ABSTRACT FROM JOURNAL OF INTERVENTIONAL RADIOLOGY

Embolization of hepatic artery aneurysm using tungsten coils: shedding a new light on an old problem

F.G. Balen and M.J. Raphael
Department of Radiology, The Middlesex Hospital, Mortimer Street, London WIN & AA, UK

SUMMARY. For the embolization of large vessles and aneurysms the Gianturco stainless steel coil is probably the most frequently used embolic material. We wish to draw attention to an alternative embolic material, namely tungsten coils, which were employed successfully in the treatment of a large hepatic artery aneurysm, and to discuss their advantages.

Recurrent intrarenal abscess managed by percutaneous drainage, then iatrogenically created communication with the collecting system

R.T. Bennett, J. Trambert, L.S. Palmer and B. Gill*
Department of Urology, Department of Radiology, JD Weiler Hospital of the Albert Einstein College of Medicine, Division of Montefiore Medical Center, Bronx, USA

SUMMARY. A patient is presented in whom a recurrent intrarenal abscess development despite successful percutaneous drainage of the initial abscess. Permanent resolution was brought about by percutaneous marsupialization of the abscess cavity wityh the adjacent collecting system.

Treatment of a duodenojejunal fistula with percutaneous transgastric drainage

*A. Severini, G. Cozzi, M. Bellomi and R. Doci**
*Departments of Gastrointestinal Radiology and *Surgical Oncology 'A', Istituto Nazionale per lo Studio e la Cura dei Tumori, Milan, Italy.*

SUMMARY. We report a case of high output duodenojejunal fistula which developed after resection of the distal duodenum, first jejunal loop and the uncinate process of the pancreas, infiltrated by duodenal cancer.

The high flow fistula complicated an urgent re-operation to deal with a perforation of

the superior mesenteric artery. As the patient was in a critical condition a drain was positioned into the fistula through a percutaneous gastrostomy. Over 18 days the daily amount of fluid decreased from 1600 ml to zero and the lesion healed completely. Technical details and indications are discussed.

Rotational thrombectomy for inferior vena cava thrombosis following a TIPS procedure

D. J. Fillmore, F. J. Miller*, B. D. Nelson** and H. C. Yoon+*
Department of Radiology, Universitry of Utah Medical Centre,
Salt Lake City, Utah, USA
Department of Radiology,
UCLA Medical Center, Los Angeles, California, USA.
Department of Radiology, Mercy Medical Center, Nampa, Indiana, USA

SUMMARY. Caval thrombosis may occur due to extension of iliofemoral deep vein thrombosis, secondary to a clotting abnormality such as paroxysmal nocturnal hemoglobinuria, or related to placement of an inferior vena cava filter. Current treatment options include surgical thrombectomy, heparin and anticoagulation, thrombolysis or, as in the case we report here, mechanical thrombectomy.

Pancreatic transplant-value of colour flow ultrasound-guided biopsy

*J. P. McGahan, M. W. Anderson, C. J. Babcook, K. G. Semonsen and R. V. Perez**
*Departments of Radiology and *Surgery, University of California,*
Davis Medical Center, Sacramento, California, USA.

SUMMARY. The most reliable method of diagnosing pancreatic transplant rejection is by biopsy of the transplanted pancreas. This is commonly performed in the operating room with general anaesthesia with a cystoscopic-guided biopsy. However, we present a case where this method failed and instead we have performed a percutaneous colour flow ultrasound-guided biopsy using only local and intravenous anaesthesia. We show the advantage of this technique over previously described methods.