

WORLD LIVE NEUROVASCULAR CONFERENCE
Los Angeles, 15-17 MAY 2017

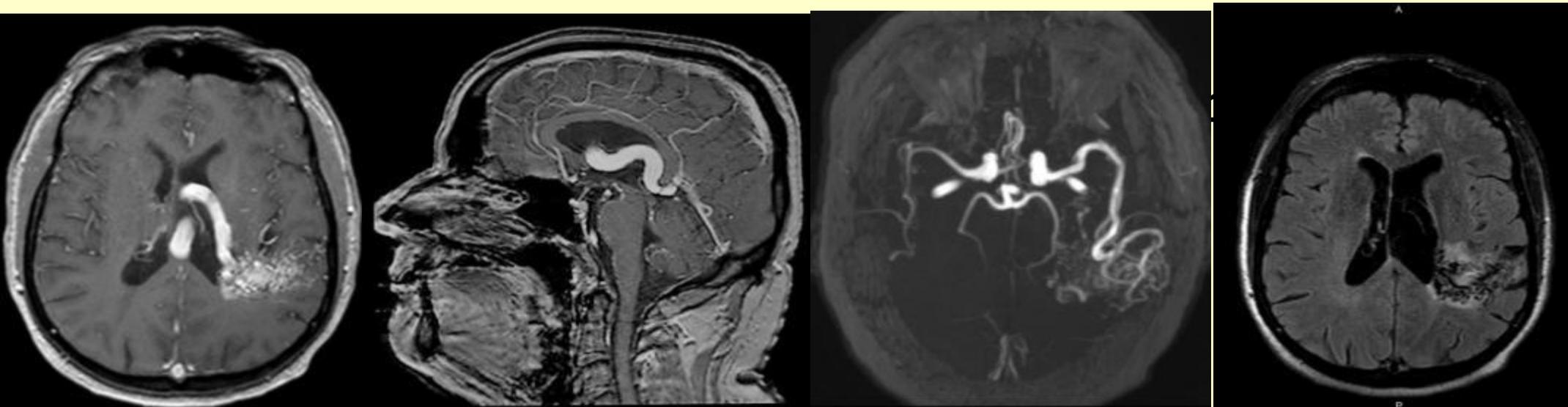
LIVE CASE EARLY CLINICAL FOLLOW-UP 2.

*Cure of Brain AVM by transvenous approach by
Prof. Charbel Mounayer
INR Department, Dupuytren Hospital , University
Center Limoges*

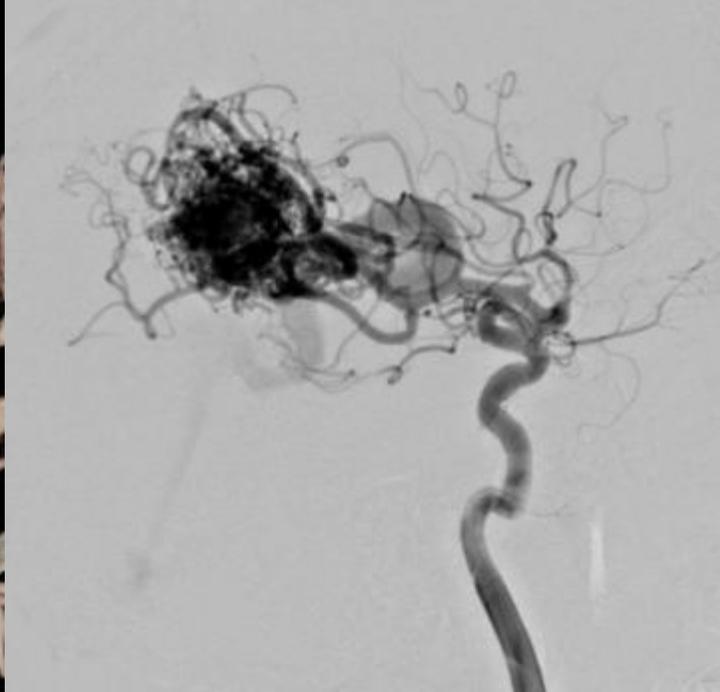
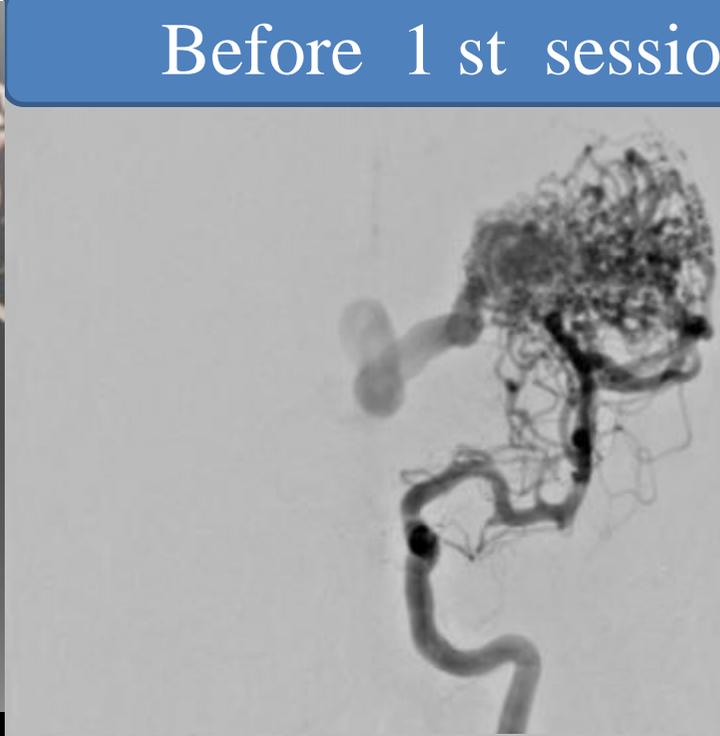
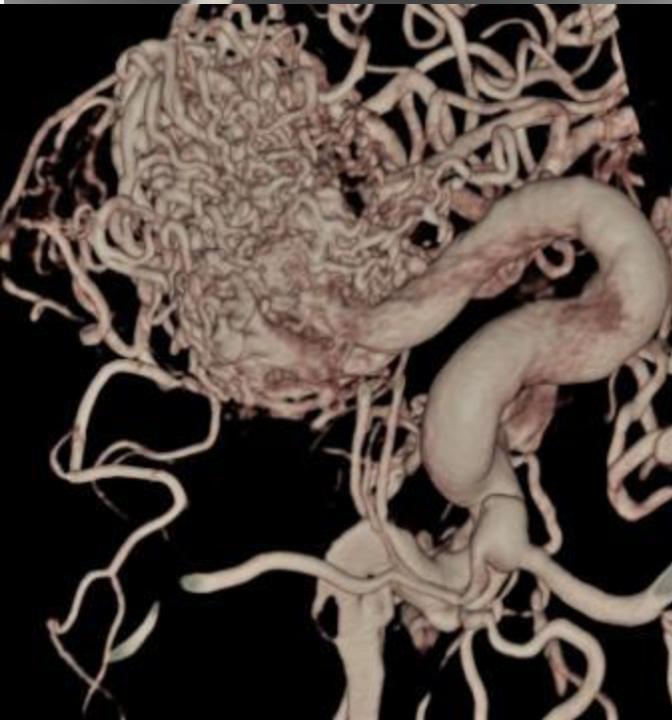


