

A case of radial arteriovenous fistula during coronary angiography

To the Editor,

First of all, I would like to congratulate Görgülü et al. (1) who participated in the case study titled "A case of radial arteriovenous fistula during coronary angiography" published in your journal; *Anadolu Kardiyol Derg* 2013; 13: 181-2. Even though I agree with the authors on the fact that radial arteriovenous fistula during transradial coronary angiography is such a rare event, I think it was too assertive to say that here have been three case reports up today" (2, 3). Literature on the iatrogenic radial arteriovenous fistula cases reveals that in addition to surgical procedures, percutaneous approach that involves biocompatible coated stent are also being used for treatment (2).

Today, as was described in your case report, there are different approaches currently in practice for arteriovenous fistula treatment. One of them is surgical approach which includes partial resection, ligation or treatment. The second and third approaches are the use of coated stent and performing compression together with ultrasoundgraphy, respectively. The last approach which I especially would like to talk about is rather more conservative method and includes long waiting periods for the affected regions to close spontaneously. This is observed in a study by Kelm et al. (4) which reported fistulas to close by themselves within a year, in one out of the three transfemoral arteriovenous fistula cases. In another study, after 200-day monitoring, fistulas were again reported to close without any external help in 81% of patients that developed AVF after transfemoral angiography (5).

As the literature suggested, I also personally prefer to give time for healing in patients especially those with fistulas that are benign, and do not lead to heart failure, venous hypertension, distal ischemia, or pain-like symptoms.

I would like to have much more detailed information from the authors of this case report. Have they observed any AVF-related pathologic condition such as heart failure, venous hypertension, distal ischemia or any other symptoms? Plus, why did they restrict the follow-up periods to be "at least 2 months"?

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Author's Reply

To the Editor,

We appreciate the comments regarding our case report entitled "a case of radial arteriovenous fistula during coronary angiography" (1). As we stated in our case report three different treatment strategies are currently recommended to heal femoral iatrogenic arteriovenous fistula (AVF), which are surgical repair, implantation of covered stents, and ultrasound guided compression. Among them, surgical repair is indicated for patients with iatrogenic AVF (2). However, there is no clear-cut information how to treat radial iatrogenic AVF. All three patients in the literature with iatrogenic AVF were treated surgically. Although our case report was published in 2013, it was written in 2011. We should have checked the literature again during the revision process before it was finally ready for publication. The readers indicated two other cases with radial AVF which were published in 2012 (3, 4). In one of these cases the fistula was cured with a covered stent (3). The treatment strategies seems not different from those of femoral AVF.

To the readers curiosity we would like to inform that we do not observed any AVF-related pathologic condition such as heart failure, venous hypertension, distal ischemia or any other symptoms? The follow-up period was restricted to two months because it was the exact time point when the fistula was closed spontaneously and we did not consider any reason for further follow up due to the suspicion of reopening.

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