

Treatment Of Visceral And Renal Artery Aneurysms: Technical Tips And When To Use Coils, Covered Stents Or Uncovered Stents: How To Maintain Critical Arterial Flow

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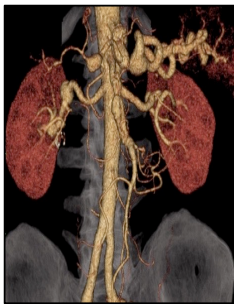
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Disclosure Statement of Financial Interest	
Company	Affiliation / Financial Relationship
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>▪ No disclosures</p> </div>	

Main Technical Tips Percutaneous Transcatheter Coil Embolization (PTCE)

Preoperative – CT Scan

- Size
- Neck
- Artery
- Localization
- Length
- Diameters
- Access
- Number of coils



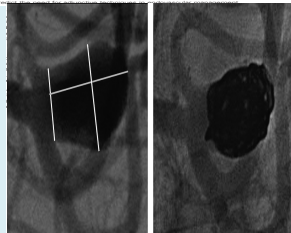
Technical Tips

ORIGINAL RESEARCH
W. Higuchi, H. Uchiyama, D.F. Kallrath

BACKGROUND AND PURPOSE: Aneurysm geometry has been shown to predict the need for adjunctive techniques in the endovascular treatment of intracranial aneurysms. We conducted a systematic literature study assessing the feasibility of stents for neck, tubular, fusiform, and saccular aneurysms based on dome-to-neck ratio.

Difficult Aneurysms for Endovascular Treatment: Overwide or Undertall?

- ◆ Dome-to-neck ratios
 - > 1.6 usually did not require adjunctive techniques
- ◆ Dome-to-neck ratio < 1.2 almost always required adjunctive techniques



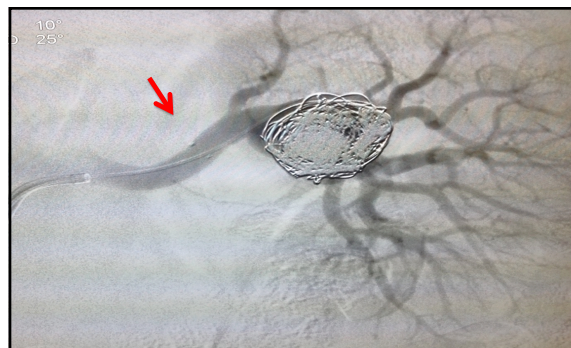
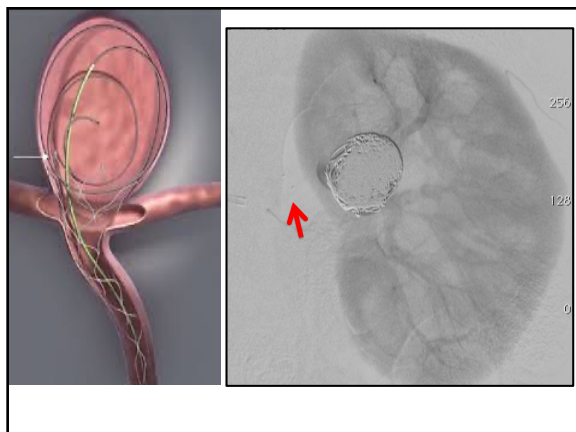
Angiographic Technique: Typically, 10- and 15-catheters were placed into the internal carotid arteries to visualize aneurysms. All of the 100 measurements were performed by using a digital angiography suite (Integrige, Philips Medical Systems, Best, the Netherlands). A reference of the neck of aneurysm, correct necklines was indicated through a 2- to 4-cm catheter by use of an injector with radiopaque end tip. Digital 2D images of the same aneurysms were usually obtained. Rechecked by including patient.

