



가

가가

Budd - Chiari

(1).

18G
(septostomy needle; Cook, Bloomington, IN,
U.S.A.) 18 mm , 6 cm
(PEMT; Boston Scientific, Waterstone, MA, U.S.A.)
24 mm, 54 mm
(Nitinol stent; Stentech , Seoul, Korea)

(Fig. 1B).

, 3

(Fig. 2).

52

가 5
10

, 12
1

(right inferior accessory hepatic vein)

Budd - Chiari

(2).

(shunt operation)

(3).

가 가

가

(Fig. 1A).

Budd - Chiari

(Treat of choice)

(4).

(4).

1
2
3

2000 2 17

2000 7 10

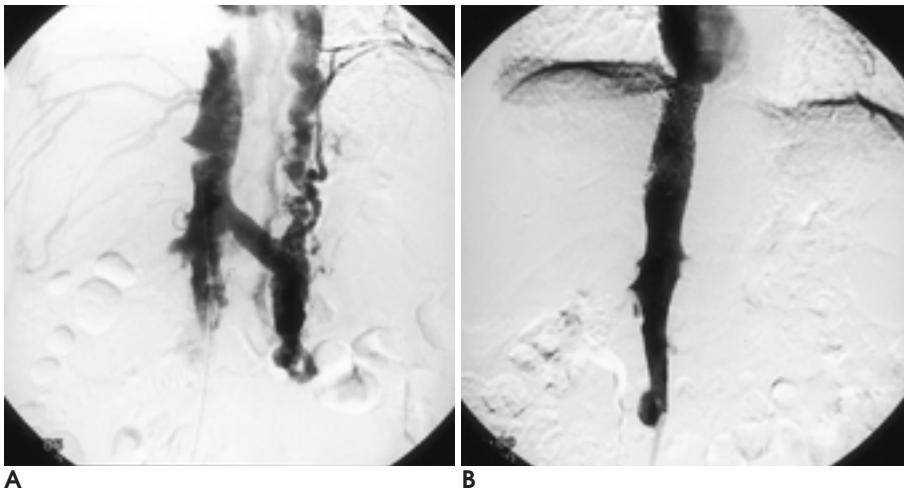


Fig. 1. Inferior vena cavogram
A. Initial venogram shows obstruction of suprahepatic segment of inferior vena cava and hepatic veins and development of collaterals.
B. After placement of expandable metallic stent, venogram shows recovered flow of inferior vena cava with disappearance of collaterals.



Fig. 2. Simple radiography obtained 3 hours after the procedure shows cardiomegaly and pulmonary congestion.

가

가가

(digitalis), (dobutamine)

(7).

1. Shigeru Furui. *Percutaneous Transluminal Angioplasty and Stent Placement for Obstruction of Hepatic Inferior Vena Cava*. In Man Chung Han, Jae Hyung Park. *Interventional Radiology*. Seoul Ilchokak 1999:355-363
2. Richard R, Lopez Jr, Kent G, et al. Expandable Venous Stents for Treatment of Budd-Chiari Syndrome. *Gastroenterology* 1991;100: 1435-1441
3. Ahn SS, Yellin A, Sheng FC, Colonna JO, Goldstein LI, Busuttil RW. Selective surgical therapy of the Budd-Chiari syndrome provides superior survivor rates than conservative medical management. *J Vasc Surg* 1987;5:28-36
4. Sparano J, Chang J, Trasi S, Bonanno C. Treatment of Budd-Chiari syndrome with percutaneous angioplasty: Case report and review of literature. *Am J Med* 1987;82:821-828
5. Shigeru F, Satoshi S, Toshiyuki I, et al. Hepatic Inferior Vena Cava Obstruction: Treatment of Two Types with Gianturco Expandable Metallic Stents. *Radiology* 1990;176:665-670
6. , , , , , : 1994;30:465-470
7. Elliot M. Antman. *Medical Management of the Patient Undergoing Cardiac surgery*. In Eugene Braunwald. *Heart Disease: A textbook of Cardiovascular Medicine* 5th edition. Vol. 2. Philadelphia: Saunders 1997:1715-1740

(2, 5).

(inti -

(radiating pain)

(6).

(migration)

mal hyperplasia)

Transient Right-sided Heart Failure after Percutaneous Transluminal Angioplasty (PTA) of Membranous Obstruction of Inferior Vena Cava: A Case Report²

Sung Bin Park, M.D., Deok Hee Lee, M.D.², Yeon Suk Kim, M.D.³
Seung Mun Jung, M.D.², Dae Sik Ryu, M.D.², Man Soo Park, M.D.²

¹*Department of Radiology, University of Ulsan, College of Medicine*

²*Department of Radiology, Kangnung Hospital*

³*Department of Internal Medicine, Kangnung Hospital*

We experienced a case of transient right-sided heart failure after angioplasty of membranous obstruction of the inferior vena cava confirmed by sonography and an inferior vena cavogram. Angioplasty involved the use of a self-expandable metallic stent, but after successful recanalization of the obstruction, the patient became dyspneic. Chest radiography revealed mild cardiomegaly with pulmonary congestion, but this was resolved spontaneously. For the prevention of serious heart failure, we recommend preprocedural evaluation of cardiac function.

Index words : Venae cavae, obstruction
Venae cavae, transluminal angioplasty
Interventional procedures, complications

Address reprint requests to : Deok Hee Lee, M.D., Department of Radiology, Kangnung Hospital, Asan Foundation
415 Bangdong-ri, Sacheon-myon, Kangnung-si, Kangwon-do 210-711, Korea.
Tel. 82-33-610-3489, 3484 Fax. 82-33-610-3010 E-mail: stent@medikorea.net

