Abstract:

Background: Pulmonary arteriovenous fistula (PAVF) is described as abnormally dilated vessels that provide a right-to-left shunt between pulmonary artery and pulmonary vein, also there are acianotyc fistulas with arterial–arterial communication; its incidence is less than 3 per 100,000 inhabitants in the general population. Transcatheter occlusion is recommended for all symptomatic patients and for asymptomatic patients with discrete lesions with feeding arteries >3 mm in diameter.

Methods: A retrospective 12 cases PAVF series is presented. All patients recruitment from a single hospital.

Results: 12 patients where included, 50% (6) female, median age 4.5 years (0.08-46). All devices were elected according to feeding artery. In most of them relation between device diameter / vessel diameter were greater than 1.5mm. No adverse events were documented between the cases. In the adult patient with Rendú Osler Weber syndrome, two interventions were required and only after 3 months an increase in saturation close to 90% was documented. Post-intervention control in pulmonary arteriovenous malformations cyanosis was based on oximetry and echo, for aortopulmonar fistula follow up were done with Rx, Echo and hearth failure improvement. 6 months after the intervention 1 mortality is reported, corresponding to patient with Rendú Osler Weber syndrome.

Conclusion: according to intraoperative and postoperative mortality rate was 0%. One postoperative dead is reported, this case associated to gastrointestinal bleeding. This cases serie, corroborates, embolization with different devices for endovascular treatment, is the elective intervention strategy for patient with Pulmonary arteriovenous malformations.