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**CARDIOVASCULAR FLASHLIGHT**

A late acquired ‘black hole’ after ablation-induced damage to the circumflex artery

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**Case description**

A 45-year-old male patient underwent a re-redo ablation due to recurrent left atrial (LA) flutter after pulmonary vein isolation and mitral isthmus ablation at first redo. After confirming recurrent perimital flutter, closing of the gap at the ventricular side of the mitral isthmus line by radiofrequency ablation (48°C, 40 W, 60 s) (Panel A, red dots) terminated the flutter (Panel B, arrow) but further consolidation ablation resulted in ST-segment elevation in the inferior leads (Panel C). Urgent coronary angiography showed an acute subocclusion of the left circumflex (LCx) coronary artery (Panel D) for which a drug-eluting stent (4.0 × 22 mm) was implanted (Panel E).

Further course was uneventful until transthoracic echocardiogram 1 year after ablation revealed the presence of an abnormal colour Doppler flow signal in the LA. Transoesophageal echocardiography (Panel F) (see Supplementary material online, Movie S1) confirmed the presence of a broad jet during diastole from the lateral-inferior LA to the left ventricle and turbulent flow between the LCx and LA (Panel G, asterisk). Coronary angiography showed the presence of a ‘black hole’, a small chamber beyond the LCx artery, filled of dye (Panel H, asterisk), connecting the LCx and LA (see Supplementary material online, Movie S2). The fistula arose at the same level of the previously implanted stent (Panels D, E, and H). Intravascular ultrasound (IVUS) showed intracoronary turbulent flow with similar echogenicity both at the level of the stent and the fistula (Panel I, asterisk). A covered-stent 4.0 × 18 mm (Panel J) successfully occluded the fistula, as confirmed by IVUS (Panel K).

Supplementary material is available at *European Heart Journal* online.

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