

Management of Massive Hemoptysis with Bronchial Artery Embolization (BAE): A Single Center Experience

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Abstract

Objectives:

To report our experience regarding bronchial artery embolization (BAE).

Material and Method:

From November 2015 to September 2016, eight patients (8 males, mean age 50y) were treated for massive hemoptysis in our unit. Hemoptysis was caused by bronchiectasis (n=2), active tuberculosis (n=5), and pulmonary hypertension (n=1). These patients often presented with continuous bleeding with a large volume of hemoptysis or recurrent episodes of bleeding. Bronchoscopic assessment and interventions were performed upon admission in all patients.

Results:

Eight patients were treated with bronchial artery embolisation, which was successful in all patients without any complications. BAE is a minimally invasive procedure to control severe hemoptysis.

Conclusion:

BAE is a useful therapy to control both acute and chronic hemoptysis. It is important to embolize nonbronchial systemic arteries at the same setting if they are angiographically shown to be contributing to the blood supply. It is also important to treat the underlying pulmonary process to decrease vascularity and the development of vascular collaterals. BAE may help to avoid surgery in patients who are not good surgical candidates. Mortality rate is low in BAE as compared to surgery.