

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

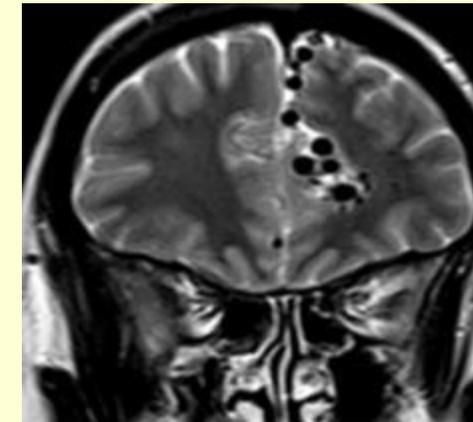
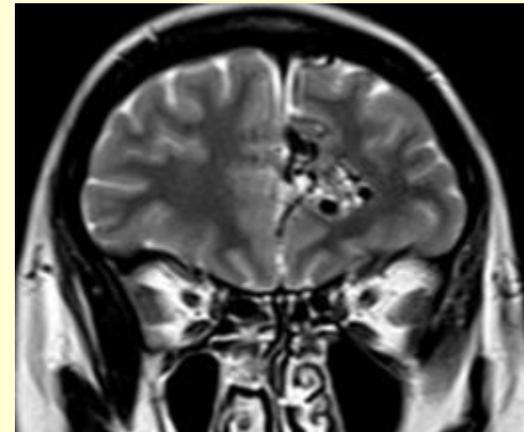
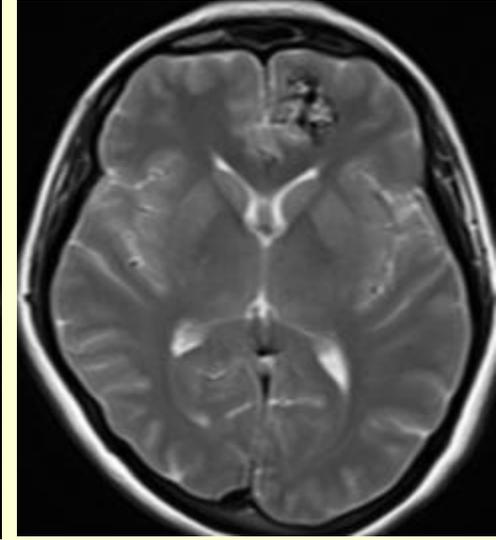
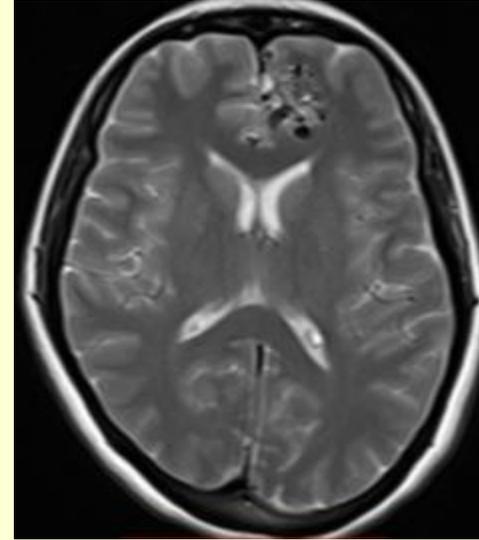
LIVE CASE CLINICAL FOLLOW-UP

