

Aneurisma Carotídeo recanalizado

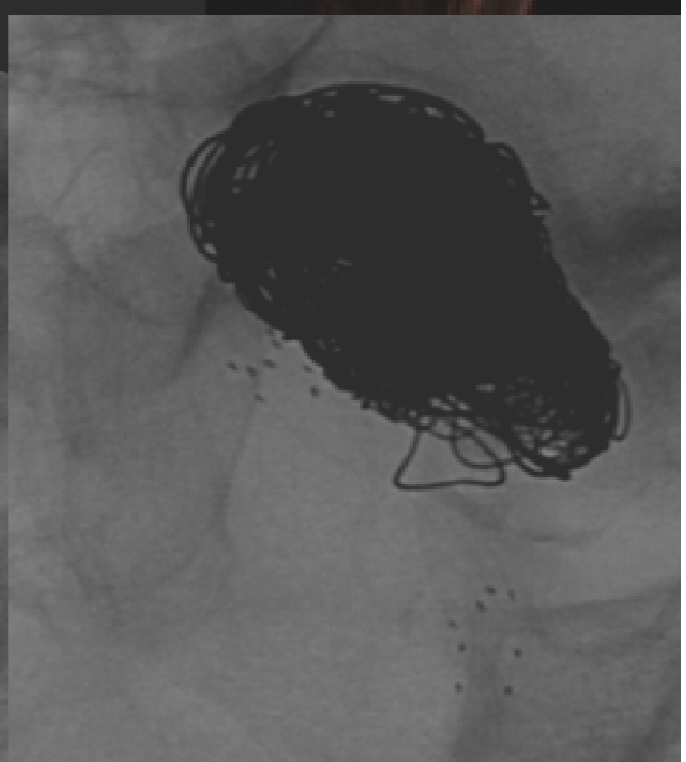
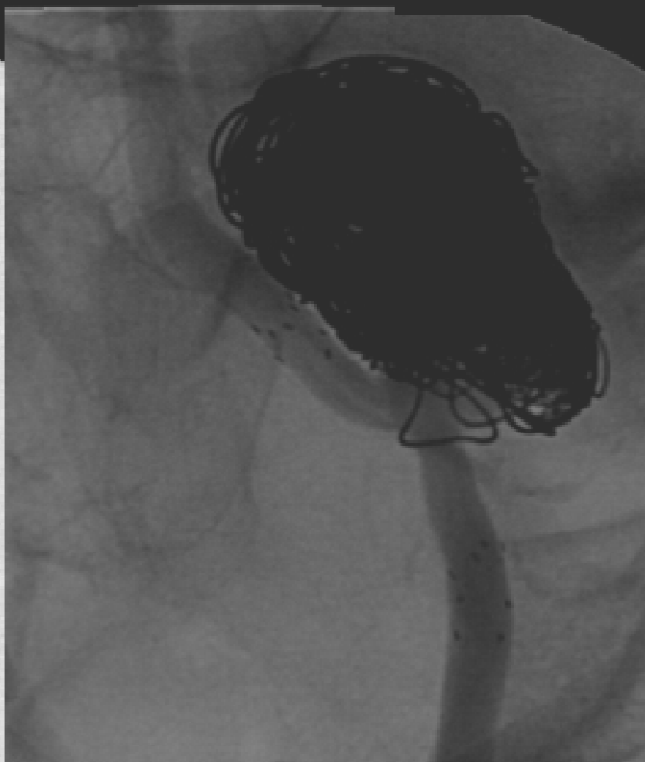
