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A RED HERRING OF MEDIASTINAL LYMPHOMA

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ABSTRACT

Introduction: Central venous occlusion can be caused of a spectrum of etiology ranging from benign to malignant. It can be due to external compression, intraluminal stenosis or thrombosis.

Result: Our patient is a 56 year old gentleman with underlying ESRF on right BCF for 5 years and multiple history of fistuloplasty in 2019 and April 2021. He was initially presented with right upper limb swelling for 2 weeks. No cough, SOB, stridor or constitutional symptoms. A central venogram revealed a occlusion of the right brachiocephalic vein/SVC junction with multiple collaterals and a venoplasty was performed. Subsequently CT Thorax was done to rule out pulmonary embolism and revealed a large paratracheal lymph node causing narrowing of SVC.

Conclusion: Presence of AVF and previous history of fistuloplasty masked the actual cause of the central venous occlusion. The symptoms for both condition overlaps with each other as they both ultimately cause venous return obstruction and will result in collateral pathways. The pathophysiology of these conditions may overlap whilst the management are different.

ACUTE SUBMANDIBULAR SIALADENITIS; A RARE COMPLICATION POST POSTERIOR FOSSA SURGERY

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ABSTRACT

Introduction: Unilateral neck swelling secondary to acute sialadenitis rarely occur as a complication post neurosurgical procedure.

Result: We reported a case of acute right submandibular sialadenitis complicating a left posterior fossa surgery done in Park Bench position. Patient developed unilateral neck swelling 6 hours post operation and requiring re-intubation for airway protection. Contrast enhanced CT neck showed diffusely enlarged right submandibular gland with surrounding mucosal oedema of the oropharynx. Patient was managed by hydration, steroid, antibiotics and subsequently discharged on day 8 post operative with the swelling gradually reduced in few weeks' times.

Conclusion: Although rare, acute sialadenitis can progress to a potentially life-threatening course requiring intubation and ICU care thus early recognition of this complication at its beginning is crucial.

A COST ANALYSIS OF INTERVENTION RADIOLOGY RELATED PROCEDURES IN VASCULAR ACCESS FOR HEMODIALYSIS

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ABSTRACT

Introduction: The incidence of end stage renal failure is on the rise in our country as reported in the Malaysian Society of Nephrology. In its latest annual report in 2016, there are about 6000 new cases of ESRF, total up to 18, 000 thousand cases. Studies on the cost of hemodialysis shows that it is very costly and that the majority of the fundings for these procedures are funded by the government. The 2016 MSN report shows that about 6 million ringgit is spent annually for the cost of hemodialysis and 60% is funded by the government. Next to the cost of the procedure of dialyzing the patients, the next bulk of expenditure is contributed to the creation of vascular access for hemodialysis. Either via central catheter or creation of an atrio-venous fistula, these procedures cost around to RM500 to RM2000.

Methodology: Retrospective observational study over 1 year period June 2019-May 2020. Data will be retrieved from the online records such as IRIS, C-Hets, patients registry, Interventional Radiology Unit census and UKMMC registry. Study population comprise of patients who undergo endovascular related procedures for maintaining vascular access for haemodialysis.

Result: A large portion of health care expenditure is spent on end stage renal disease patients particularly on the maintenance of vascular access. From our study period, a total of RM 547,487 was spent on vascular access maintenance for end stage renal failure patient on hemodialysis. It is made up of RM 331,772 from cuff catheter insertion and exchange, RM 129,465 on central venoplasty and RM 86,250 for fistuloplasty.

Conclusion: A large portion of health care expenditure is spent on end stage renal disease patients particularly on the maintenance of vascular access.

A CASE SERIES OF SPONTANEOUS EXTRAPERITONEAL HEMORRHAGE IN COVID-19 PATIENTS IN MALAYSIA

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ABSTRACT

Introduction: COVID-19 infection is associated haematological derangement, principally thrombotic events causing micro thrombosis and venous thromboembolism. Use of anticoagulant treatment has been shown to reduce mortality in COVID-19 patients. Spontaneous extraperitoneal haemorrhage (SEH) is a known complication of anticoagulant use and it includes retroperitoneal, iliopsoas and rectus sheath hematomas. The aim of this case series is to highlight the occurrence of SEH in COVID-19 patients, its clinical and radiological manifestations and management pathways.

Method: A retrospective analysis of COVID 19 patients with SEH treated in Hospital Sungai Buloh from April to September 2021 was performed. A total of 7 patients (5 males and 2 females; mean age, 63 years; range 53-75 years) with COVID-19 infection were confirmed to have SEH. Clinical presentation, radiological features, management and patient outcome were studied.

Result: All patients were on anticoagulants and presented with abdominal pain and/or swelling with sudden drop in haemoglobin. CT showed contrast extravasation indicative of active bleed. All patients proceeded with conventional angiography with option of trans arterial embolization (TAE). Bleeding vessels were identified in 5 patients on conventional angiography with good agreement to CT findings. 3 patients showed bleeding points from more than one artery. Single type of embolic agent (coil or gelatine sponge) was used in each case. TAE was successful in achieving haemostasis with no procedure related complication. Despite the technical success of embolization, four patients died within 30 days after embolization. There is no evidence of circulation collapse as a result of bleeding prior to deaths in these patients.

Conclusion: SEH should be suspected in COVID-19 patients on anticoagulants presenting with abdominal pain or drop in haemoglobin. CT is confirmatory and TAE offers a viable and safe treatment option.

CONCURRENT STENTING OF MALIGNANCY-RELATED SVC & PULMONARY ARTERY STENOSES: A CASE REPORT

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ABSTRACT

Introduction: Endovascular stenting for malignancy-related superior vena cava (SVC) stenosis is well recognized for its efficacy and safety, but less so for pulmonary artery (PA) stenosis. We share our experience with concurrent endovascular stent placements in a case of non-small cell lung carcinoma, with resultant SVC and right PA stenoses.

Result: A 60-year-old man presented with signs and symptoms of SVC syndrome but was hemodynamically stable. Computed tomography (CT) revealed a right upper lobe mass causing significant SVC and right PA stenoses. Aiming to palliate his symptoms and to prevent potential hemodynamic deterioration, we opted for concurrent stenting of both SVC and right PA. This decision was made after considering the risk of left pulmonary congestion post-SVC stenting due to increased venous return but obstructed outflow into the right PA. Balloon-expandable covered stents (Bentley BeGraft Aortic Stent Graft system) were used, 16mm x 58mm for SVC and 16mm x 38mm for right PA. The patient felt an immediate improvement of symptoms post-procedure. He managed to complete 5- months of palliative chemotherapy before he passed away due to disease progression.

Conclusion: Our case demonstrated that concurrent stenting of malignancy-related SVC and PA is feasible and should be considered an alternative to chemotherapy and radiotherapy.