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*primary studies - published, non RCT*

## **Bronchial artery embolization for hemoptysis in young patients with cystic fibrosis.**

**Code:** PM12091671

**Year:** 2002 **Date:** 2002

**Author:** Barben J

### **Study design (if review, criteria of inclusion for studies)**

review of 15-year experience by searching the 1985-1999 radiology database

### **Participants**

23 young patients who had been referred to the radiology department for angiography.

### **Interventions**

Bronchial artery embolization (BAE)

### **Outcome measures**

The medical records were retrospectively reviewed with regard to embolization success rates, number of repeat embolizations, survival times, and causes of death.

### **Main results**

BAE was performed on 38 occasions in 20 patients. The mean age of patients at first BAE was 15 years (age range, 7-19 years). The majority (n = 34 [89%]) of BAEs were performed by using polyvinyl alcohol. The immediate success rate after BAE (ie, no recurrent bleeding within 24 hours) was 95% (36 of 38 BAEs). Eleven (55%) patients required more than one BAE, and the median time between first and second embolizations was 4 months (range, 5 days to 61 months). Three patients died as a consequence of severe hemoptysis during induction of anesthesia with intermittent positive pressure ventilation in preparation for BAE. The median survival duration after the first BAE (Kaplan-Meier estimate) was 84 months (average follow-up, 61 months; range, 5 days to 169 months).

### **Authors' conclusions**

BAE had a high success rate for short-term control of bleeding; however, more than half the patients required repeat embolization during the long-term follow-up.

### **See also**

Radiology. 2002 Jul;224(1):124-30.

### **Keywords**

Hemoptysis; Respiratory Tract Diseases; Bronchial artery embolization; non pharmacological intervention - surg;