Transcatheter arterial embolization for intercostal pseudoaneurysm, which was causing haemothorax after lobectomy.

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Disclosure

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Object of study and purpose:

- Intercostal artery pseudoaneurysms (IAP)
- Diagnosis on CT
- Endovascular treatment
Case report:

- Male, 69
- Lung cancer (stage IA)
- Thoracic surgery
- -> Discharged
- Hypotension, anaemia, Rt pleural effusion with haematic drainage
- New thoracic surgery: no bleeding point seen
- -> Discharged
- Shortness of breath, anaemia
Thoracotomy for lung resection → IAP → Endovascular embolization
Endovascular embolization of the IAP

- Local anesthesia, Rt femoral approach, Seldinger technique
- Angiography
- ...
(Endovascular embolization of the IAP)

• ...
• Selective angiography of the intercostal artery.
Endovascular embolization of the IAP

• Coaxial catheter technique for Superselective embolization.
• Embolic agent = detachable microcoils

First **distal** -> afterwards **proximal** to IAP
Why this technique?

Is the donor artery expendable?
- No: embolization pseudoaneurysm, stent...
- Yes: Occlude!

Collateral circulation?
- No: proximal embolization
- Yes: distal and proximal embolization
Results:

Postembolization angiography:
Complete exclusion of IAP from the circulation.
Conclusions:

- Suspect IAP when postoperative haemothorax (iatrogenia).
- When suspicion of IAP: contrast-enhanced CT.
- Transcatheter arterial embolization as therapeutic option.
Thank you!
Danke!
¡Gracias!