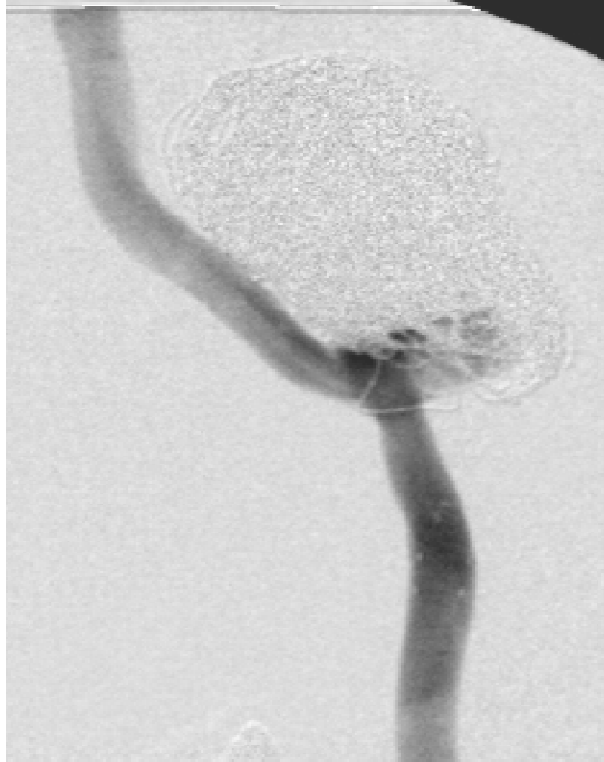
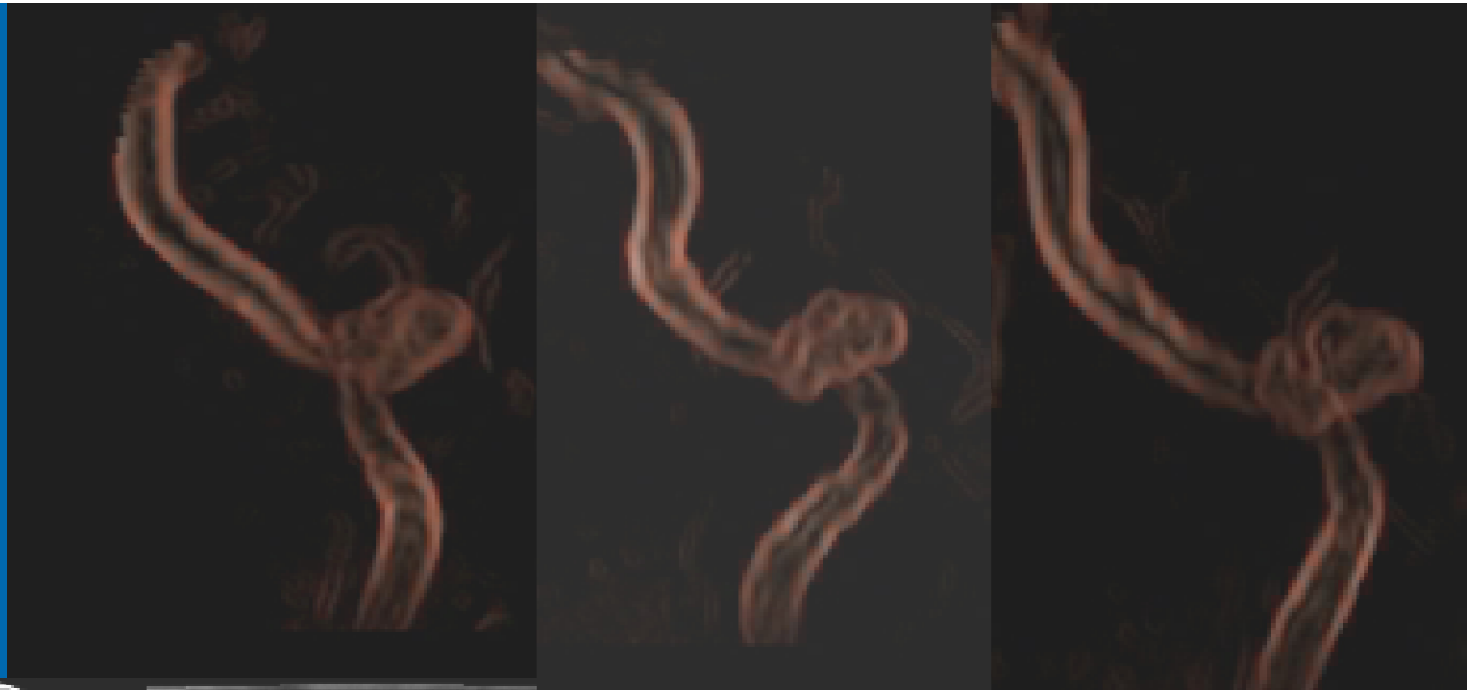
Tratamiento con stent flow diverter



