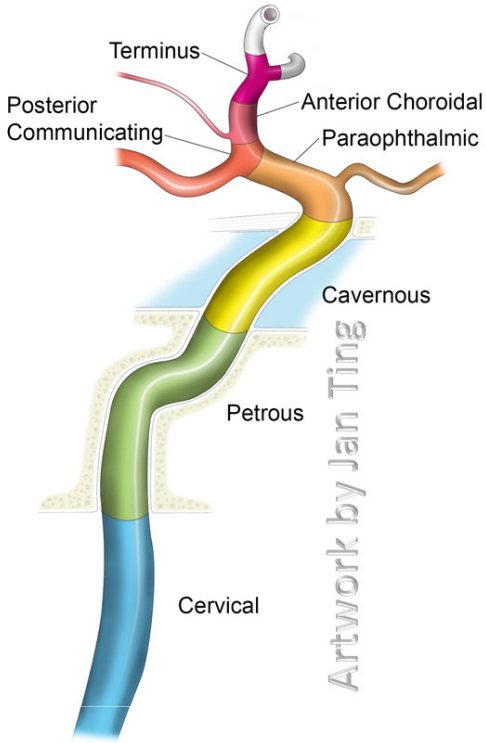
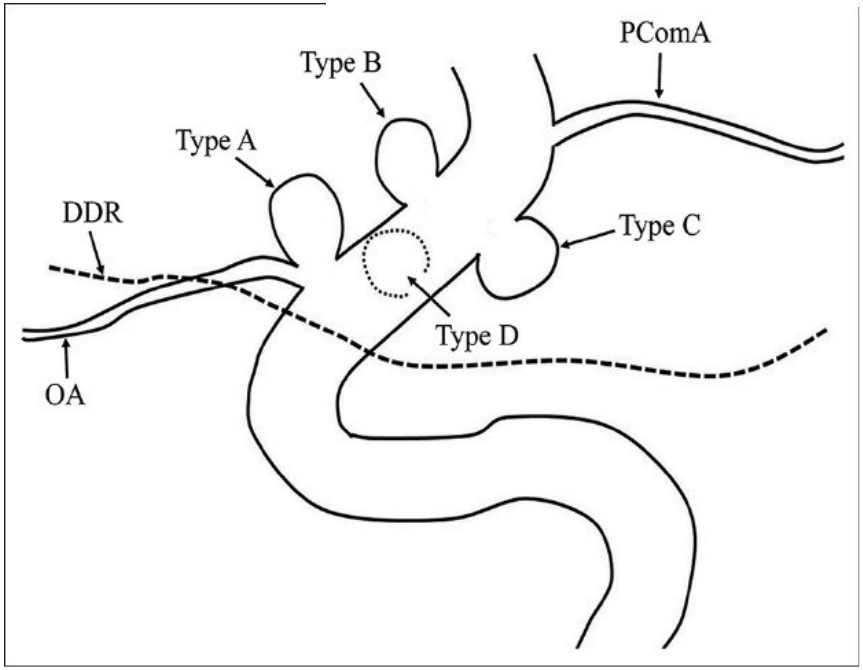
Malformación arteriovenosa epicraneal Aneurisma carotideo paraoftálmico .

