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Delayed life-threatening reaction to non-ionic contrast media

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SUMMARY. Delayed adverse drug reactions following the administration of contrast media are not uncommon. However, these delayed reactions tend to be mild and are not typically life-threatening. We wish to report a unique case of a delayed life-threatening reaction to non-ionic contrast media.

Transjugular retrieval of a Günther tulip caval filter

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SUMMARY. We report the successful insertion and subsequent retrieval of a Günther tulip vena caval filter in a 28-year-old man who developed multiple pulmonary emboli whilst on anticoagulant therapy.

Super-selective arterial embolization for renal urinary fistula

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Repeated transarterial embolization of liver arteriovenous malformations in a case of hereditary haemorrhagic telangiectasia

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SUMMARY. We report a patient affected by hereditary haemorrhagic telangiectasia with liver arterio-venous malformations complication by severe heart failure.

Four transarterial embolizations of the liver arteriovenous malformations were performed, obtaining a decisive improvement of the patient's condition.

Repeated embolizations represent a safe and effective therapy of liver arteriovenous malformations.

Spontaneous rupture of renal artery: diagnosis by Doppler ultrasound and treatment by coil embolization

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SUMMARY. We report the case of a 27-year-old man who presented with renal colic. The diagnosis of spontaneous rupture of an intrarenal artery was made with Doppler ultrasound and successfully treated with coil embolization. This rare condition has an associated high mortality and is usually treated surgically. The diagnosis by Doppler ultrasound and subsequent treatment by coil embolization to our knowledge has not been described in the literature.

Thrombolysis of portal vein thrombosis prior to transjugular portosystemic shunt

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SUMMARY. Transjugular intrahepatic portosystemic shunt (TIPS) is now recognized as an effective treatment for patients with portal hypertension and variceal bleeding that do not respond to endoscopic sclerotherapy. Portal vein thrombosis has been considered a relative contraindication to this technique. However, Radosovich et al have performed TIPS in 3 patients after balloon dilatation of occluded portal veins.

We report a case of portal vein thrombosis and portal hypertension where the portal vein was thrombolysed prior to expandable metallic stent insertion. The patient then underwent TIPS as part of the same procedure. After the procedure the patient's portosystemic pressure normalized, and he made an uneventful recovery.

Shunt patency was confirmed with colour Doppler and direct portography 15 months post-procedure.

Percutaneous ablation of retained valve cusps following in situ femoropopliteal bypass

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SUMMARY. Retained valve cusps following in situ femoropopliteal bypass may lead to graft thrombosis. A percutaneous method of valve ablation is described which was successfully performed in two patients. The procedure avoids the need for further operation in patients with retained cusps which are causing haemodynamic disturbance of flow.