

Selective Embolization of Traumatic Vascular Kidney Injury

BY ANGELO SPINAZZOLA, MD, AND NICOLA CIONFOLI, MD

CASE PRESENTATION

A 78-year-old man was admitted to the emergency department and underwent a total body CT scan after a car accident. The scans showed a large subcapsular hematoma with active arterial supply at the middle-lower third level of the left kidney (Figure 1).

PROCEDURE DESCRIPTION

A 2.4-F Direxion™ Torqueable Microcatheter was used to engage the left renal artery and perform a super-selective catheterization of the middle-inferior lobe vessels. The angiogram confirmed active bleeding due to arterial laceration (Figure 2).

The first embolization was performed with 3- X 40-mm Interlock-18™ Detachable Coils. Using the same Direxion™ Microcatheter, with accurate torquability, we were able to perform distal embolization, preserving renal parenchyma by using a 2- X 40-mm Interlock-18™ Fibered Detachable Coil (Figure 3).



Figure 1.

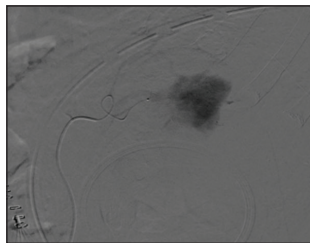


Figure 2.



Figure 3.

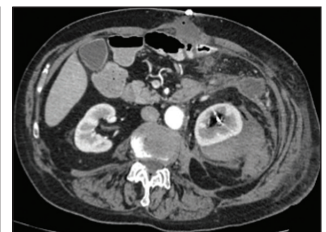


Figure 4.

FOLLOW-UP AND DISCUSSION

Final angiography confirmed a very good and precise embolization. After 5 days, CT scan showed a capsular hematoma reduction and absence of active bleeding (Figure 4). ■

Angelo Spinazzola, MD

Chief of Interventional Radiology
Maggiore Hospital
Crema, Italy
Disclosures: None.

Nicola Cionfoli, MD

Interventional Radiologist
Maggiore Hospital
Crema, Italy
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