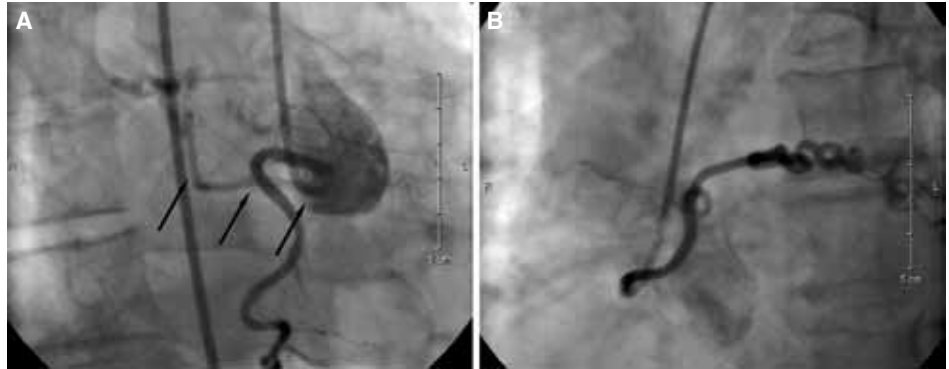


## Coil embolization of a primary aortobronchial fistula *Primer aortobronşiyal fistülün koil ile tıkanması*

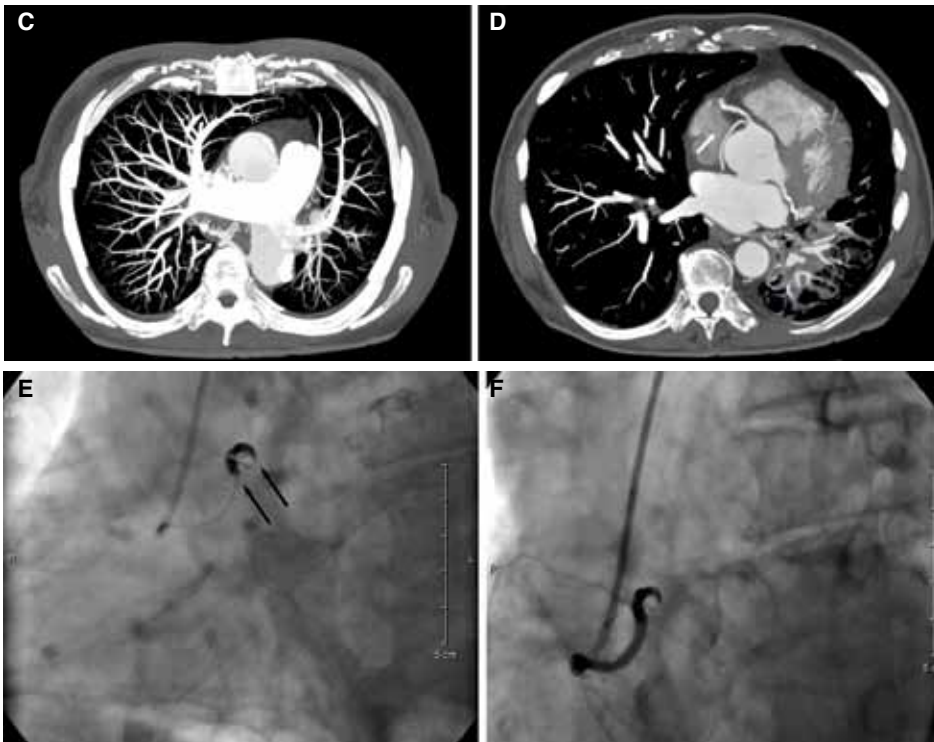
Kürşat Tigen  
Cihan Dünder  
Tansu Karaahmet  
Cevat Kirma

Department of Cardiology,  
Kartal Koşuyolu  
Heart and Research  
Hospital, İstanbul



A 79-year-old man was admitted with chest pain of three-month history. He had diabetes and hypertension, and was a chronic smoker. He also gave an account of hemoptysis that last occurred eight months before, and had required hospitalization at the ages of 8, 20, and 35 years, for which no underlying cause had been identified. Cardiac stress test demonstrated reversible inferior wall ischemia. Coronary angiography revealed an accessory tortuous vessel adjacent to the right coronary artery

ostium and connected to the bronchial artery (Fig. A, B). Chest computed tomography with intravenous contrast demonstrated a vessel between the right sinus of Valsalva and the left lower lobe bronchial artery (Fig. C, D). Coil embolization of the aortobronchial fistula was performed using a Prowler Select Plus Microcatheter, two 3.5x9-mm, and one 2x8-mm TruFill detachable coils (Fig. E). The flow was completely interrupted (Fig. F). He had no symptoms following the procedure.



**Figures.** (A) Coronary angiography demonstrating an accessory tortuous vessel adjacent to the right coronary artery ostium and connected to the bronchial artery. (B) Selective angiography of the aortobronchial fistula. Multislice computed tomography scans demonstrating (C) an aberrant vessel originating from the aorta (white arrow) and (D) an accessory tortuous vessel originating adjacent to the right coronary artery ostium and connected to the bronchial artery (white arrow). (E) Embolization of the vessel with two 3.5x9 mm and one 2x8 mm TruFill detachable coils. (F) Complete interruption of the flow.