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**SUMMARY** Over a 2 – year period 73 lower limb thrombolytic procedures were performed; 59 of these were for graft occlusion and 14 for native vessel occlusion. Procedure time was short (mean 58 min) and equipment costs were reasonable (mean cost of disposable equipment 45) . Patients did not require intensive care monitoring and were nursed on a vascular surgical unit. Low – dose recombinant human tissue type plasminogen activator (rt – PA) was infused into the occluded vessel for up to 24h. Routine coagulation monitoring was not performed in any of the patients. No mortality and no significant local complications were recorded. Forty seven of 59 graft thromboses (78% ) and 7 of 14 native vessels (50% ) were successfully lysed. We examined the likelihood of successful lysis against age of patient, duration of symptoms and interval form graft formation. No clear predictors of lysis failure were identified in this study. In conclusion thrombolysis is a safe technique requiring short angiographic room occupancy and low cost. A low – dose technique without the need for ICU and coagulation monitoring is to be recommended.

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## **Pericardial tamponade: CT – guided percutaneous drainage**

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**SUMMARY.** Percutaneous pericardial catheter drainage with ultrasound guidance is the standard technique for emergency relief of cardiac tamponade. We performed urgent CT – guided percutaneous pericardial drainage in two patients. A 5F pigtail catheter was placed in the pericardial space by a trocar technique. The procedure was effective and well tolerated. No complications occurred and no recurrence of pericardial effusion was observed.

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