Case Report

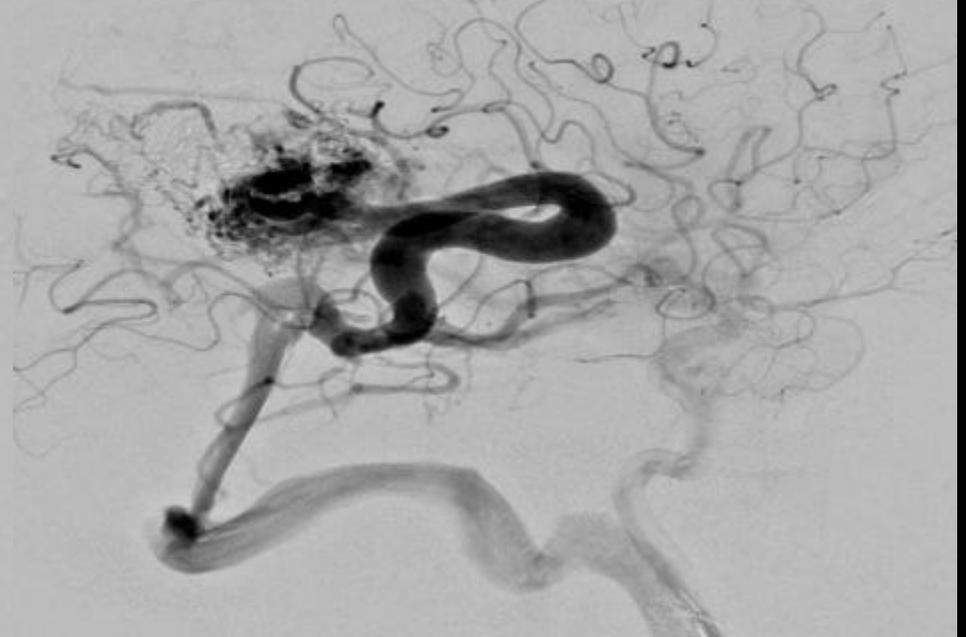
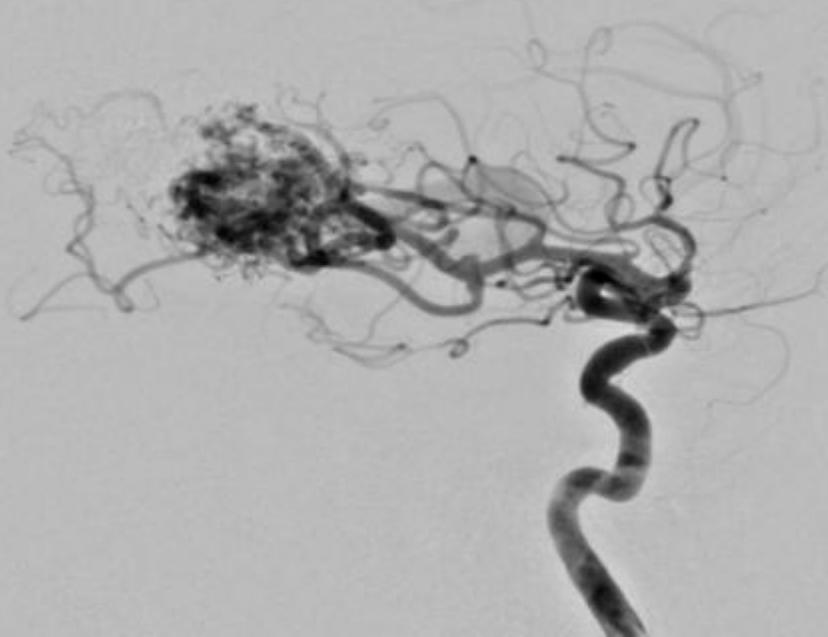
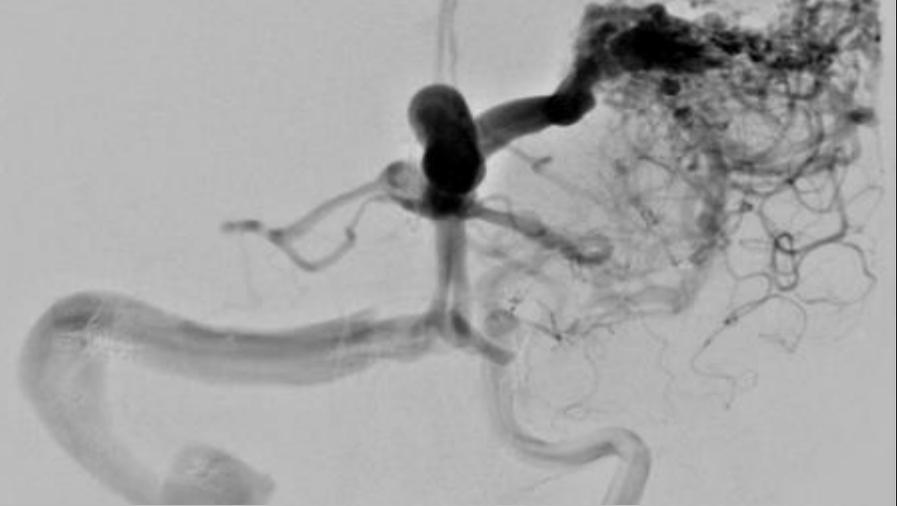
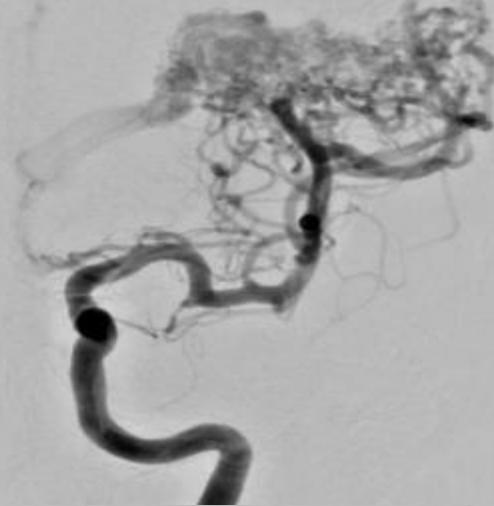
- 63 year-old male, diabetic
- 15 days of progressive **right hemiparesis**
- Contrast head MR (**25/03/2016**)
 - Left posterior parietal AVM with deep drainage and a dilated vein
 - No ischemia



