

Internal mammary artery to pulmonary vasculature fistulae closed with particle embolization: new form of percutaneous intervention

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Abstract:

The left internal mammary artery is frequently employed as a conduit in coronary bypass surgery. We report a 42-year-old male post-coronary artery bypass grafting patient with, angina on exertion who was found to have multiple atrioventricular fistulae arising from left internal mammary artery to pulmonary vasculature leading to coronary steal and positive stress thallium in left anterior descending territory. These fistulae were selectively embolized with polymer particles leading to improved flow in distal left anterior descending artery. Postintervention, the patient has been asymptomatic for more than 8 months.