Coil Migration Following Transcatheter Arterial Embolization

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Picture 1.

Picture 2.

A 69-year-old man presented with hypovolemic shock caused by massive gastrointestinal bleeding. Angiography revealed active bleeding in a branch of the gastroduodenal artery (Picture 1a). The patient underwent emergent transcatheter arterial embolization (TAE), and angiography confirmed complete occlusion due to bleeding (Picture 1b). The patient's condition rapidly stabilized; however, esophagogastroduodenoscopy performed seven days after TAE showed the presence of duodenal ulcers and a metal material impacted in the duodenal surface (Picture 2). Coil migration

was highly suspected. We prescribed conservative management, and the patient was discharged after an uneventful hospital stay. No more bleeding episodes or additional sequelae were observed over the following months.

The standard treatment for upper gastrointestinal bleeding

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is endoscopic hemostasis. TAE is an alternative option for controlling massive bleeding in the stomach or duodenum. The frequency of coil migration has been reported to be approximately 3% (1). Coil migration and impaction into the intestines has been documented, and conservative treatment is favored in such cases (2).

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