Before 1 st session

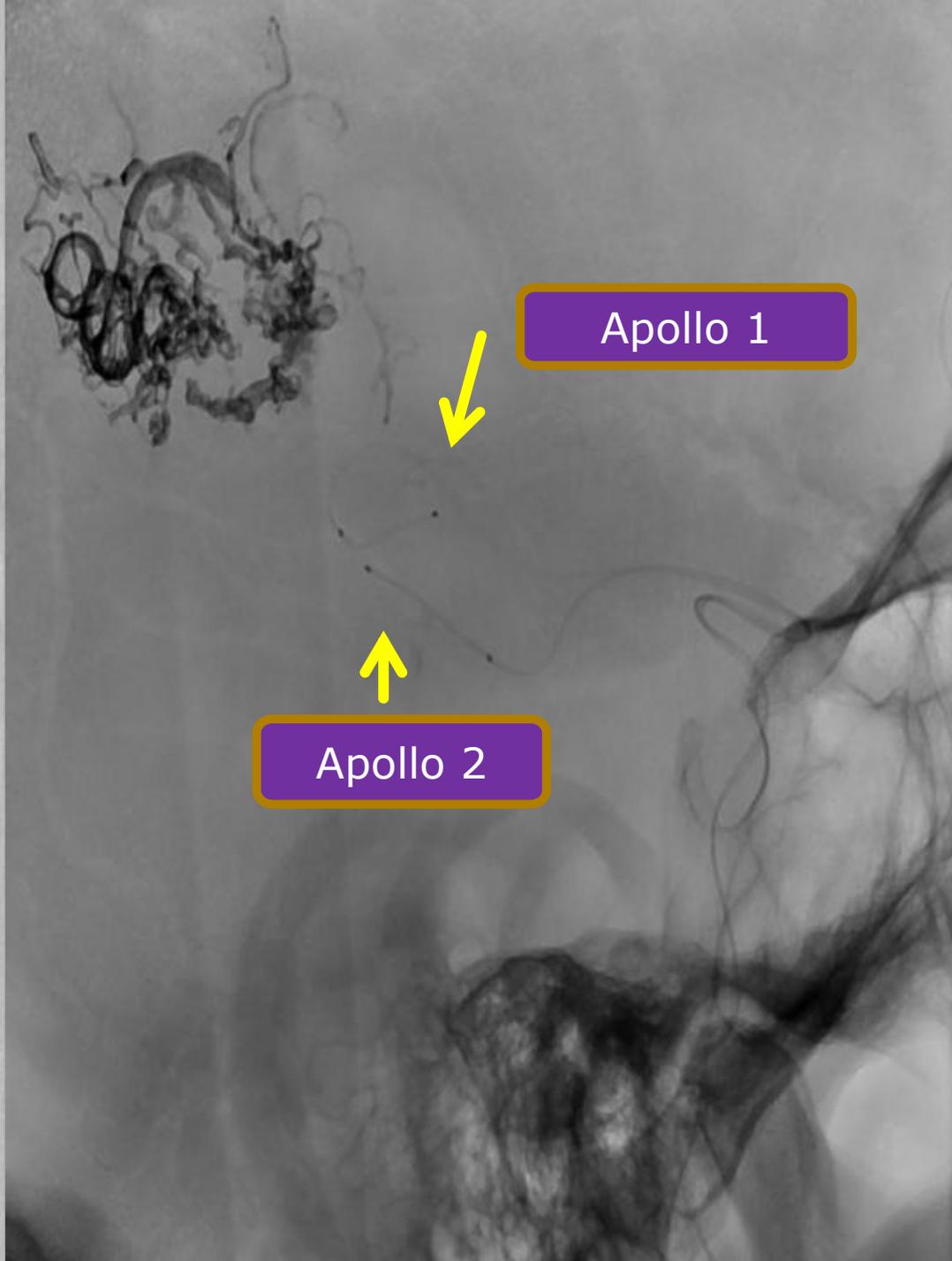


After 1 st session



Second session 17/05/2017

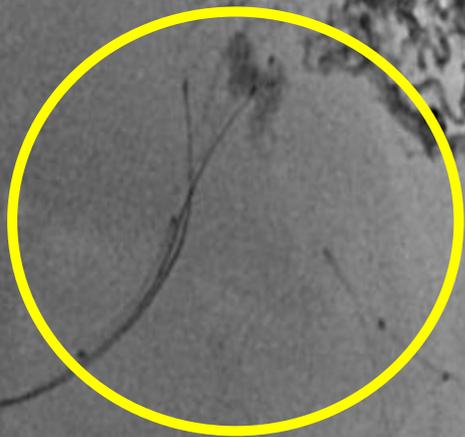
Arterial side



Apollo 1

Apollo 2

