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A 46 year-old woman with a history of hypertension, uremia on regular dialysis was referred from nephrologist for inadequate flow during dialysis for percutaneous transluminal angioplasty (PTA). Left radio-cephalic AV fistula with thrill over anastomotic site was noted. A 6 Fr sheath was inserted to distal left radial artery and bifurcation lesion was noted over radial artery and juxta-anastomotic cephalic vein lesion. The arterial lesion was crossed with a .014" PT2 wire and venous lesion was crossed with a .035" Terumo wire. This bifurcation lesion was dilated with kissing balloon technique. The arterial lesion was dilated with a 3.5/20 mm Sprinter balloon at 6 atm and venous lesion was dilated with a 6.0/40 mm Reef balloon at 20 atm. Final kissing was performed (A: 3.5/20 mm Sprinter balloon at 6 atm, V: 6.0/40 mm Reef balloon at 10 atm). Adequate angiographic result with good flow was noted after PTA. Conclusion: For bifurcation lesion involving both arterial and venous anastomotic site in AV fistula, kissing balloon technique is a good way to avoid plaque shifting during PTA procedure.