Technical Tips

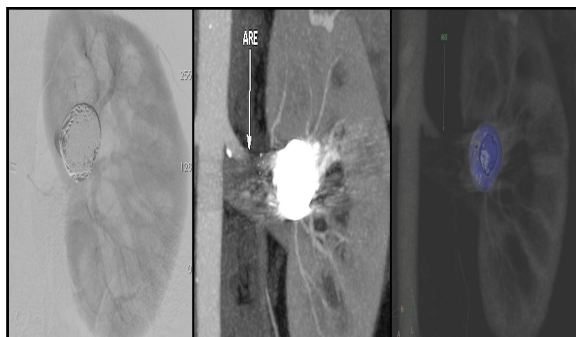
- GENERAL ANESTHESIA
- TRANSFEMORAL OR TRANSBRAQUIAL
- AORTOGRAM, SELECTIVE VESSEL
- COAXIAL TECHNIQUE
- ROAD-MAPPING
- “SCAFFOLDING”

Dual Antiplatelet Therapy

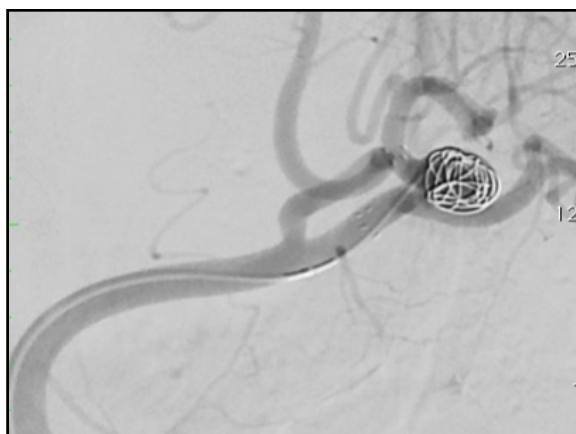


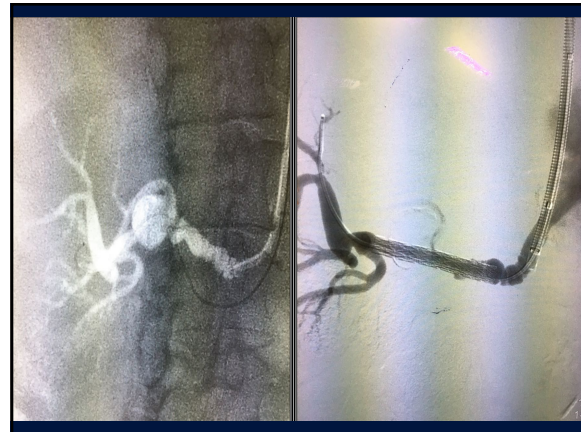
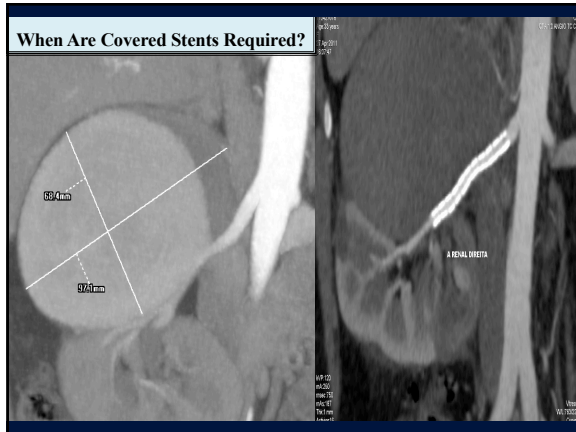


The goal of the treatment is to prevent aneurysm expansion by excluding it from the arterial circulation, saving branches, patency, and freedom from rupture or reperfusion



CT CONTROL
Exclusion of an Intraparenchymal Saccular Aneurysm - 27 x 20 mm





CONCLUSIONS

- The Endovascular Treatment with embolization technique of VAAs is feasible, safe, and should be done with low risk .
- Meticulous and individualized planning is necessary to get positive results.
- Endovascular treatment is the first line of option for VAAs, however if there is any technical or anatomical restriction, don't forget that open surgical approach is always an option .

Thank you !

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