Venous side



Marathon 2

Echelon 10

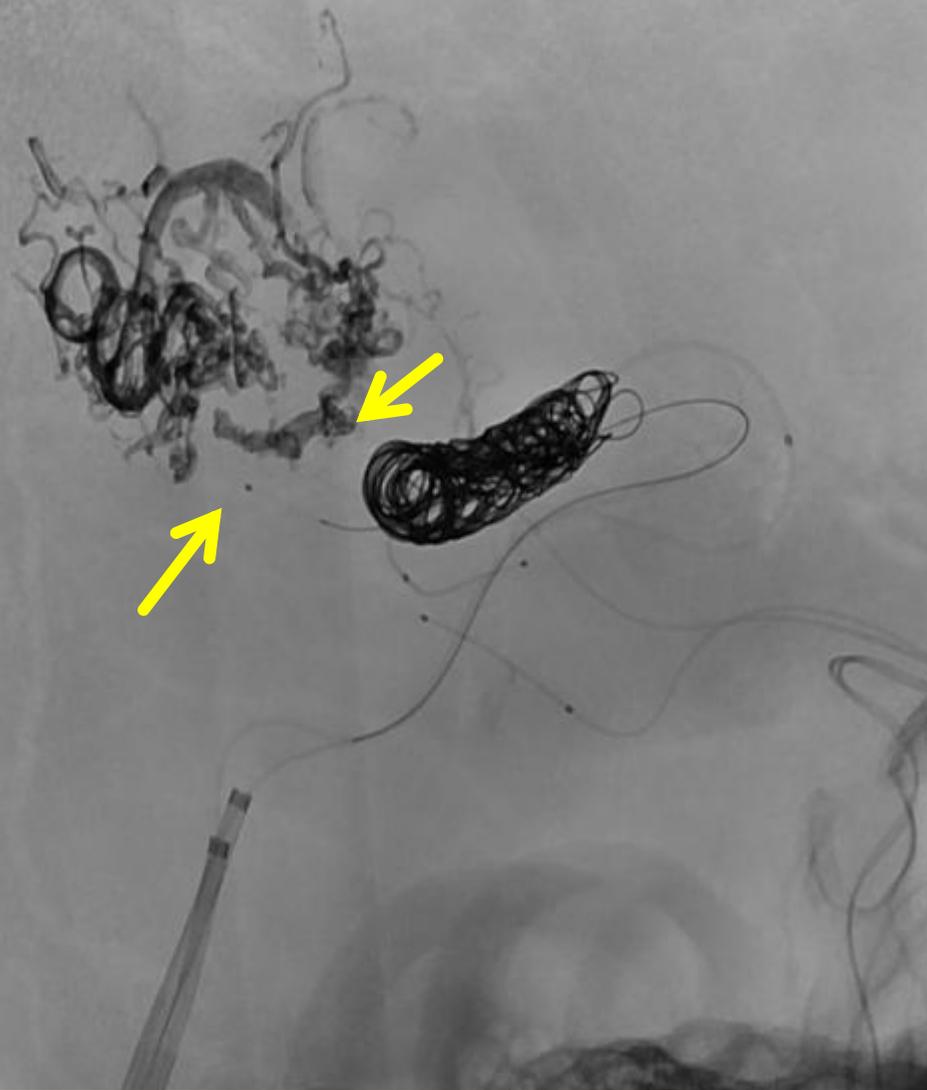
Marathon 1



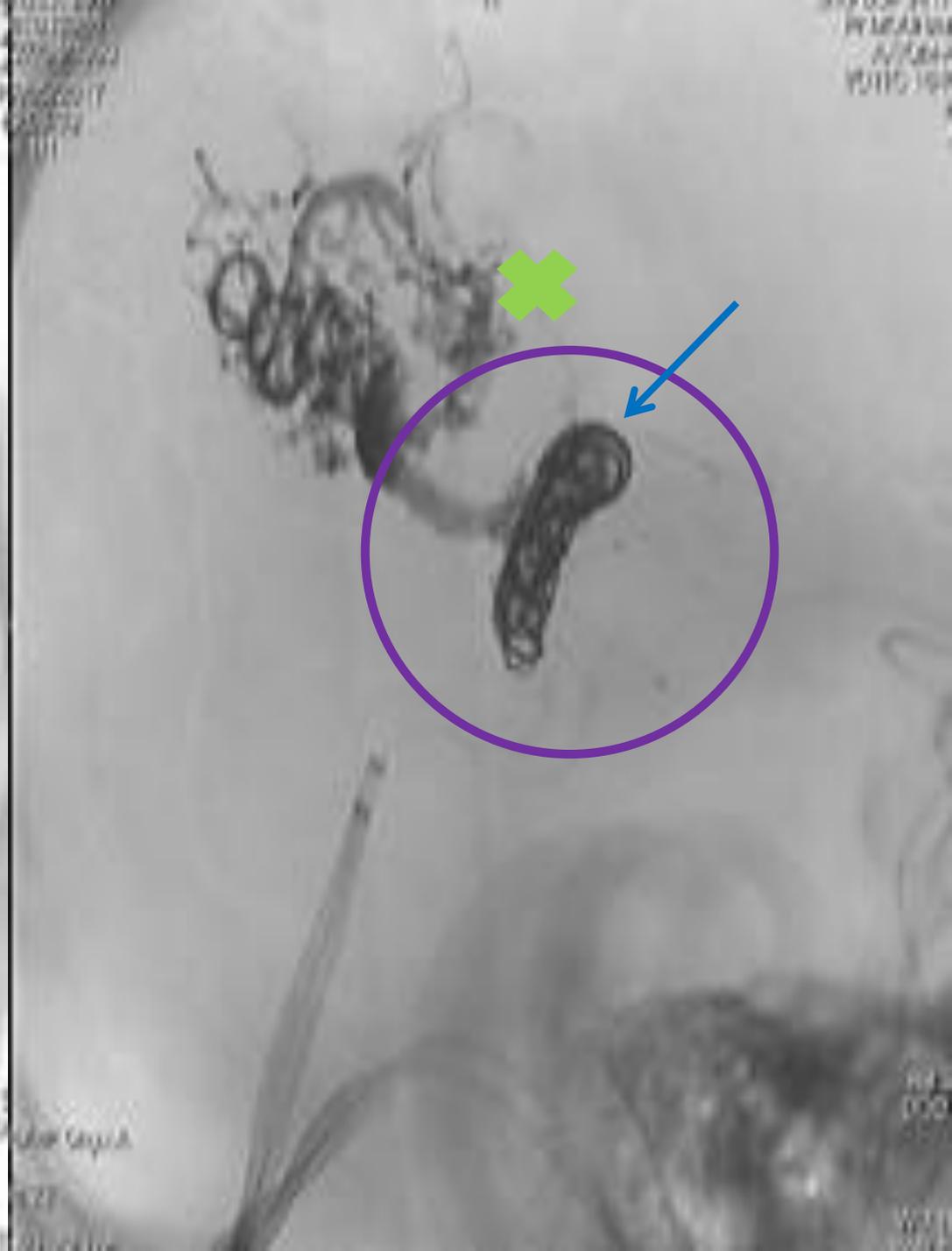
Retrograde
pressure cooker
technique & Coiling



