Clinical Image

Diagnosis and Treatment of Hemothorax Caused by Intercostal Artery Pseudoaneurysm

Diagnóstico y tratamiento de un hemotórax causado por un seudoaneurisma de arteria intercostal

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Fig. 1. (A) Angiography of the tenth intercostal artery. (B) Distal and proximal embolization of the pseudoaneurysm. (C) Preserved vertebral vascularization after embolization.

Intercostal artery pseudoaneurysms (IAP) are rare and difficult to diagnose. They may emerge as a complication after any intervention involving access through the intercostal spaces. They are generally asymptomatic until they tear, causing hemothorax in the pleural cavity. We report the case of a patient with IAP after pulmonary resection by thoracotomy. As we did not suspect pseudoaneurysm, we repeated the intervention for hemothorax 21 days after the first procedure, but did not observe any point of bleeding within the pleural cavity. Ten days after the second procedure, the patient developed another episode of hemothorax. Angiography was performed and the IAP was detected. Selective angiography of the tenth intercostal artery was performed using a microcatheter, which released microcoils into the affected artery, first distal to and then proximal to the IAP, until it was completely occluded1,2 (Fig. 1). The patient’s hemothorax was evacuated with a pleural drainage.

This case shows the importance of suspecting an IAP in case of hemothoraxes not justified by other causes, in order to make a diagnosis and provide the proper treatment. (Fig. 1).

References


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