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A New Complication of Coil Occlusion Treatment for Renal AV Malformation (AVM); Migration of Coil from Kidney to Descending Colon

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Eventhough renal AV malformation (AVM) is uncommon clinical entity, it can be symptomatic to causes hypertension, congestive heart failure and hematuria. When symptom develop, active treatment using percutaneous transarterial embolization of renal AVM could be a therapeutic option. Recently we experienced migration of coil that used for embolization of renal AVM from kidney to descending colon. Case : A 41-year-old woman admitted for hematochezia and left low quadrant pain for several weeks. 10 years ago she developed dyspnea and gross hematuria and diagnosed as renal arterial aneurysm with AVM. After renal angiogram, transarterial fistula occlusion using coil was done. After that her gross hematuria and dyspnea disappeared and followed for 10 years with antihypertensive medication. Follow up renal ultrasonography showed echogenic lesion with posterior shadowing in left upper pole portion that was supposed to metalic embolized material in KUB. Ultrasonography also showed atrophy and progressive thining of renal cortex. Her serum creatinine level was within normal range. At the time of LLQ pain, barium study showed 5-6 segment length mucosal stiffness and thickening. Colonoscopy showed guide wire like foreign material at 40cm from anal verge. Segmental resection of descending colon, left nephrectomy and splenectomy was done. Gross finding showed penetration of renal capsule and colonal wall by foreign body with abscess formation. Focal necrosis, colonal ulcer and fistulous tract between kidney and large intestine was observed. After operation her hematochezia and abdominal pain disappeared. We think that penetration of kidney was occurred because so large amount of coil was used to occlude large arterial aneurysmal sac with AVM. We must be aware of this porentially dangerous complicaion in transarterial coil embolization for AVM.