We can notice the stability of
microcatheters after coiling (yellow
arrows)

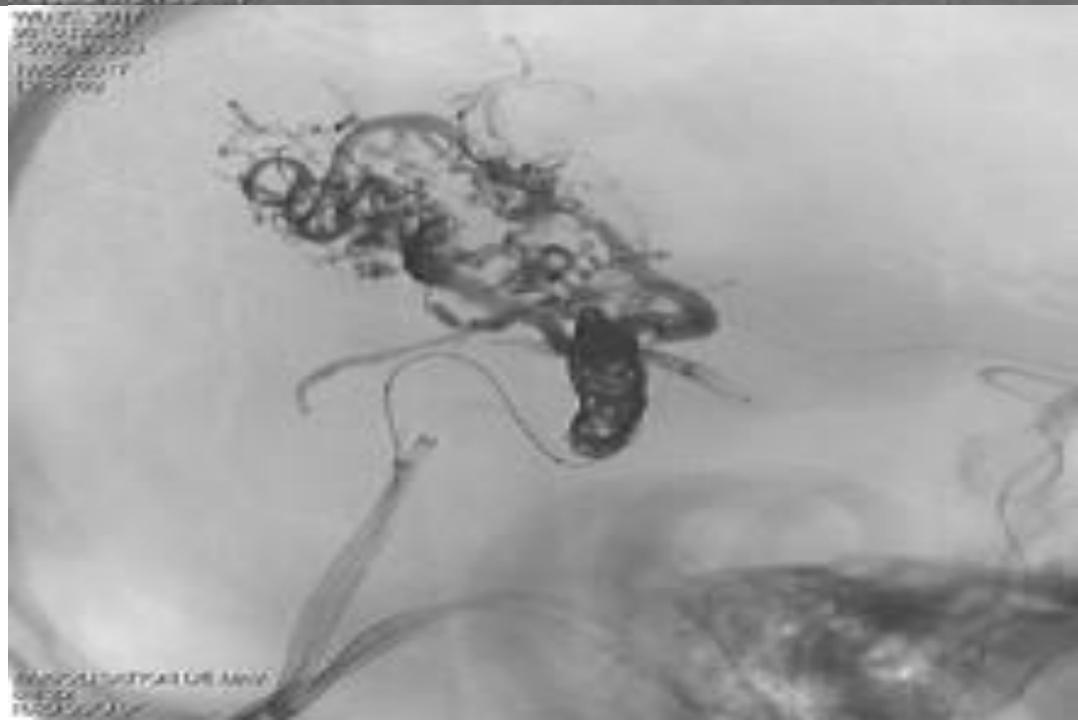
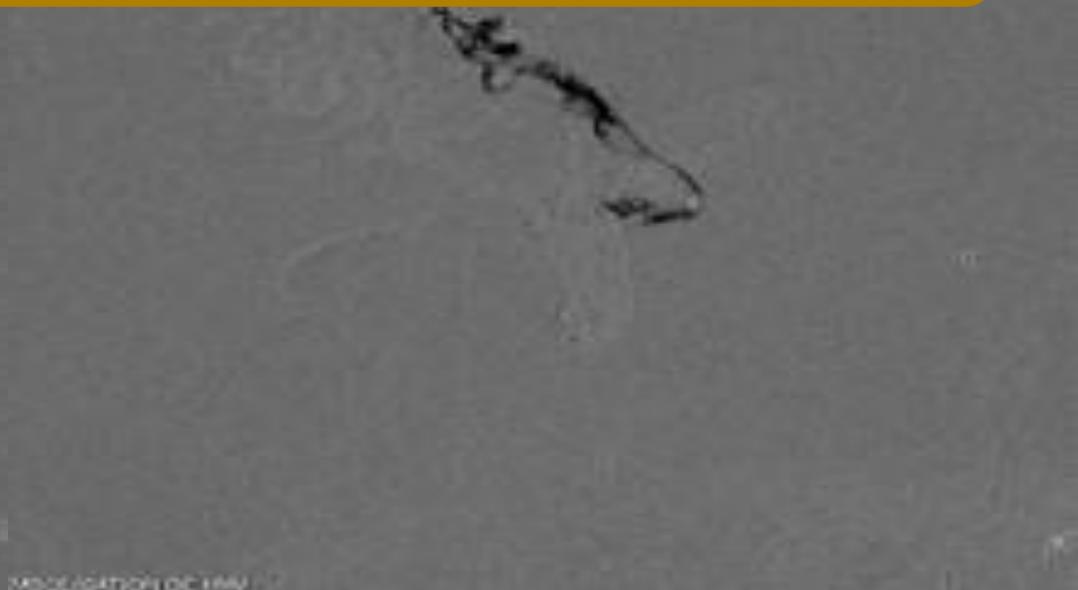


