
Transcatheter Bronchial Artery Aneurysm Embolization with Onyx

mass, which follow the feeding vessel, allowing a complete ex unthetho

No endoleak and mediastinum hematoma regression were reported in the CTA, performed one month later (Figure 4). The patient did not report any particular discharges after 7-month follow-up.

Discussion

Few cases of hemomediastinum because of BAA have been reported in literature with different therapeutic approaches depend mainly on patient comorbidities, bronchial artery anatomy.

Surgical approach, basically consists in open ligation of BAA can be also associated with endovascular approach [5-6].

BAE can be performed with gelatine sponge, detachable coils, steel coils, glue and N-butyl-2-cyanoacrylate and combined treatment [1,7,8]. Whatever embolic material is used, most authors emphasize the importance of occluding not only the feeding vessels but also efferent branches to avoid retrograde filling of the aneurysm [9].

We decided to treat our patient using an endovascular approach because he was unsuitable for surgery. Gelatine sponge was discarded because it offers a temporary embolization while detachable coils were abandoned because of vessel tortuosity. We used Onyx 34, a bio-compatible injectable liquid polymer, with “push and plug” technique to get distal distribution of the embolic agent [8,9]. Onyx was initially injected as slow as possible, allowing the formation cast around microcatheter tip with a small amount of reflux; ones an adequate plug was form, Onyx was injected in a control fashion to form a lava-like