systemic Artery In Patient With Recurrent Hemoptysis

Clinical Case Portal

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Case Report

A 36 years old female patient was addmitted to the our hospital for recurrent hemoptysis. Thoracic MR Scan showed a large non bronchial systemic arterial anomalous collateral branch arising from the aortic arch. Angiography of the thoracic aorta associated with selective angiography of the anomalous vessel confirmed the diagnosis. Coils embolization of the anomalous vessel was successfully performed.

Patient history prior to current observation :

A 37 year old female patient was referred to our hospital with a history of recurrent hemoptysis. Chest X Ray was negative.

Clinical findings on admission, evolution and outcome :

Chest MRI shows the presence of non bronchial systemic arterial collateral branch from the aortic arch to the right lung (lower lobe). We performed thoracic aortography and selective anomalous vessel angiography for
Intraprocedural measurement of right pulmonary artery saturation was done. We performed closure of this anomalous vessel using coils embolizations device (Flipper detachable embolization coil delivery system - Boston Scientific) (2 coils 5 cm x 5 mm 0.038 inch) fig. 2. Final angiographic control for anomalous vessel closure confirmation was performed fig. 3.

**Conclusion**

In patients with recurrent hemoptysis the angiographic study is useful to find the source of the bleeding and to localize the pulmonary lobes where the bleeding comes from.

The presence of non bronchial systemic arterial anomalous collateral should always be suspected in recurrent hemoptysis.

Nonbronchial systemic arterial embolization is a safe and effective nonsurgical solution for patients with recurrent hemoptysis.

**References**


Non bronchial systemic artery Selective angiography after coils embolization