Onyx injection & coils migration

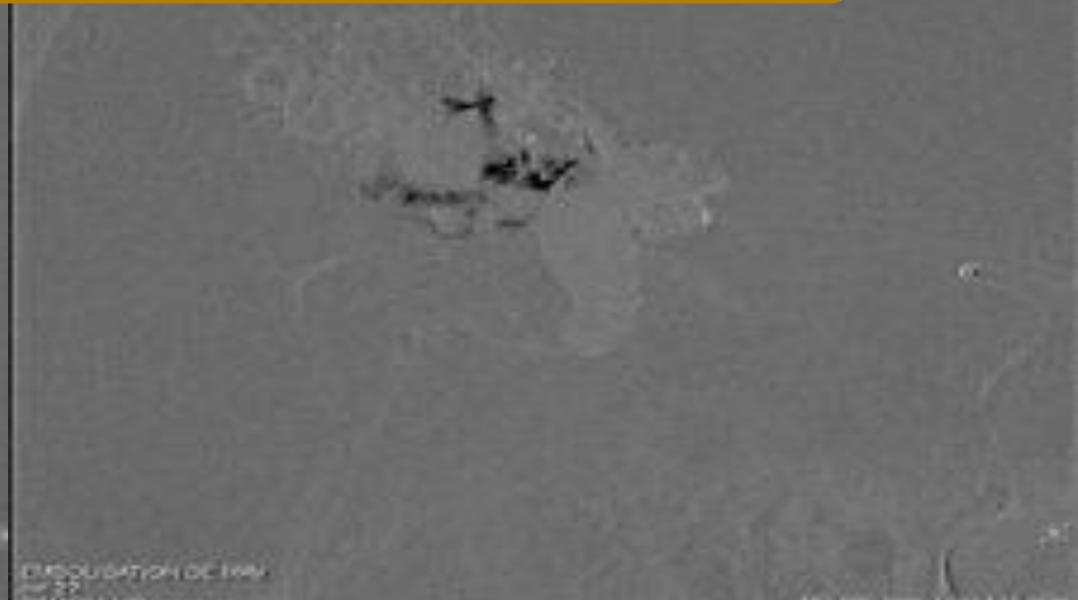
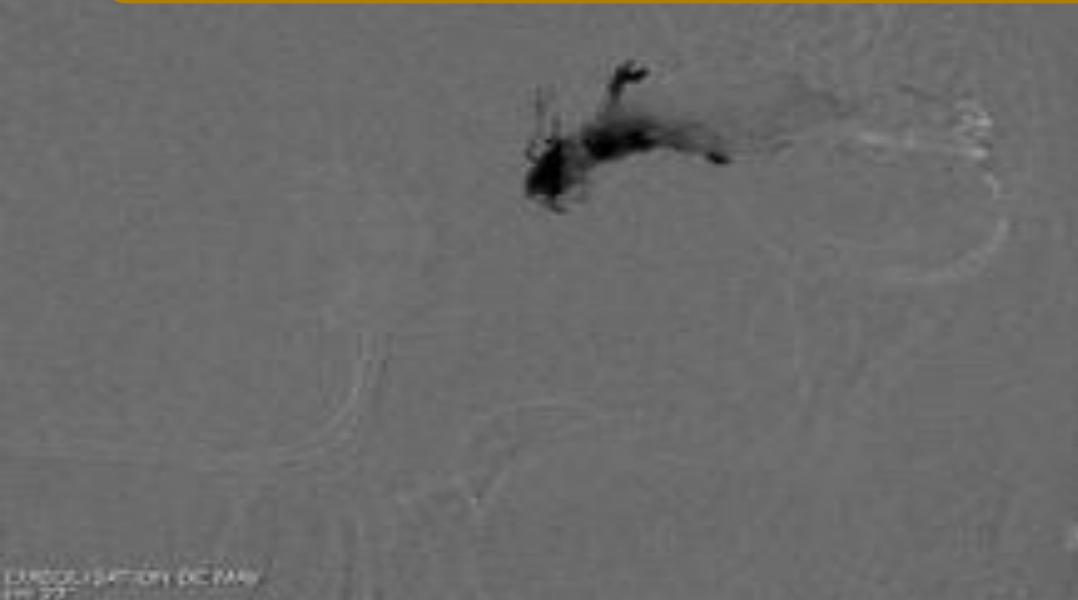


