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Recanalization of hepatic veins by a combined transhepatic , transjugular approach three cases of Budd Chiari syndrome

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SUMMARY . We describe three cases of Budd Chiari syndrome in which angioplasty of occluded hepatic vein segments was performed with a combined transhepatic and transjugular approach . In each case it was not possible to directly catheterize the occluded vein from the inferior vena cava(IVC) . The technique invlves puncturing a peripheral segment of hepatic vein under ultrasound guidance enabling a guidewire and catheter to be manipulated through the block into IVC . The guidewire is snared in the IVC from a right jugular approach and is pulled up through a sheath in the right jugular vein . enabling a large balloon catheter to be passed down into the occluded hepatic vein . Two of the three patients are well at 27 and 25 months . The third , who had complete hepatic vein thrombosis , did not respond and therefore had a surgical shunt .

Percutaneous transluminal angioplasty via a transaxillary approach: success rate, complications and follow – up

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SUMMARY . Setting: We present the results of 23 consecutive attempted arterial angioplasties via an axillary artery approach performed upon 16 angioplasty procedures performed via the axillary artery. Objective: To assess the value of an axillary approach in a group of patients where the femoral approach is contraindicated or considered technically impossible. Design: Prospective study. Documentation of reason for axillary puncture. technique and complications at the time of procedure with follow – up data obtained from clinical notes. Results: We have carried out 16 technically successful angioplasty procedures via the left axillary artery in the iliac artery(9), the femoral artery (4), the renal artery (2)and at the aortic bifurcation (1). We failed to dilate 7 stenoses, the most common reason (5 cases) being failure to pass a catheter over a wire which had already passed through the stenosis. Fourteen of the nineteen lower limb stenoses(74%) were successfully dilated. There were two complications which required immediate surgery (2/23). Conclusion: Despite the rather low success rate and relatively high complication rate we conclude that angioplasty via the axillary artery is justified as it often avoids the risks of open surgery and general anaesthesia in patients with widespead arterial disease.

Endovascular stenting in the management of blunt subclavian artery trauma

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SUMMARY . We report the use of a metallic stent to treat an intimal tear in the subclavian artery following blunt trauma. Endoluminal stenting of a post – traumatic intimal flap in the subclavian artery can be performed safely and provides a minimally invasive alternative to open surgery.

Techniques for intact removal of vascular foreign bodies

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SUMMARY . As an increasing number of devices, such as central venous catheters, stents and embolization coils, are introduced into the circulation, it seems that the number of devices lost within the vascular system increases. This review illustrates the use of different types of retrieval devices for removing intravascular foreing bodies. Although most foreign body retrieval techniques have been designed for use in veins, with care they can be used in the arterial circulation. Judicious use of these methods allows foreign body retrieval through percutaneous sheaths and, if the foreign body is lost during an interventional procedure, completion of the procedure without losing vascular access.

Retrieval of a Gianturco steel coil from the superior mesenteric artery: a new method with a conventional angiographic catheter

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SUMMARY . Part of a Gianturco steel coil (5 mm in diameter and 8 cm long), which should have been placed in a replaced right hepatic artery branching of the superior mesenteric artery, was misplaced in the superior mesenteric artery. A loop – snare catheter was prepared by inserting a 0. 018 – inch guidewire that had been folded back onto itself into a side hole created several millimeters proximal to the end hole and through the tip of a conventional angiographic catheter. The misplaced steel coil was successfully removed with this catheter. This method does not require any special instruments and is considered a new method for removing steel coils that have been misplaced in a blood vessel branches.

Complications of ultrasound – guided fine – needle biopsy of the spleen: report on 110 patients and review of the literature

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SUMMARY . The data on 110 patients who underwent ultrasound – guided fine – needle biopsies of the spleen (either with focal lesions or with a homogeneous echo pattern) were reviewed. Aspiration needles were employed in 41% of the biopsies and cutting needles in 59%. All patients were assessed 24 h after the biopsy by clinical examination. abdominal ultrasound and a full blood count. Only one minor complication occurred, that of a spontaneously resolving subcapsular haematoma undetected at the assessment 24 – h post – FNB. which was subsequently diagnosed 1 week post biopsy.

