

## Ultrasound – guided aspiration of ovarian cysts: results in ultrasonically benign cysts

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**SUMMARY.** Ultrasound – guided ovarian cyst aspiration is an increasingly important means of diagnosing and treating ovarian cysts. We report the results of 140 ultrasound – guided ovarian cyst aspirations in 112 symptomatic patients, with an age range of 19 – 87 years (mean 38). Cysts had benign characteristics and ranged from 4 to 20 cm in diameter. The majority of cysts were aspirated once. In 20 cases cysts were aspirated twice, in five cases three times and in one case four times. The cyst aspirate was examined cytologically and correlated with histology where available. The only complication was an ovarian abscess, giving a complication rate of 0.7%. Cytology was not found to be useful in excluding neoplastic lesions (sensitivity 46.6%). The aspirate type was more useful. A serous aspirate was associated with a cure rate of 73.7% (45 of 61); 28% (17 of 61) eventually had surgery; at surgery 9 (14.75%) neoplastic lesions were found, all were benign. A haemorrhagic aspirate with no history of endometriosis was associated with a cure rate of 70.6% (12 of 17); there were 4 (24%) neoplastic cysts at surgery, 1 of these was malignant. Endometriotic cysts had a recurrence rate of 90% (19 of 21). With mucinous aspirates 75% (3 of 4) were mucinous neoplasms. Aspiration was performed in 14 postmenopausal patients. Two neoplasms were found in this group and one of these was a malignant neoplasm, which had yielded a haemorrhagic aspirate. The majority of cysts even in the postmenopausal patients were innocuous.

Ultrasonid – guided cyst aspiration is safe and useful in the management of ovarian cysts with benign characteristics. The finding of a haemorrhagic aspirate is more likely to indicate a neoplastic lesion, and especially in the postmenopausal patient should be viewed with caution. The risk of missing a malignant lesion in non – haemorrhagic cysts with benign characteristics on ultrasound is negligible.

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## Management of an acquired renal arteriovenous fistula with a vein – covered stent

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**SUMMARY.** A patient is presented who developed a renal arteriovenous fistula as a result of a percutaneous nephrolithotomy procedure. This was successfully treated with the percutaneous, intra – arterial

insertion of vein covered 6 mm Palmaz stents. The advantage of this technique is the preservation of normal renal parenchyma otherwise lost using intra – arterial embolization or surgery.

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## **Fibre entanglement whilst using the Jackson detachable coil system: a potential pitfall**

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**SUMMARY.** We report a case which illustrates a potential problem with the use of the Jackson detachable coil system (JDC). During coil deployment, fibres from a previously deployed coil became entangled in the introducer wire and prevented coil detachment. Both coils became displaced when the introducer wire was removed. They were subsequently removed using endovascular retrieval forceps.

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## **Percutaneous subclavian angioplasty: modified 'wire loop' technique with use of the gooseneck loop snare**

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**SUMMARY.** Percutaneous transluminal subclavian angioplasty is a well established technique that can be performed antegradely via a femoral puncture, or retrogradely via a direct brachial approach. In this case, after the femoral approach had failed a successful outcome was achieved using a combined femoral and brachial approach and a modified 'wire loop' technique. This minimized the size of the brachial puncture, thus reducing the risk of local complications.

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## **The use of recombinant human tissue type plasminogen activator (rt – PA) in both graft and native arteries in the lower limb: results over a 2 – year period**

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