

Risk conditions and mortality rate of abdominal fine needle biopsy

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SUMMARY. The aim of this study was to point out the risks of complications in abdominal fine - needle biopsy (FNB) and to suggest appropriate precautions. We report our experience with 2701 patients (mean age: 62 years; 1435 men and 1266 women) and summarize the data published by other authors. In 1679 patients the target was the liver, 241 lymph nodes, in 233 masses of unknown nature, in 208 the kidney, in 135 the pancreas, in 80 pelvic organs, in 44 the adrenal glands, in 41 the spleen, in 29 the gastrointestinal tract, and in 11 the gallbladder.

In our series there was 1 death (0.037%) (hemorrhage in a 79 - year - old woman with superficial hepatic hemangioma and severe liver failure), and 6 major complications (0.23%) occurred.

Abdominal FNB is generally a safe procedure. Our fatality rate was comparable with the mean rate of the other larger single - center studies (0.046%). However, since at a retrospective evaluation some of our major complications were perhaps avoidable, before undertaking the procedure it is important to identify risk conditions where appropriate precautions can be adopted.

Infected filter thrombosis as a complication of the placement of a temporary vena cava filter

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SUMMARY. We describe a case of a temporary vena cava filter that had to be removed due to infected filter thrombosis. A permanent vena cava filter was placed before removal of the temporary filter, to prevent the occurrence of pulmonary embolism during the procedure. This case report illustrates potential complications of temporary filters.

Use of a Doppler probe for location and puncture of the impalpable pulse

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SUMMARY. A 45 - year - old, grossly obese female claudicant with impalpable pulses had intravenous digital subtraction angiography which showed right common iliac stenosis. Arterial puncture for angiography and angioplasty was subsequently performed using a hand - held Doppler probe for localization of arterial pulsation. An unsuspected abdominal aortic stenosis was demonstrated, and this, and the right common iliac lesion, were dilated by angioplasty.