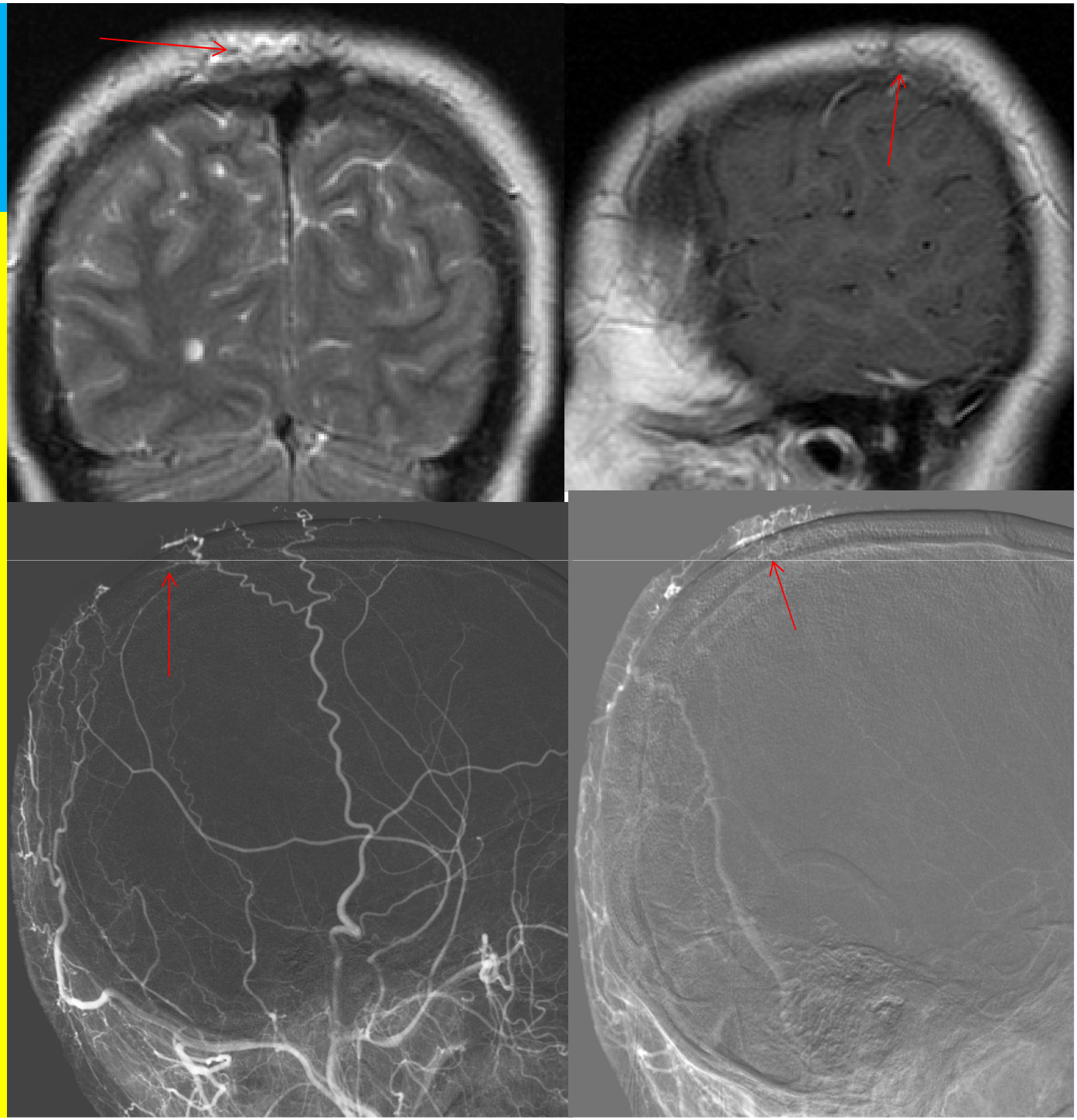
- Intervenido en el año 2007 de Malformación arteriovenosa epicraneal parietal derecha.
- Arteriografía post quirúrgica de control sin imágenes de lesión.
- En 2014 se solicita Rm Craneal por lesión sobreelevada a nivel parietal derecho.
- Sospecha de recidiva de Mav epicraneal previamente intervenida.
- Arteriografía cerebral



