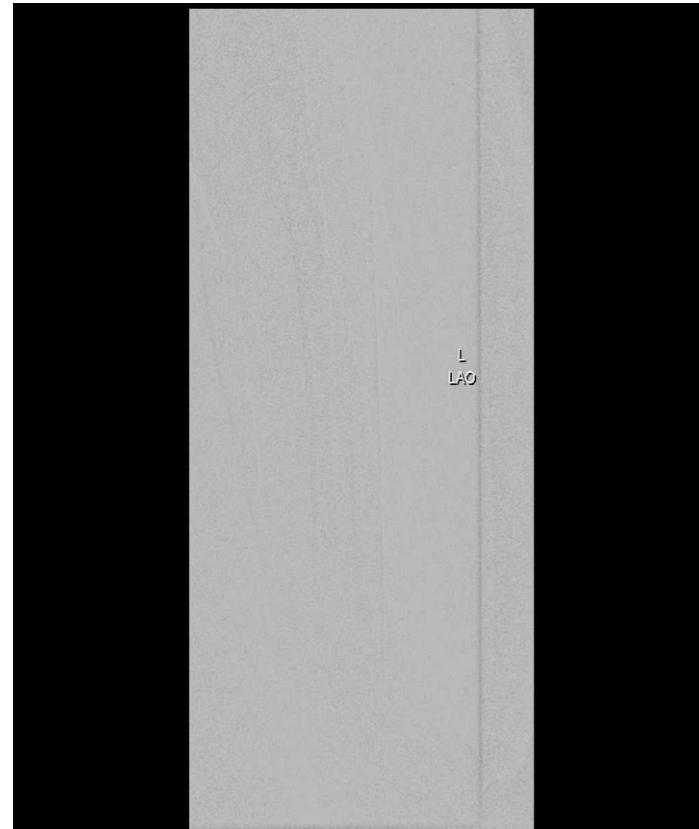
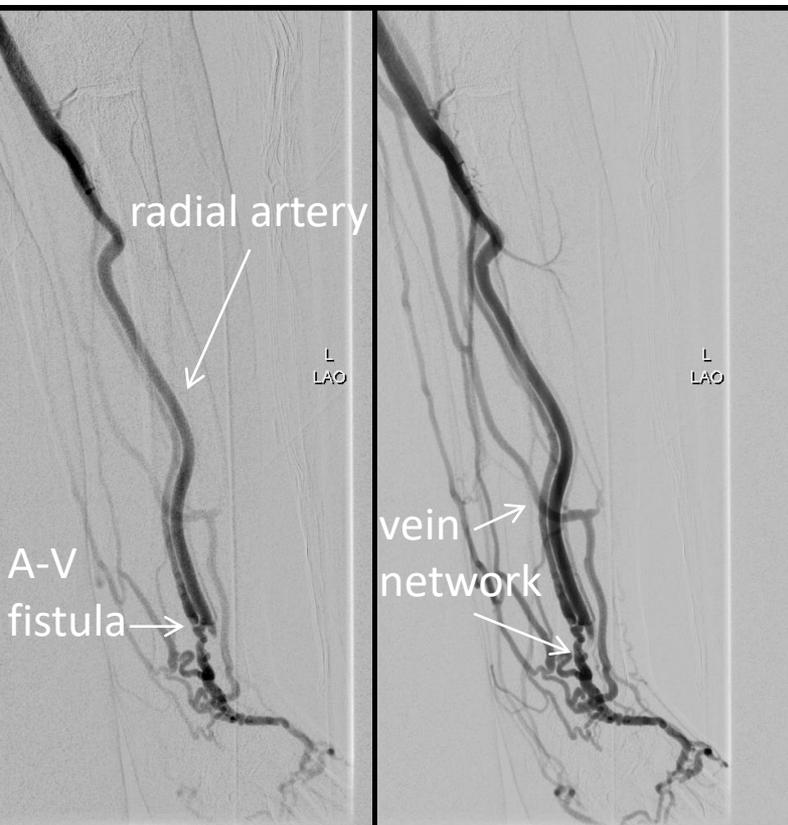


Covering an iatrogenic radial fistula.

