

Closure of Left Main fistula with coronary steal phenomenon: a case

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CLINICAL OVERVIEW

- We report the percutaneous embolization with coils of a coronary fistula originating in the left main coronary artery (LMCA) in a 56-year-old healthy woman with angina on moderate exertion, no coronary lesions and apical ischemia in functional test.

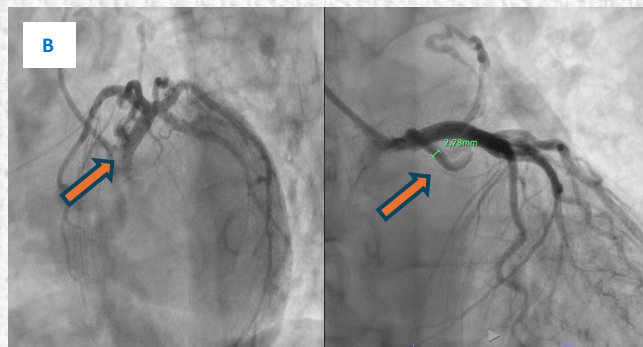
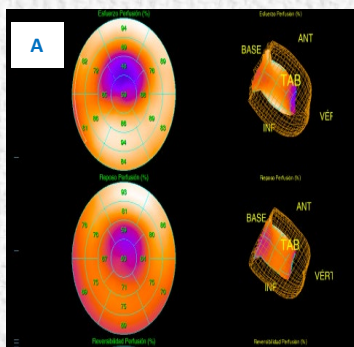


Figure A. MIBI SPECT showing moderate apical ischemia in stress phase. **Figure B** Coronary angiography without lesions, except for a fistula of large caliber (2.8 mm of diameter) originating from the left main to the pulmonary artery trunk (No CCTA available)

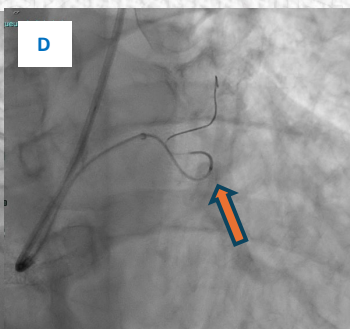
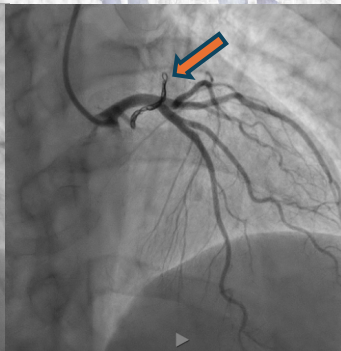
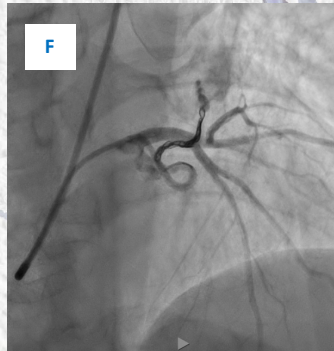
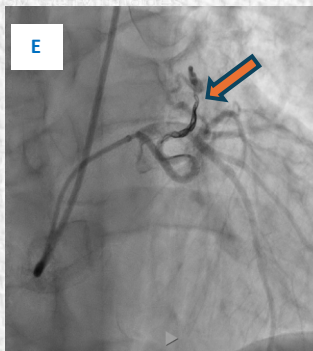


Figure C. Ostial cannulation of the LM (EBU - 6Fr). Due to the proximal origin of the fistula and its tortuosity, the use of a guide extension catheter was necessary to improve support.

Figure D. Workhorse coronary guidewire was advanced distal to the fistula, followed by a microcatheter (0.018" distal inner diameter)

Use of platinum coils (0.010" outer diameter) with a electrolytically detachable system

Figure E. Deployment of a first coil (4.0 x 15 mm) with residual distal flow. **Figure F.** 2nd coil deployment (4.5 x 10 mm) achieving a more dense basket conformation with a complete flow occlusion



CONCLUSION

Percutaneous occlusion with coils of coronary fistulas with functional reperfusion is safe and feasible, with excellent short and long-term results, even in challenging anatomies