Discussion

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DISCUSSION

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Ultrasound-directed compression (USDC) thrombosis of iatrogenic pseudoaneuryms and arterial venous fistulae resulting from diagnostic or therapeutic endoluminal catheterization has become widely accepted as a means of treating these complications. When successful, this technique avoids surgical intervention, reduces hospitalization costs, and reduces morbid risks. Unfortunately, USDC is not always effective or appropriate; therefore, it is essential to clarify indications and contraindications for its use. Therapeutic failures of USDC most commonly occur in treating patients with arteriovenous fistulae and in treating patients who have had cardiac stents placed, requiring aggressive posttreatment anticoagulation. Unless arteriovenous fistulae are hemodynamically significant they probably should not be treated at all. Unless the coagulation system can be normalized, compression thrombosis of pseudoaneuryms will likely not succeed, and in this setting, surgery is more appropriate than compression therapy. USDC is most effective in the treatment of pseudoaneuryms that develop from diagnostic contrast arteriography and/or therapeutic balloon angioplasty, which does not require extended anticoagulation management.