Eight other similar series were found in the literature, In these series. five non – fatal complications were reported out of a total of 364 patients(morbidity rate 1. 4%). We also reviewed one fatal case where fine – needle biopsy of an abscess at the splenic hilum occurred.

The data from our series, and from the published literature, show that the risk involved in performing ultrasound guided fine needle biopsy of the spleen is negligible.

Budd Chiari syndrome in a child: treatment by balloon angioplasty of the right hepatic vein using a combined transjugular and transhepatic approach

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SUMMARY . A 4 – year – old patient is reported with Budd Chiari syndrome due to a tight opstial stenosis of the right hepatic vein. The patient was initially treated by PTA via a transjugular approach. Three years later restenosis occurred. Transjugular approach failed and, therefore, a combined approach was used. After transhepatic venous puncture with a 21 – gauge needle, a guide wire was inserted and snared via the transjugular route. This enabled transjugular PTA. Early and late(12 months) patency of the right hepatic vein was documented, with normal development of the child at 20 months follow – up.

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Angioplasty of portal vein stenosis in living related liver transplants: basic anatomical relationships

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SUMMARY . Two cases of angioplasty of portal vein stenosis in segmental liver transplants are reported. Rotation of the donor liver around its hepatic vein anastomosis to the inferior vena cava towards the right, and rapid growth of the liver immediately after transplant, change the expected anatomical relationships. In a few months, the portal vein course is more horizontal than vertical and is cephalad to the third segment portal vein at the confluence, instead of caudad. This pattern closely resembles the normal anatomy of the portal vein, but the intrahepatic branches are entirely atypical. These relationships must be understood for successful angiographic intervention from either the segment 2 or segment 3 portal vein approach.

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Repositioning of partially withdrawn ureteric stent using a combined antegrade and retrograde technique

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SUMMARY. We present a case in which a ureteric stent was partially withdrawn outside the renal cortex during removal of a self – retaining nephrostomy catheter. The stent was repositioned successfully using a combined percutaneous and ransurethral approach.

射频消融治疗左室特发性室性心动过速 1 例

蒲 红 方安娜 尹 炯 袁丽菊 张 洁

患者男性,41 岁,因发作性室性心动过速 5 年入院,发作频率多达 10 次/月,每次持续时间长短不一,室速频率 150 ~ 180 次/分之间,伴有胸闷、心悸、乏力、无晕厥及意识丧失,用维拉帕米可终止室速发作,给予普罗帕酮、乙胺碘呋酮治疗无效。室性心动过速(VT)发作时心电图(ECG)为右束支阻滞型(RBBB),伴电轴左偏,同时有左前分支阻滞。体检、超声波、胸片检查未发现器质性心脏病证据,诊断为左室特发性心动过速(ILVT)。术前停用抗心律失常药物。

电生理检查及射频消融治疗:连接 12 导联心电图,经皮穿刺右颈内静脉,插入 1 根 4 极电极导管置冠状静脉窦,穿刺右股静脉依次插入 3 根 4 极导管,分别置于希氏束(HBE)、右心室(RA)、右心室尖部(RVA)行心内标测。做右心房、右心室 S1S2 程序刺激,诱发出 VT。穿刺右股动脉插入大头消融导管至左心室心尖至心底部中 1/3 处,行心内膜标测,描记 HBE、RVA 电图及 12 导联心电图。用激动顺序法标测,经 RVA 电极导管用接近 VT 的频率起搏右室,在 VT 持续状态下用大头导管标测,寻找心室最激动点,并见高频低振幅电位(蒲肯野纤维电位)(见附图 1,2),即试放电,功率设置为 15 瓦(W) 10 秒(S)放电,VT 未终止,即停止放电,稍调整大头导管后再用 20W、10S 放电,放电中 VT 停止,便连续放电 110S,继再用 25W、30W 各 60S 加强放电,10 分钟后做 RA、RVA 扫描刺激,均未诱发出 VT。30 分钟后静滴异丙肾上腺素,重点做 RA、RVA 扫描刺激仍未出现 VT,手术结束。术后患者无不良反应及并发症,停服抗心律失常药物,随访 3 个月,无心动过速复发。

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