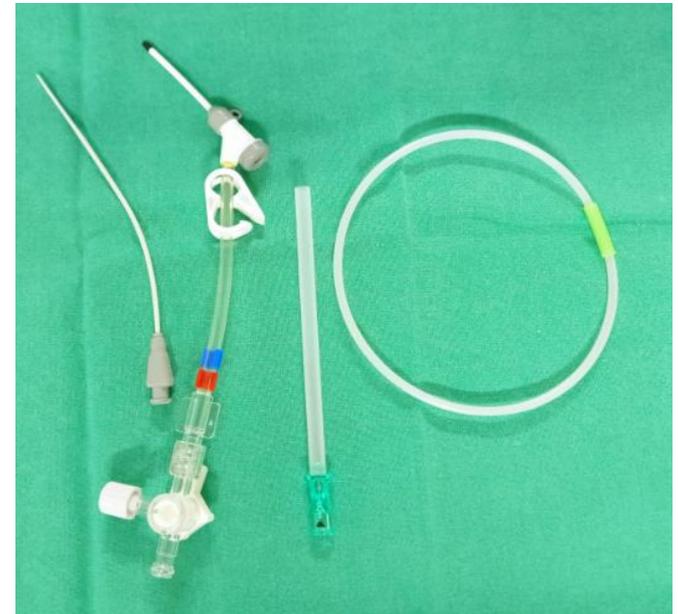
**A. Ntatsios, L. Mosialos, V. Sachpekidis, D. Karamanos.
General Hospital Papageorgiou, Thessaloniki, Greece.**

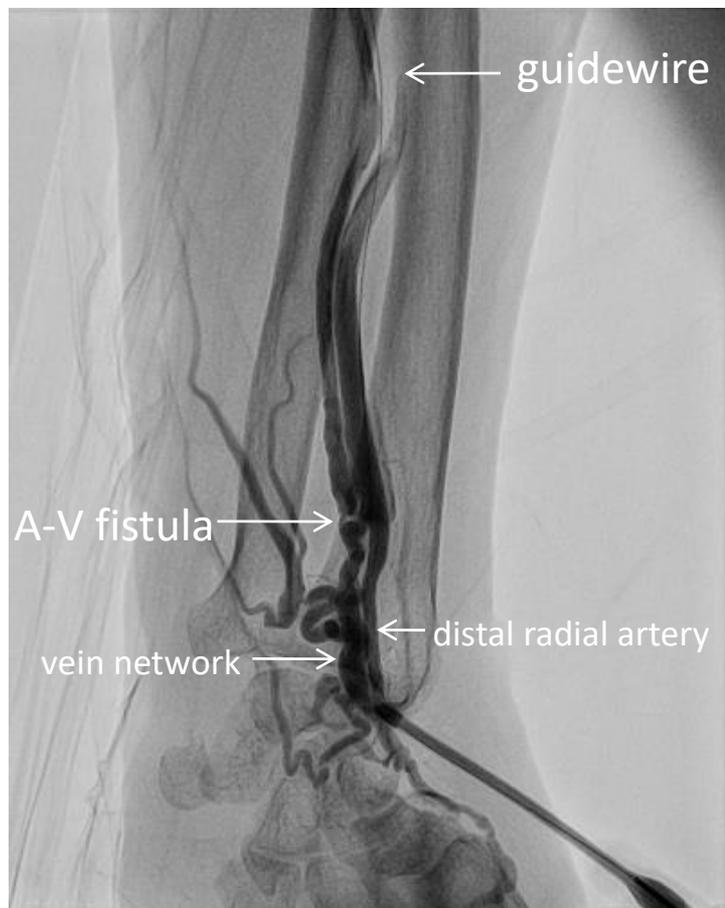
- No conflict of interest to declare

- 63 yo female, PCI LAD through the left radial artery (6 Fr sheath).
- 4 months later presented with persistent swelling and discomfort to her left wrist. Palpable mass and thrill close to the puncture site. Bruit on auscultation.