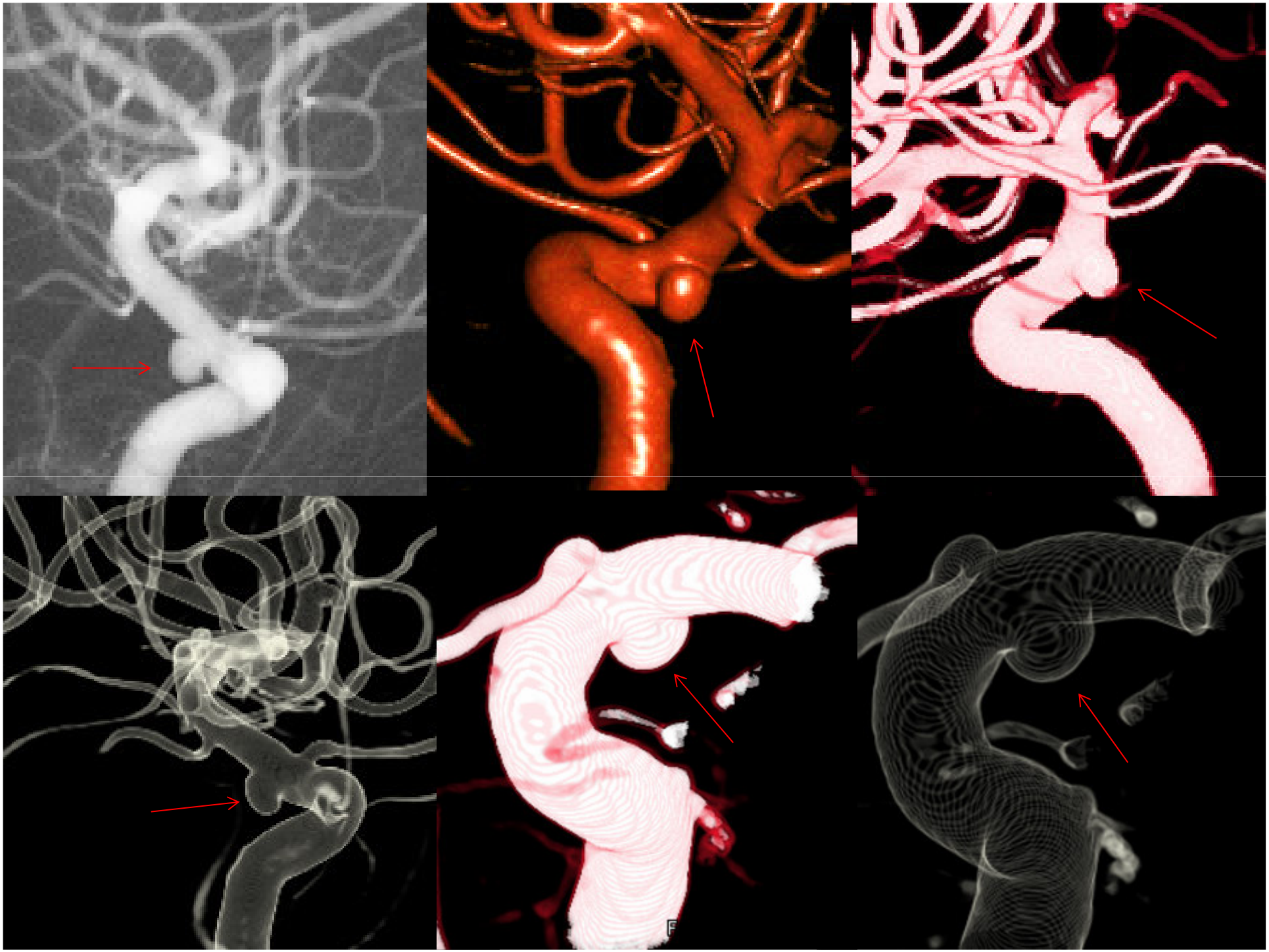


Rm Craneal. Arteriografía cerebral.

- RM CRANEAL:
- Lesión epicraneal sin extensión intracraneal o intraparenquimatosa.



