

Orsiro stent and the patient was successfully and completely revascularized (Figure 3 and 4).

Keywords: Acute coronary syndrome, bifurcation lesions, stenting techniques

Figure 1: Cx and major OM side branch lesions, T and small protrusion technique

Figure 2: Cx and major OM final result

Figure 3: LAD and Diagonal 1 lesions, double kissing crush technique.

Figure 4: LAD and Diagonal lesions final result.

■ **OP-131 [AJC » Percutaneous coronary interventions]**

Two Interesting Cases of Coronary Artery Fistulas Treated by Coil Embolization. *Begüm Yetiş Savin¹, Sercan Okutucu¹, Hakan Aksoy¹, Ebru Akgül Ercan², Mehmet Ali Oto¹.* ¹Department of Cardiology, Memorial Ankara Hospital, Ankara, Turkey; ²Department of Cardiology, Ufuk University, Ankara, Turkey.

Introduction: Coronary artery fistulas (CAFs) are congenital or acquired coronary artery abnormalities in which blood is shunted into a cardiac chamber, great vessel, or other structure, bypassing the myocardial capillary network. The majority of these fistulas arise from the right coronary artery (RCA) and the left anterior descending coronary artery; the circumflex(Cx) coronary artery is rarely involved. Possible therapeutic options include surgical correction and transcatheter embolization.

Case-1: A 66-year old women with a history of hypertension presented to cardiology clinic with shortness of breath, chest pain and palpitation. Paroxysmal atrial fibrillation (AF) was detected and ablation procedure was decided. Computed tomography (CT) pulmonary angiogram was done before procedure to guide us about the pulmonary vein anatomy during AF ablation. Coronary cameral fistula originating from optuse marginal branch (OM1) of Cx to great cardiac vein was found. Firstly atrial fibrillation ablation was performed by using EnSite PrecisionTM cardiac mapping system. During rapid ventricular response in atrial fibrillation electrocardiography showed ST segment changes. So cardiac catheterization was performed which revealed a small fistula connecting Cx and diagonal artery to right ventricle (Figure 1). The fistula was sealed with 3 mm × 4 cm, 2 mm x 2cm axium coils and 2 mm × 4 cm, 2mm x 4 cm mm helical coils that were delivered inside the Echelon TM micro catheter to fistula from diagonal and Cx arteries. The procedure was ended after observing the CAFs were completely closed or flow was weakend. The patient remained chest pain-free and she was also in sinus rhythm after the procedures.

Case-2: A 46-year-old women was admitted to our hospital complaining of chest and back pain. In echocardiography a shunt flow detected in interatrial septum. Transesophageal echocardiography (TEE) showed a 12*9 mm mass adjacent to interatrial septum near patent foramen ovale in left atrium side (figure-2). CT also reported this lesion as an arteriovenous malformation. Coronary angiography showed fistula originating from both Cx and right coronary artery draining to left atrium. Percutaneous occlusion of fistula was repeated two times in order to reduce the size of the interatrial vascular lesion. In this patient we used glue enjection and ethylene vinyl alcohol (Onyx) embolization in addition to coil embolization with axium coils. In the follow up the mass size did not reduce but shunt flow was totally obstructed (figure-3).

Conclusion: Transcatheter closure of CAFs with coil is a valid option, and can be regarded as an acceptable alternative to surgery nowadays.

Keywords: coronary artery fistula, percutaneous occlusion, coil embolization

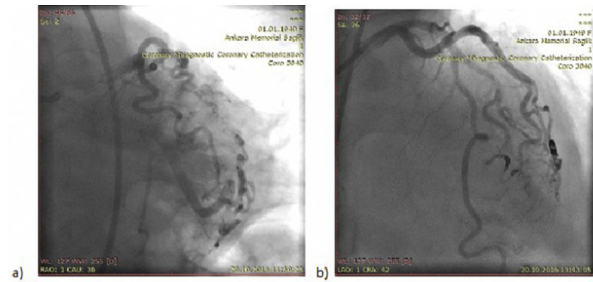


Figure-1. Coronary angiography of coronary artery fistula from diagonal artery and circumflex artery to right ventricle before(a) and after(b) coil embolization.

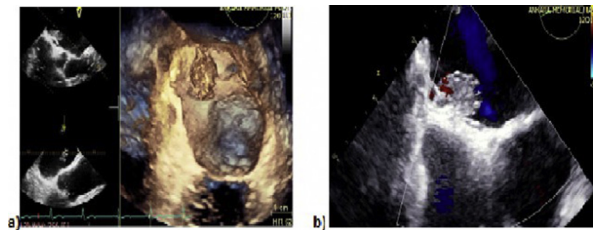


Figure 2. Three dimensional transesophageal echocardiography images of cardiac mass in interatrial septum.b) Two dimensional transesophageal echocardiography images of cardiac mass with a shunt flow in interatrial septum.

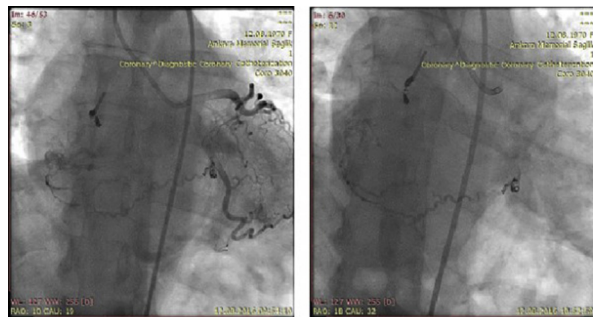


Figure 3. Coronary angiography images of coronary fistula after glue enjection and ethylene vinyl alcohol(Onyx) embolization in addition to coil embolization.

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The Effects of the Radial Coronary Angiography on the Nitroglycerine Mediated Endothelial-Independent Vasodilatation of the Radial Artery. *Emre Özçalık,*

Alp Aydınalp. Department of Cardiology Baskent University School of Medicine.

Left internal mammailla and radial artery grafts are the preferred arterial grafts for coronary bypass (CABG) surgery. The aim of this study is to investigate if angiography has any effects on the radial artery endothelium independent muscular layer functions.

Patients: Forty-three patients admitted for left radial coronary angiography with non ischemic Allen tests. The opposite arm radial arteries were the control groups. Before the angiography, 24 hours after and at 8. week after coronary angiography nitroglycerine mediated vascular functions were evaluated.

Methods: In each examination, recording of vessel images were followed sublingual administration of 300 µg of nitroglycerine (Natispray). The radial artery diameter was imaged and recorded for 3