

# GLOBAL CARDIOLOGY SUMMIT

October 22-23, 2018 Osaka, Japan

## Percutaneous embolization of coronary artery-pulmonary artery fistula via radial artery

Iyad K Azzam

Kearney Regional Medical Center, USA

**5**1-year old male with shortness of breath and chest pain had risk factors which include, HTN, dyslipidemia, tobacco use and family history of premature CAD. Echo shows preserved LVEF, dilated RV and no ASD. Nuclear stress test shows no significant ischemia. Cardiac catheterization reveals no obstructive disease. LAD is large, tortuous and gives off a large fistula that connects with the pulmonary artery. Patient declined surgery and percutaneous embolization of AV fistula was performed. Right radial access was used; 6F XB LAD 3.5 guiding catheter was used. It is extremely challenging to advance any wire down fistula due to angulation. Wires used were ProWater, Sion and Pilot 50 which was successful. We supported the system using a guide liner and studied the fistula with IVUS. Over the pilot 50 wire, a 0.018 PROGREATER catheter was advanced into fistula. We successfully deployed two 5.0 mm×16 cm Azur Cx 18 coils and three 4.0 mm×13 cm Azur Cx 18 coils. Final angiography shows no flow in the fistula. We preserved 5 mm of the fistula away from the LAD which has TIMI 3 flow. At follow up appointment patient had complete resolution of symptoms.

iyadazzam@hotmail.com