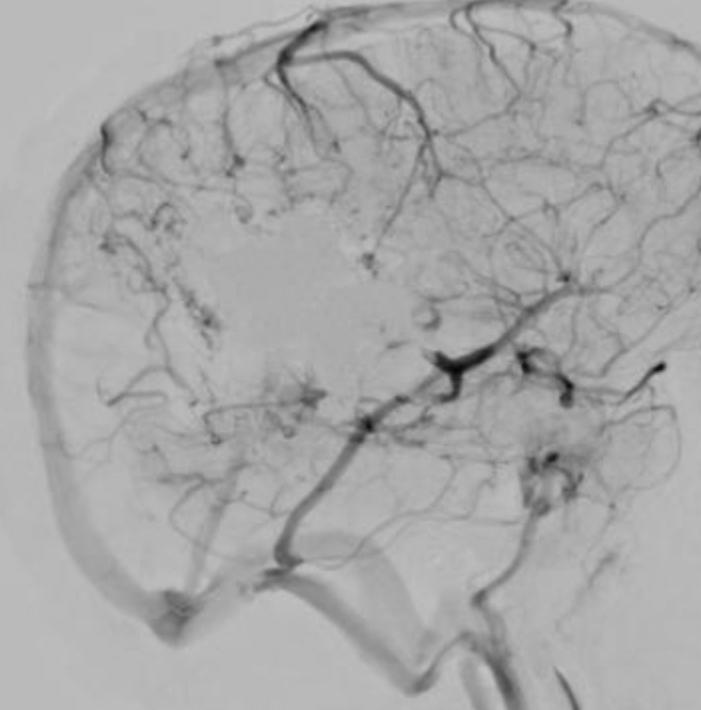
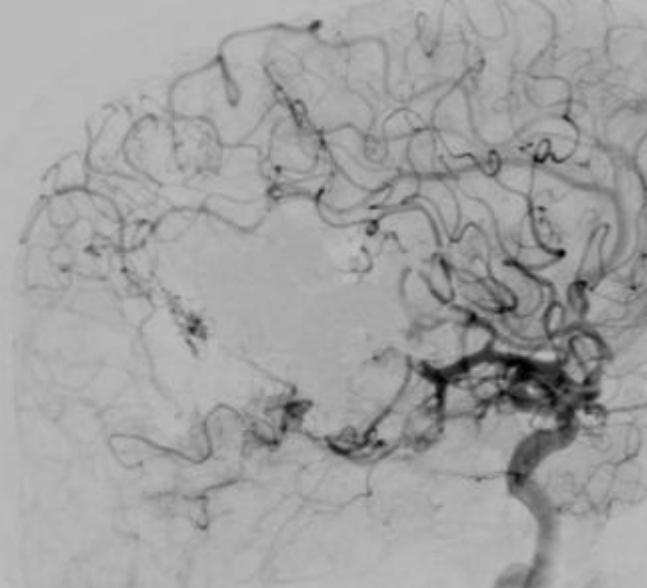
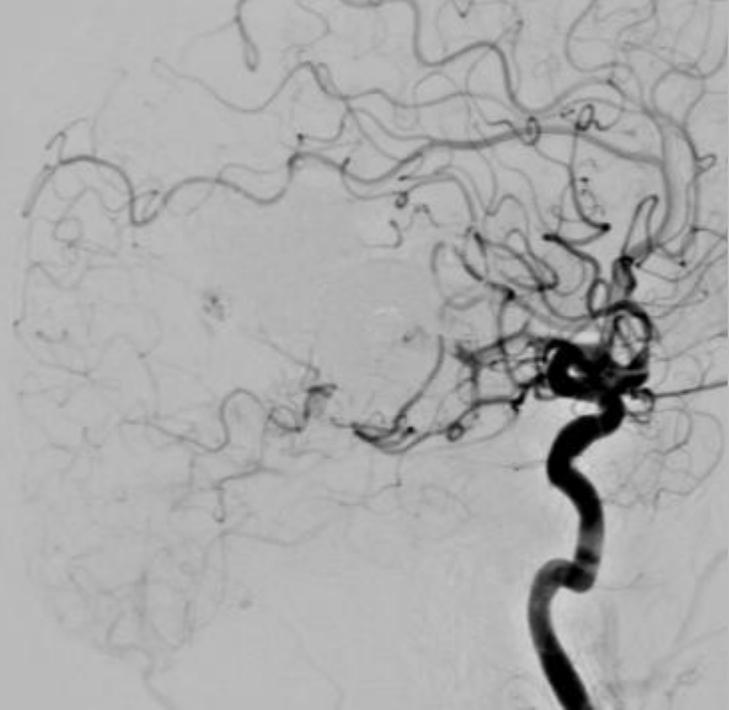
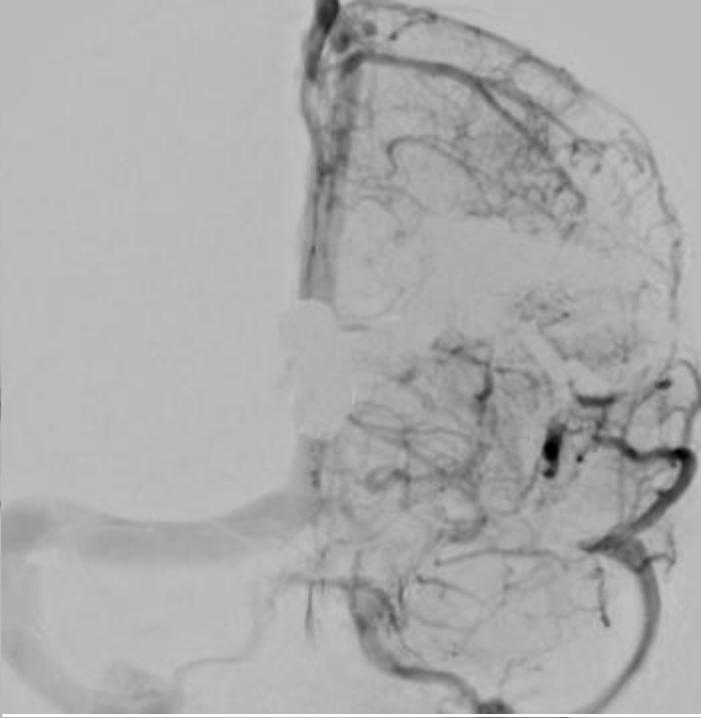
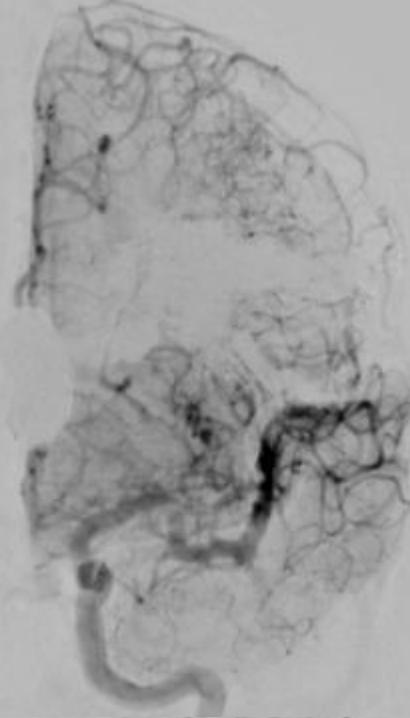
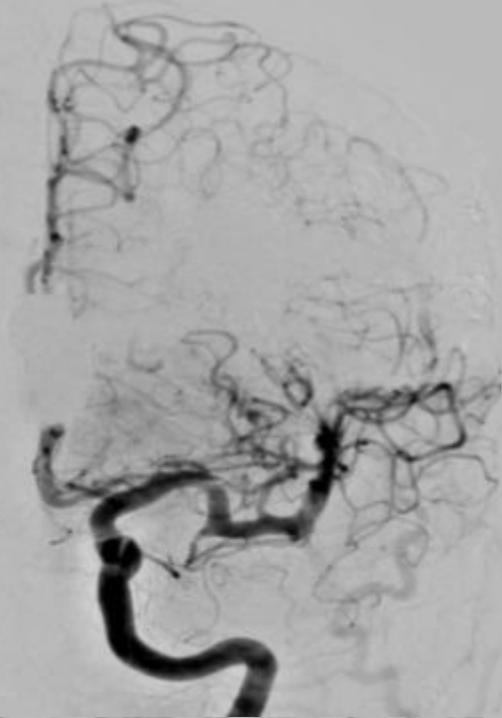
We can notice "Microcatheter migration" with coils (blue arrows)

