Arteriovenous fistulas after ultrasound-guided needle biopsy of kidney allografts and treatment outcomes after transcatheter embolization: A single-center experience in Japan

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Allograft biopsy 2010-2016@St. Marianna 16G biopsy gun (N=270 in 129 recipients)



Post-biopsy AVF N=7 (2.6%)



IVR N=7 (100 %)

(mg/dL)		
3.5		
3		_
2.5		
2	The state of the s	— case1
-		case5
1.5		case6
1		case7
	p=0.07	
0.5	p=0.07 p=0.72	
o L	p=1.00	_
	re biopsy At the Before TE 48-72 hr 1 month 3 months 6 months 12 mon	the

Case no.	Indication for TE	Double Shunt*	Contrast- medium volume (ml)	CIN prophy- laxis	Infarc- tion area (%)
1	Gross hematuria bladder tamponade	Yes	85	No	3.5
2	Gross hematuria hemor- rhagic shock	No	90	No	7.8
3	Gross hematuria bladder tamponade	Yes	89	No	6.6
4	Gross hematuria anemia progression	No	64	No	27.2
5	Bruit WAF non-sponta- neous closure	No	unknown	Yes	12.0
6	Bruit WAF non-sponta- neous closure	Yes	7.8	Yes	29.5
7	WAF	Yes	10.4	Yes	10.4

Conclusion:

Super- selective transcatheter embolization is a safe and immediate treatment for not only symptomatic, but also asymptomatic AVFs.