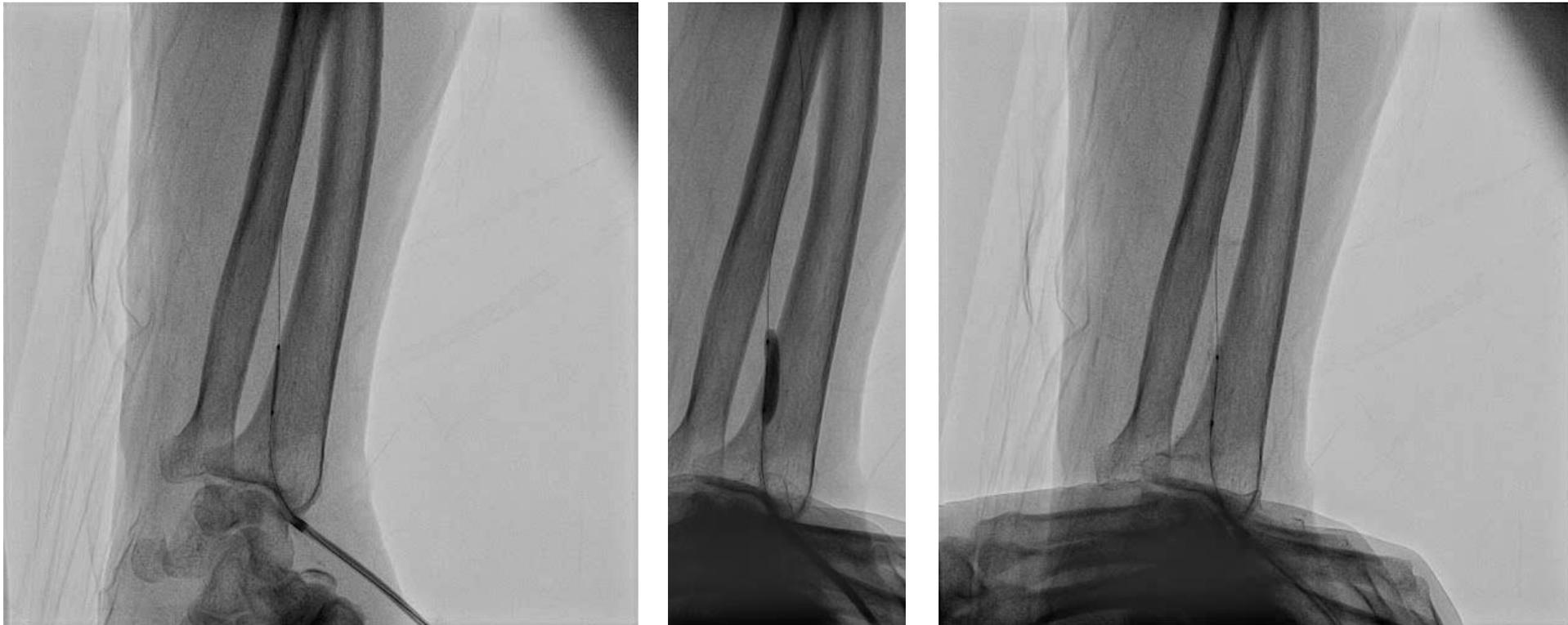


- A **4 cm long**, 5 French sheath was inserted through the snuffbox approach in the distal radial artery and only part of its length was advanced as depicted in the figure below.

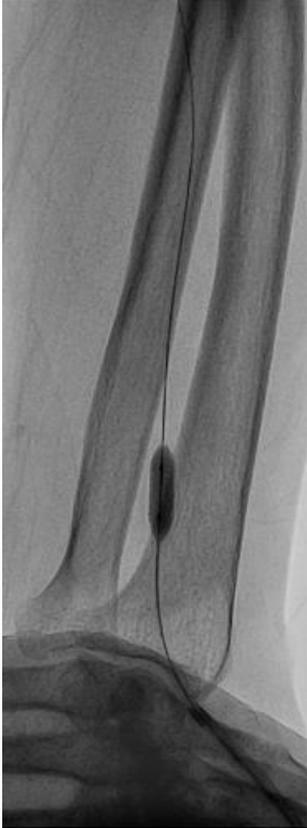




No guiding catheter used. Contrast injection through sheath's sideport. BMU guidewire.

