Embolization of a Symptomatic Pseudoaneurysm Developing after Transplant Nephrectomy

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A 57-year-old man with a history of end-stage renal disease caused by polycystic kidney disease underwent dual-kidney transplantation in November 2011. In January 2012, he was treated with right transplant nephrectomy due to early graft failure. Three months later, he was referred to our unit for treatment of acute abdominal pain, tachycardia and severe dyspnea. A contrast-enhanced CT scan showed both a large pseudoaneurysm with an arteriovenous fistula in the right transplant nephrectomy site and an asymptomatic right external iliac artery (EIA) occlusion (Picture 1). A 14-mm-wide Amplatzer occluder device was urgently implanted via a percutaneous transbrachial approach at the origin of the right EIA, excluding the pseudoaneurysm and the fistula (Picture 2A, B). A 30-day contrast-enhanced CT scan confirmed perfect exclusion of the pseudoaneurysm (Picture 3). The patient was doing well at his 3-month follow-up visit.

Endovascular management of transplant nephrectomy pseudoaneurysms has become a safe treatment modality with favourable early outcomes compared with surgical repair (1).

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Reference


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