Antecedentes

- Cefaleas, Rm Craneal .
- Aneurisma incidental carótideo gigante .
- Tratamientos múltiples previo al año 2010 fuera de nuestro centro .
- Terapéutica con coiling (2 oportunidades) y stenting (2 oportunidades, stents neuroform y solitaire).
- Arteriografías y Angio Rm de control (2010-2014) , persistencia de resto de cuello aneurismático de 10 mm durante 4 años.

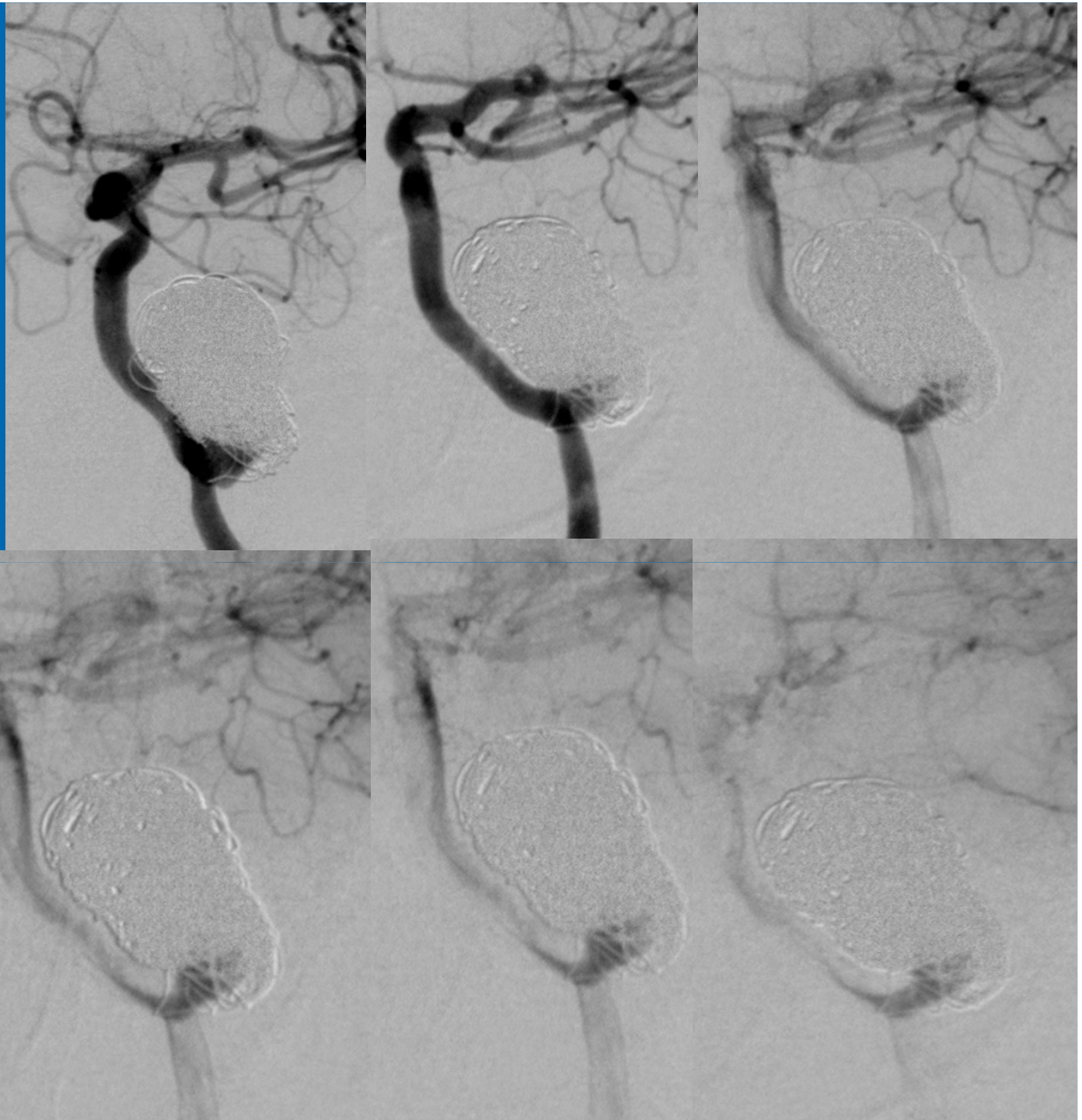
Imágenes de
Angio Rm y
Arteriografía
cerebral pre
procedimiento.



