Our patient had mesangioproliferative glomerulonephritis with Ig G and C3 deposition in mesangium and basal membranes of glomerular capillaries. Presence of mesangioproliferative glomerulonephritis with Ig G deposition is rare in association with psoriasis. The patient responded well to weekly methotrexate (15 mg) injection. Methotrexate had not been tried previously in psoriatic nephropathy or reported to be effective in it.

Conclusion
Psoriatic nephropathy is a recently described disorder. Routine urinalysis, kidney function assessment and a wider application of renal biopsy in psoriatic patients may be helpful to detect renal involvement (subclinical or overt nephropathy). Psoriatic nephropathy may respond to methotrexate like psoriatic arthritis. Large trials are needed to establish the role of methotrexate in psoriasis associated nephropathy.

References

Radial Arterio-venous Fistula following Transradial Coronary Angiography

SR Mittal*

Abstract
A case of clinically detectable arterio-venous fistula following coronary angiography by right radial approach is reported. It is a rare complication. It may be clinically detectable only days or weeks following the procedure.

Introduction
Arteriovenous fistula formation is a known complication of percutaneous catheterization procedure from femoral approach. Clinically manifest arterio venous fistula is a rare complication of radial approach. This is due to easy compressibility of radial artery and absence of major veins around it.1, 2

Case Report
A 70 years hypertensive female underwent coronary angiography from right radial route three months back. It revealed critical stenosis of proximal right coronary artery. She underwent angioplasty and stenting from right femoral route.

Fig. 1: Colour flow imaging showing close proximity of radial artery and vein with communication between the two vessels

Fig. 2: Pulsed Doppler evaluation of radial artery showing high velocity diastolic flow

*Dept. of Cardiology, St. Francis Hospital, Ajmer
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Patient reported to our casualty department with the complaint of uneasiness. On routine examination of right radial pulse, a continuous thrill was felt. Auscultation revealed a continuous murmur, thrill and murmur disappeared on compression of radial artery above the site of puncture. Previous medical records had no mention of this finding. This was relevant in view of common practice of examination of pulse from right wrist. Systemic blood pressure was 150/80 mm of Hg. There was no evidence of hyperdynamic circulation or cardiac overload.

On colour Doppler imaging over the site of thrill radial artery and vein were seen in close proximity with communication between the two vessels (Fig. 1). On pulse Doppler evaluation radial artery flow had high velocity diastolic component (Fig. 2) suggestive of low resistance flow. Interrogation of radial vein revealed high velocity flow signal (Fig. 3) resembling those of an artery. Findings were suggestive of arterio-venous communication.

**Discussion**

Normally there is no vein of significant caliber in the vicinity of radial artery. In this patient the vein was in close proximity of radial artery as seen on colour flow imaging. This could have resulted in simultaneous transaction of the radial artery and vein during transradial procedure. Inadequate compression of local site could have prevented total occlusion of such a communication. Local arteriosclerosis and systemic arterial hypertension could also be contributory. Arteriovenous fistulas following catheterization procedure may not be clinically evident until days after catheterization.³ Such fistula may enlarge with time.³ Small caliber of vessels probably prevented any systemic manifestation.

**References**