almost cystoauricular

Pulmonary Embolism Caused by Cysto-Atrial Shunt Fragment

Embolia pulmonar causada por un fragmento de una derivación cistoauricular

To the Editor,

A 40-year-old woman presented to the accident and emergency department complaining of acute onset of headache and dizziness, along with right-sided pleuritic chest pain and shortness of breath. She had a history of a symptomatic right temporal lobe arachnoid cyst treated with a cysto-atrial shunt at the age of 25. Her vital signs were stable and ECG was unremarkable.

Chest radiography depicted a sizable, serpentine-shaped, foreign body within the left hilum (Fig. 1A) and a lateral skull X-ray showed fragmentation of the cysto-atrial catheter at the level of the skull (Fig. 1B). A noncontrast chest computed tomography demonstrated a large catheter fragment embolizing the pulmonary trunk and the left main pulmonary artery (Fig. 2). Patient underwent urgent percutaneous fragment retrieval with a snare apparatus catheter followed by cystoperitoneal shunt implantation, and made an uneventful recovery.

Placement of the distal catheter of a cerebrospinal fluid diversion apparatus in the right atrium is a well-established alternative when peritoneal insertion is contraindicated. Cardiac thrombus formation and chronic thromboembolic pulmonary hypertension are the most common cardiovascular complica-

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Migration of catheter fragments to the pulmonary vessels is an extremely rare and potentially fatal complication requiring urgent invasive treatment.

Antonios N. Pavlidis,\textsuperscript{a,*} Manolis S. Kallistratos,\textsuperscript{a} Nikolaos Paidakakos,\textsuperscript{b} and Athanasios J. Manolis\textsuperscript{a,c}

\textsuperscript{a}Department of Cardiology, Asklepeion General Hospital, Athens, Greece 
\textsuperscript{b}Department of Neurosurgery, Asklepeion General Hospital, Athens, Greece 
\textsuperscript{c}Emory University School of Medicine, Atlanta, Georgia, United States

*Corresponding author: 
E-mail address: antonispa@yahoo.com (A.N. Pavlidis).

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