Successful transcatheter coil embolisation of a giant coronary artery fistula

A 71-year-old woman came to our hospital with chest pain. A computed tomography revealed right coronary dilatation and a giant fistula (6×12 cm). The fistula was seen to drain from the right coronary artery to the coronary sinus (figure 1A).

The patient subsequently underwent cardiac catheterisation, which showed severe dilatation of the right coronary artery, and confirmed the presence of a giant fistula (figure 1B).

The fistula was managed with coil embolisation. A 4-Fr straight guiding catheter was advanced deep inside the right brachial artery and was used to enter the mid right coronary artery. Embolisation coils selected according to the vessel diameter were delivered to the distal vessel via a microcatheter. This resulted in the occlusion of the fistulous communication (figure 1C).

Congenital coronary artery—venous fistula accounts for 0.87% of all coronary artery anomalies.[1] Transcatheter embolisation has proven successful with a very low risk for serious complications.[2]

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Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; not externally peer reviewed.

Heart Asia 2011:25. doi:10.1136/ha.2010.003467

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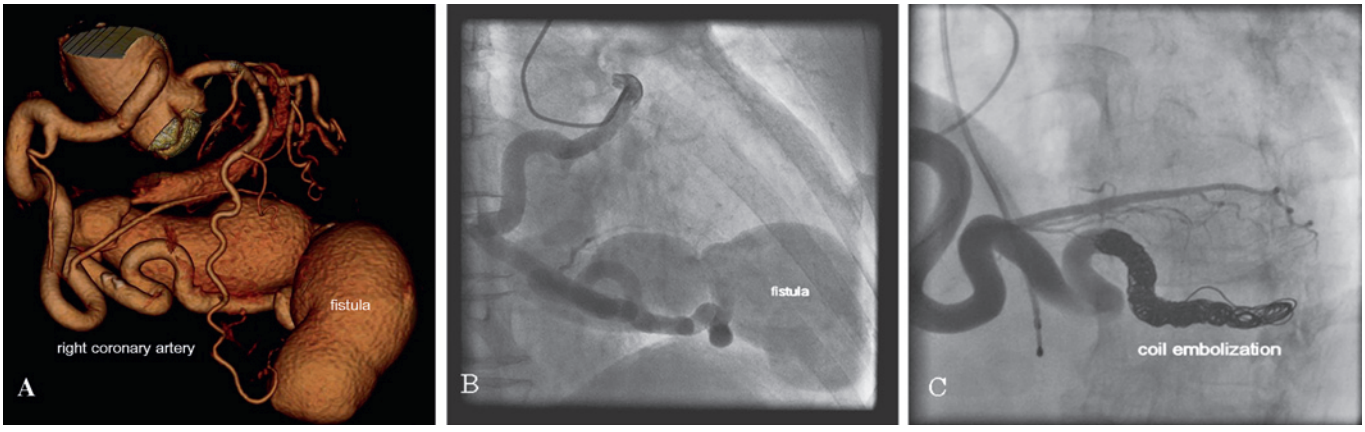

Figure 1 (A) Computed tomography revealing right coronary dilatation and a giant fistula (6×12 cm). The fistula was seen to drain from the right coronary artery to the coronary sinus. (B) Subsequent cardiac catheterisation of the patient, showing severe dilatation of the right coronary artery and confirming the presence of a giant fistula. (C) The fistula was managed with coil embolisation. This resulted in the occlusion of the fistulous communication.