Treatment of post-endomyocardial biopsy fistula between left anterior descending artery and right ventricle with coils

Tratamiento de fístula coronaria entre artería descendente anterior e ventrículo derecho após biópsia endomiocárdica com coils

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A 69-year-old patient with history of heart transplant in 2018 due to Chaga’s disease underwent a 2-years control myocardial perfusion imaging scintigraphy, which demonstrated minor stress-induced apical ischemia. He was asymptomatic, and his last endomyocardial biopsy was 2 years ago, with no history of graft rejection.
After the scintigraphy finding of ischemia, a coronary angiography was performed, which displayed a fistula between the left anterior descending artery and right ventricle with subsequent coronary occlusion (Figure 1A). This is a rare complication of endomyocardial biopsy.

The case was brought to the Heart Team. Initially conservative treatment was considered, but taking into account the scintigraphy, fistula occlusion was planned. The procedure was performed with three coils. First, a 5.5x5mm VortX (Boston Scientific) was deployed, followed by a 6.5x6mm VortX (Boston Scientific) and finally a 5.5x5mm VortX Diamond (Boston Scientific), delivered through a Renegade™ (Boston Scientific) microcatheter (Figures 1B and 1C). Final angiography demonstrated closure of the coronary artery fistula (Figure 1D). After the procedure the patient remained asymptomatic and was later discharged.