Aneurisma Carotídeo recanalizado. Tratamiento con stent flow diverter

- Procedimiento:
- Anestesia general.
- Introdutor 6 f, 5000 u de heparina ,doble antiagregación durante 7 días (300 mg de aspirina-75 mg de clopidogrel).
- Catéter Navien 6 f, guía de intercambio Transend 0014, 1 stent Flow diverter Surpass 4 mm x 30 mm.

Imágenes de
Arteriografía
cerebral post
procedimiento



Surpass Flow Diverter in the Treatment of Intracranial Aneurysms: A Prospective Multicenter Study

A.K. Wakhloo, P. Lylyk, J. de Vries, C. Taschner, J. Lundquist, A. Biondi, M. Hartmann, I. Szikora, L. Pierot, N. Sakai, H. Imamura, N. Sourour, I. Rennie, M. Skalej, O. Beuing, A. Bonafé, F. Mery, F. Turjman, P. Brouwer, E. Boccardi, L. Valvassori, S. Derakhshani, M.W. Litzenberg, and M.J. Gounis, for the Surpass Study Group

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ABSTRACT

BACKGROUND AND PURPOSE: Incomplete occlusion and recanalization of large and wide-neck brain aneurysms treated by endovascular therapy remains a challenge. We present preliminary clinical and angiographic results of an experimentally optimized Surpass flow diverter for treatment of intracranial aneurysms in a prospective, multicenter, nonrandomized, single-arm study.

MATERIALS AND METHODS: At 24 centers, 165 patients with 190 intracranial aneurysms of the anterior and posterior circulations were enrolled. The primary efficacy end point was the percentage of intracranial aneurysms with 100% occlusion on 6-month DSA. The primary safety end point was neurologic death and any stroke through a minimum follow-up of 6 months.

RESULTS: Successful flow-diverter delivery was achieved in 161 patients with 186 aneurysms (98%); the mean number of devices used per aneurysm was 1.05. Clinical follow-up (median, 6 months) of 150 patients (93.2%), showed that the primary safety end point occurred in 18 subjects. Permanent neurologic morbidity and mortality were 6% and 2.7%, respectively. Morbidity occurred in 4% and 7.4% of patients treated for aneurysms of the anterior and posterior circulation, respectively. Neurologic death during follow-up was observed in 1.6% and 7.4% of patients with treated intracranial aneurysms of the anterior and posterior circulation, respectively. Ischemic stroke at ≤ 30 days, SAH at ≤ 7 days, and intraparenchymal hemorrhage at ≤ 7 days were encountered in 3.7%, 2.5%, and 2.5% of subjects, respectively. No disabling ischemic strokes at > 30 days or SAH at > 7 days occurred. New or worsening cranial nerve deficit was observed in 2.7%. Follow-up angiography available in 158 (86.8%) intracranial aneurysms showed 100% occlusion in 75%.

CONCLUSIONS: Clinical outcomes of the Surpass flow diverter in the treatment of intracranial aneurysms show a safety profile that is comparable with that of stent-assisted coil embolization. Angiographic results showed a high rate of intracranial aneurysm occlusion.