



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرو فيلم



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جامعة عين شمس

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MONA MAGHRABY



BRONCHIAL ARTERY EMBOLIZATION AS A THERAPEUTIC STRATEGY FOR MANAGEMENT OF MASSIVE HEMOPTYSIS

Thesis

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Radiodiagnosis*

By

Heba Mounir Abdel Aziz

M.B.B.Ch, M. Sc Radiodiagnosis

Under supervision of

Prof. Laila Ahmad Abdurrahman

Professor of Radiodiagnosis

Faculty of Medicine – Ain Shams University

Dr. Ayman Mohamed Ibrahim

Assistant Professor of Radiodiagnosis

Faculty of Medicine – Ain Shams University

Prof. Shaimaa Abdelsattar Mohammad

Professor of Radiodiagnosis

Faculty of Medicine – Ain Shams University

Faculty of Medicine - Ain Shams University

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا نك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

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List of Abbreviations

Abb.	Full term
<i>AAo</i>	<i>Ascending aorta</i>
<i>BAE</i>	<i>Bronchial artery embolization</i>
<i>CBT</i>	<i>Common bronchial trunk</i>
<i>E-RBA</i>	<i>Ectopic right bronchial artery</i>
<i>GIT</i>	<i>Gastrointestinal tract</i>
<i>IBT</i>	<i>Intercostobrachial trunk</i>
<i>IC-CBT</i>	<i>Intercostal–common bronchial trunk</i>
<i>ILA</i>	<i>Interlobar artery</i>
<i>ILD</i>	<i>Interstitial lung disease</i>
<i>L</i>	<i>Lingula</i>
<i>LA</i>	<i>Left atrium</i>
<i>LB</i>	<i>Left main bronchi</i>
<i>LBA</i>	<i>Left bronchial artery</i>
<i>LIPV</i>	<i>Left inferior pulmonary vein</i>
<i>LLL</i>	<i>left lower lobe</i>
<i>LPA</i>	<i>Left pulmonary artery</i>
<i>LSPV</i>	<i>Left superior pulmonary vein</i>
<i>LTT</i>	<i>Left thyrocervical trunk</i>
<i>LUL</i>	<i>Left upper lobe</i>
<i>MDCT</i>	<i>Multidetector CT</i>
<i>MDCTA</i>	<i>MDCT angiography</i>
<i>MIP</i>	<i>Maximum intensity projection</i>
<i>ML</i>	<i>Middle lobe</i>
<i>PVA</i>	<i>Polyvinyl alcohol</i>
<i>RBA</i>	<i>Right bronchial artery</i>

List of Abbreviations *(Cont...)*

Abb.	Full term
<i>RIPV</i>	<i>Right inferior pulmonary vein</i>
<i>RLL</i>	<i>Right lower lobe</i>
<i>RPA</i>	<i>Right pulmonary artery</i>
<i>RSPV</i>	<i>Right superior pulmonary vein</i>
<i>RUL</i>	<i>Right upper lobe</i>
<i>SIR</i>	<i>Society of Interventional Radiology</i>
<i>SSD</i>	<i>Shaded-surface-display</i>
<i>T.B</i>	<i>Tuberculosis</i>
<i>TA</i>	<i>Truncus anterior</i>
<i>URT</i>	<i>Upper respiratory tract</i>

INTRODUCTION

Life threatening massive hemoptysis is one of the most challenging situations that is encountered in critical care necessitating an appropriate investigation. Regardless of advances in medical and emergency unit management, massive hemoptysis endures a grave threat (*Yoon et al., 2002*).

Hemoptysis, when massive and left untreated, has a mortality rate of >50%. Thus; it demands prompt identification of the hemorrhage source so that definitive therapy can be commenced to cease the bleeding (*Swanson et al., 2002*).

Death is predominantly due to asphyxiation resultant from blood aspiration, ending in airway obstruction (*Burke et al., 2004*). As per literature, 28% of the pulmonologists had experienced a patient's death from significant hemoptysis during a 1- year period (*Yoon et al., 2002*).

90% of life threatening hemoptysis is of bronchial artery origin (*Sidhu et al., 2008*). However, non-bronchial systemic arteries can be also a substantial source and a reason for recurrence after effective bronchial artery embolization (BAE) (*Agmy et al., 2013*).

The presently available approaches to patients with hemoptysis are conservative treatment, BAE, and surgery. Choosing the appropriate treatment relies primarily on the severity and urgency of the condition (*Anotnelli et al., 2002*).