Starting trans-arterial injection quickly for haemodynamic balance



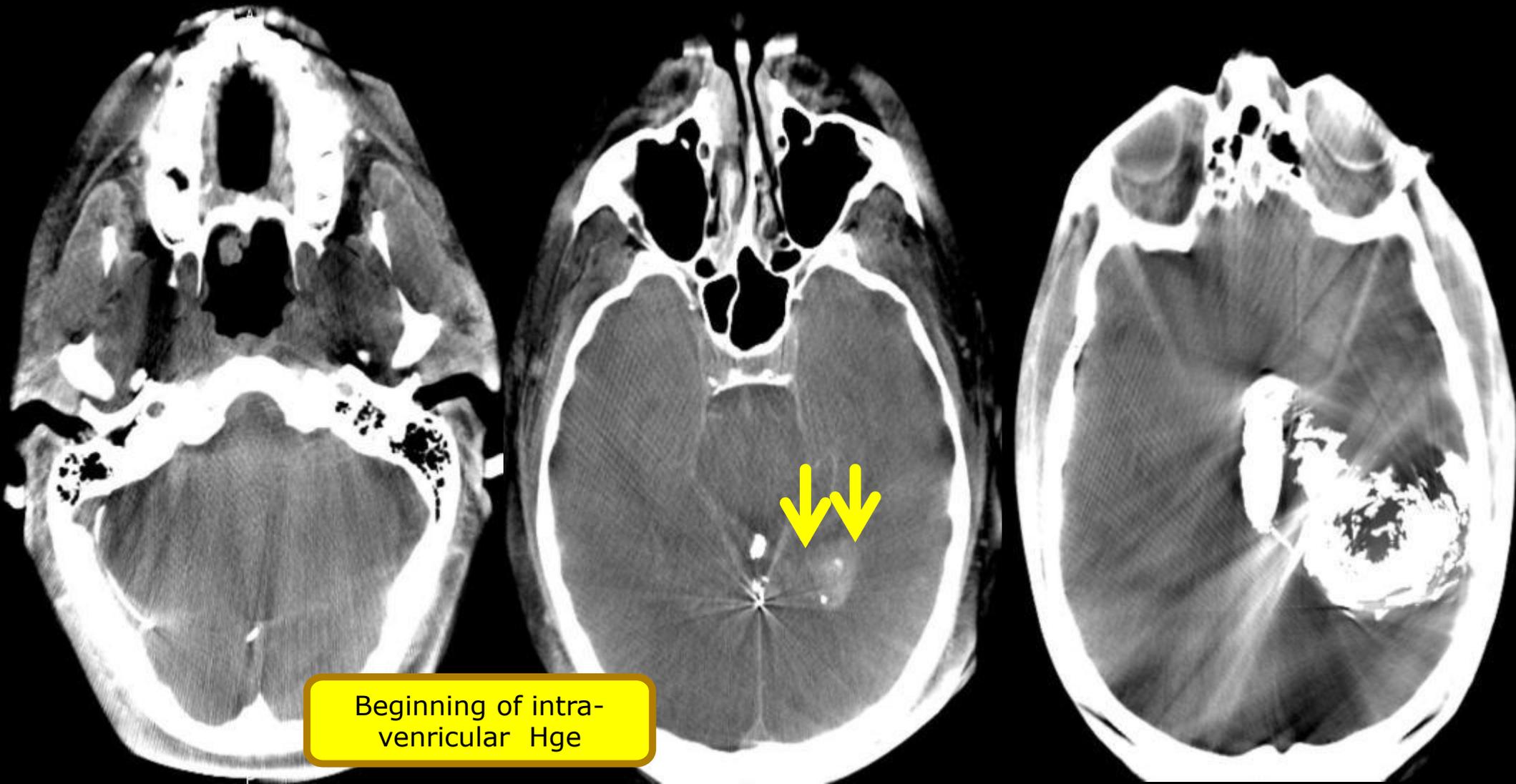
Return back to trans-venous injection till complete nidus exclusion





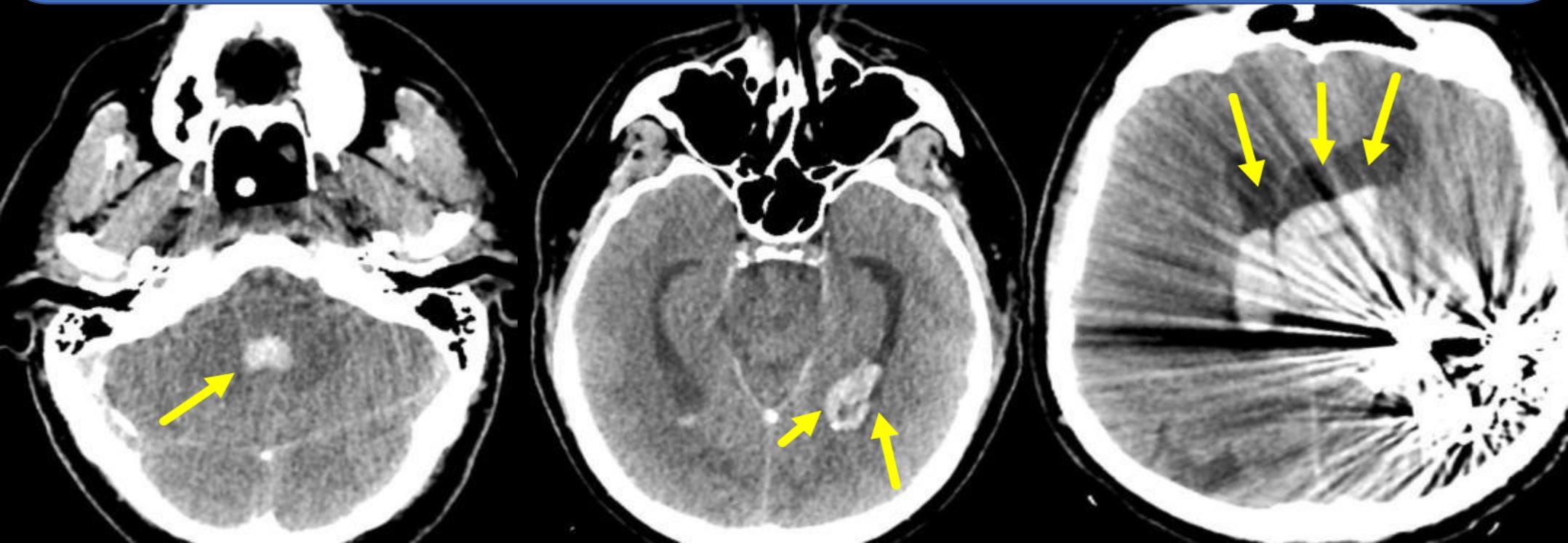
Final results

DYNA CT after treatment



CT BRAIN after 24 h

After complete embolization of the AVM, the patient was kept under anesthesia for the next 24 hours. CT BRAIN after 24h revealed **intra-ventricular haemorrhage**. EVD was ordered for urgent CSF diversion.



CT BRAIN after 5 days & EVD

After 5 days, the patient was free of any neurological symptoms .