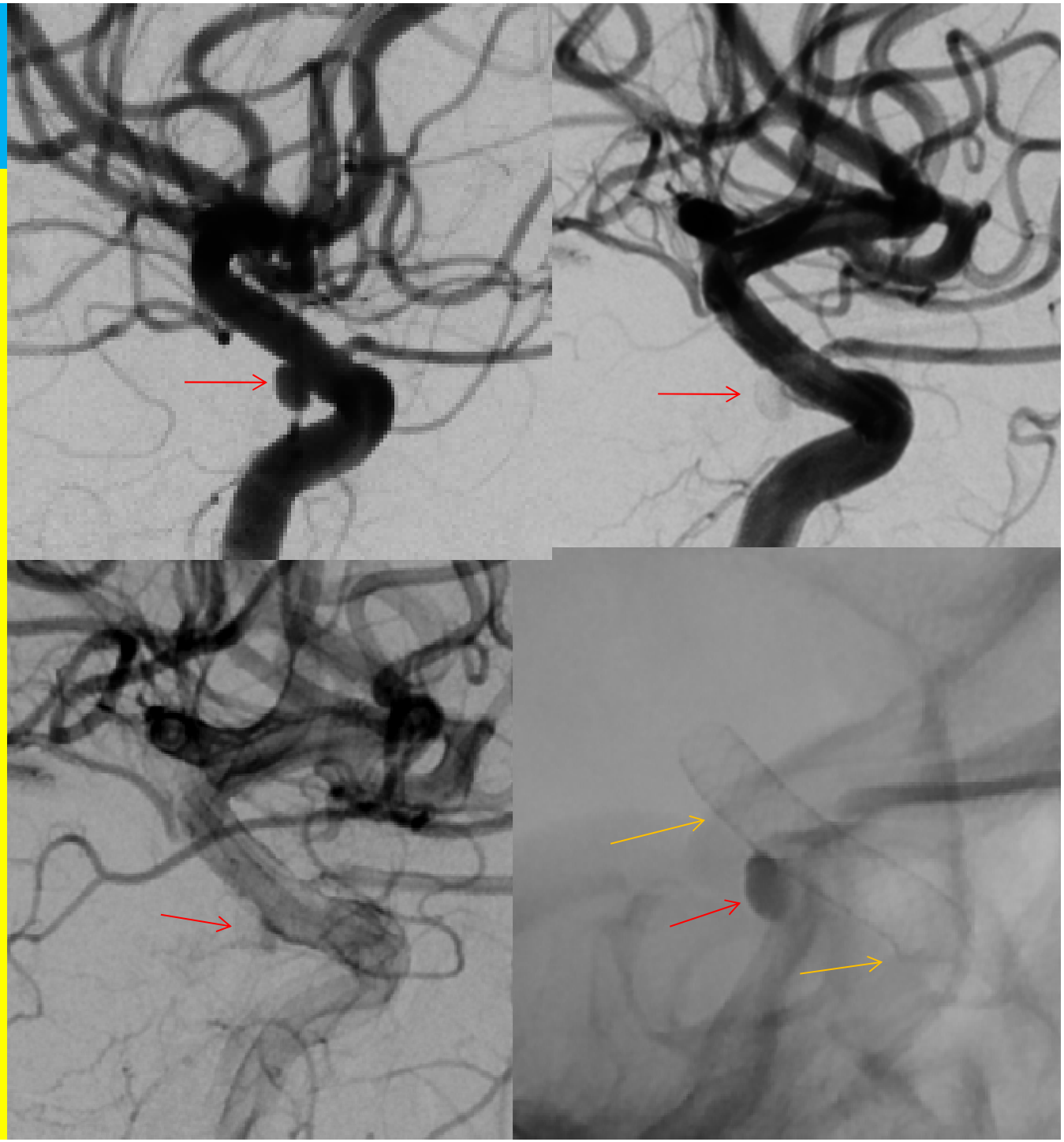
- ARTERIOGRAFÍA CEREBRAL:
- Lesión vascular epicraneal parietal derecha, sin cambios respecto a la arteriografía post quirúrgica del año 2004.
- Aneurisma sacular incidental porción oftálmica de la arteria carótida interna derecha



Arteriografía cerebral

- Aneurisma sacular del segmento oftálmico de la arteria carótida interna .

- Tratamiento endovascular :
- Stent diversor de flujo (Surpass 4mm x 20 mm) en arteria carótida interna .
- En series de control, se objetiva imagen de trombosis del aneurisma carotídeo.



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Surpass flow diverter in the treatment of intracranial aneurysms: a prospective multicenter study.

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Author information

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.