

Reply to: Endovascular embolisation with Amplatzer vascular plug of ruptured pulmonary artery aneurism in Behçet's disease: a commentary

Sirs,

After the endovascular intervention (1), our patient with Behçet's disease (BD) and pulmonary artery aneurism was under control almost one year with infliximab therapy with good clinical response and no radiological progress until this complication reported by Kosar *et al.* (2). It is known that vascular interventions, especially in the active disease period, may have more complications in BD with vascular involvement than other conditions (3). In this patient, endovascular Amplatzer™ vascular plaque (AVP-AGA Medical Corp., Plymouth, MN, USA) was performed during active disease due to massive haemoptysis, since there was no other alternative than pneumectomy because of the size of the aneurysm. Despite intensive medical therapy, continued

vascular inflammation may have led to fistulation of the plug to the bronchus in early post-procedure period. Also, the addition of infection may have revealed the migration of vascular plug by causing atelectasis. Pneumectomy was inevitable at this time. After the surgery, infliximab treatment was started again, and the patient is still in our follow-up with good clinical condition.

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