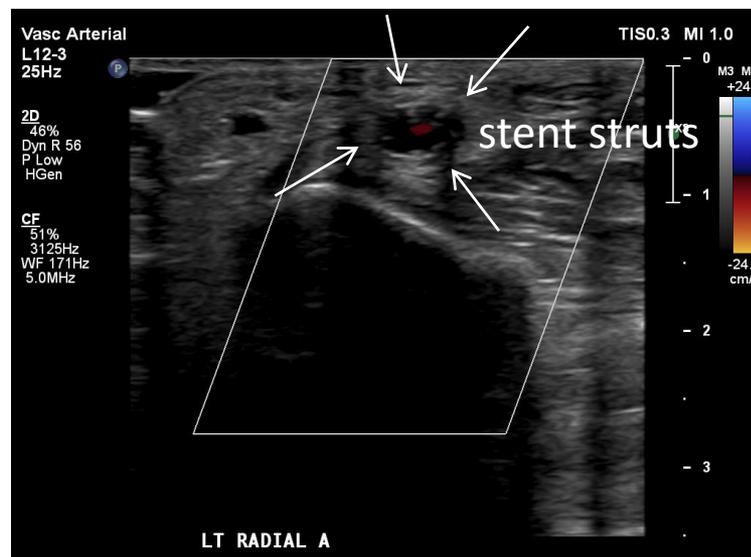
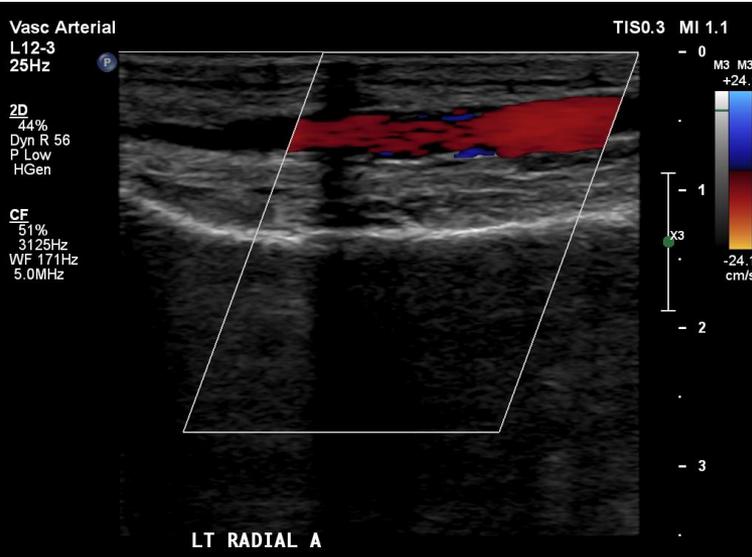
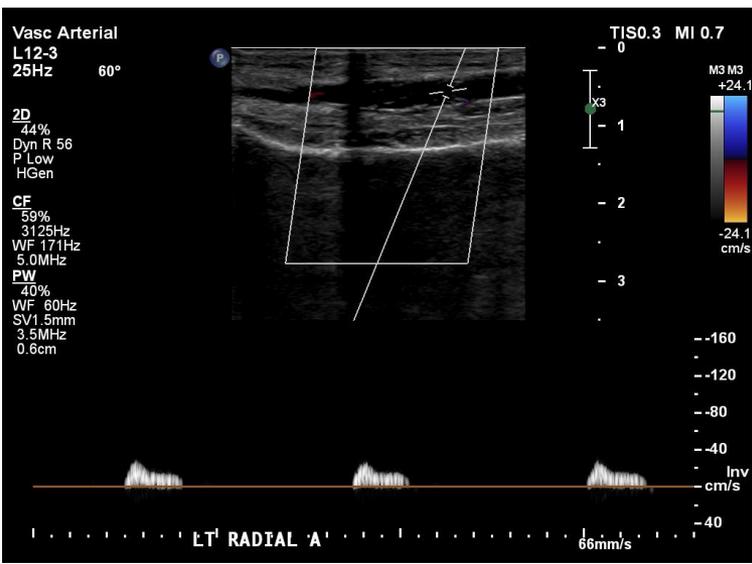


- Deployment of a Papyrus 3x15mm covered stent with residual flow through the fistula (sizing according to the distal radial artery diameter).
- Large caliber of the radial artery proximal to the fistula is noted.



- Postdilatation with a 4x10mm NC balloon (proximal optimisation) with complete sealing of the fistula.

- Ultrasound Study one day post procedure showing patent stent with no residual flow through the fistula.



- Distended superficial vein network before the procedure (left image).
- ‘Collapsed’... normal vein network one day post procedure (right image).



- Percutaneous guideless, retrograde closure of iatrogenic radial arteriovenous fistula with covered stent, through the snuffbox approach, is feasible and safe.
- Patency of the ulnar artery needs to be assessed before the procedure, since radial occlusion due to covered stent restenosis or thrombosis can have detrimental consequences.
- In cases where the fistula is very close to the radiocarpal joint, implantation of a stent should be avoided.