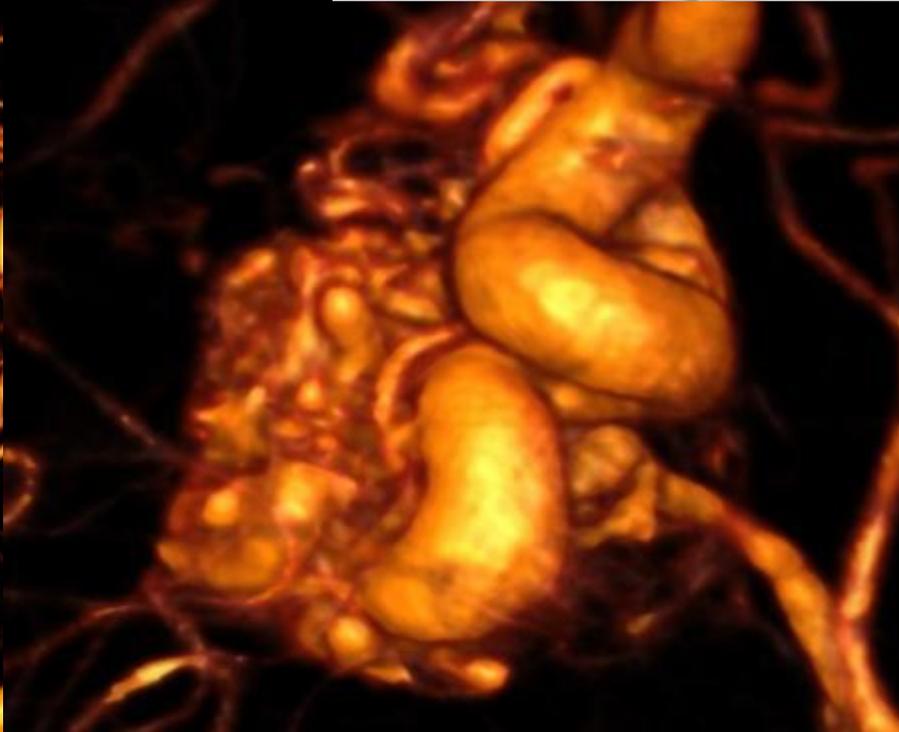
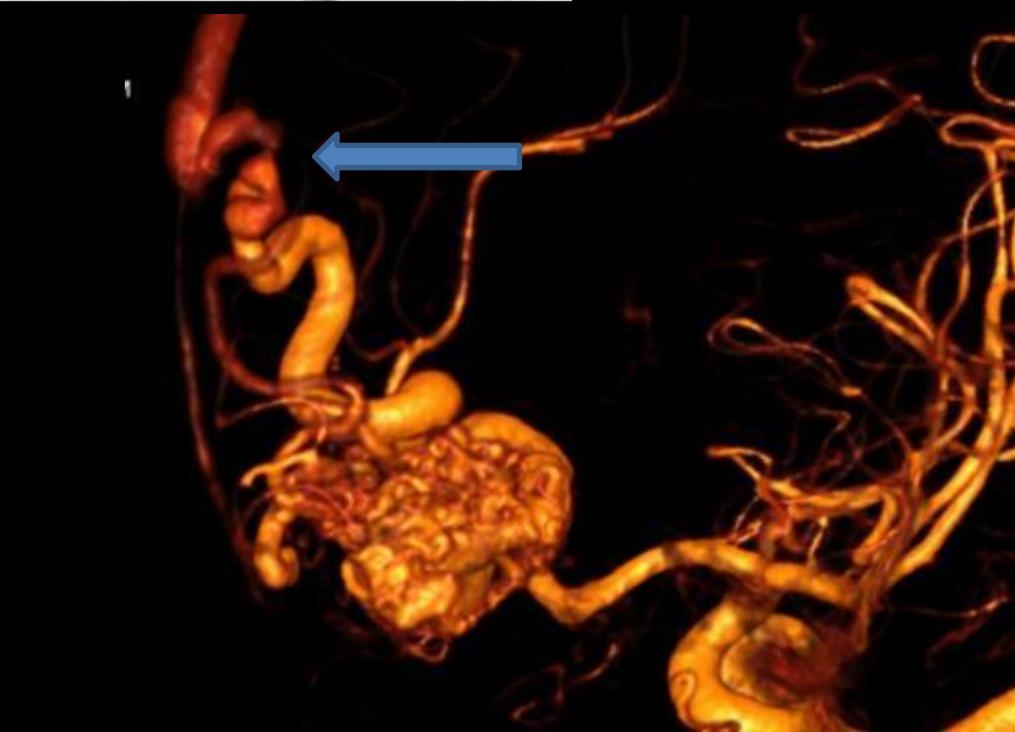
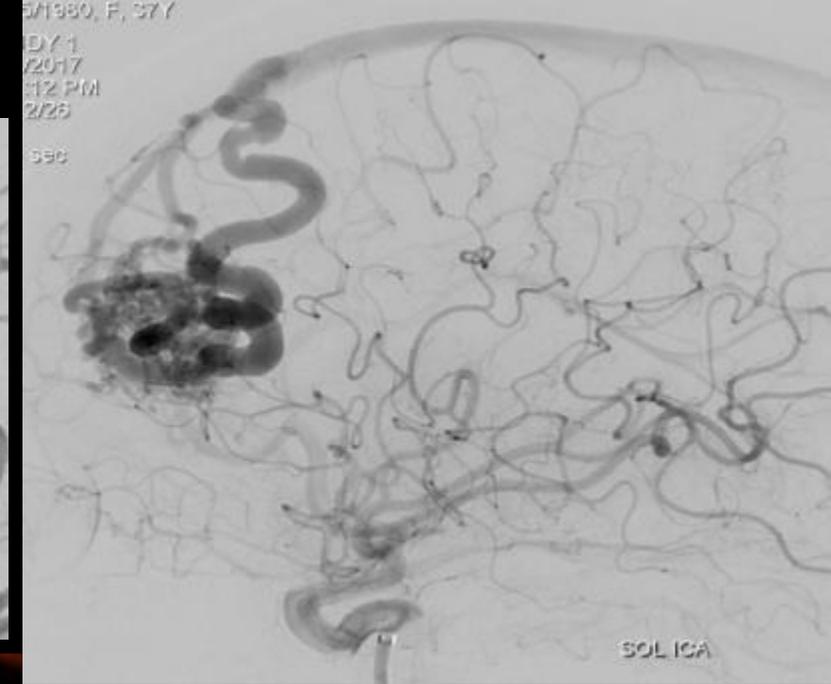
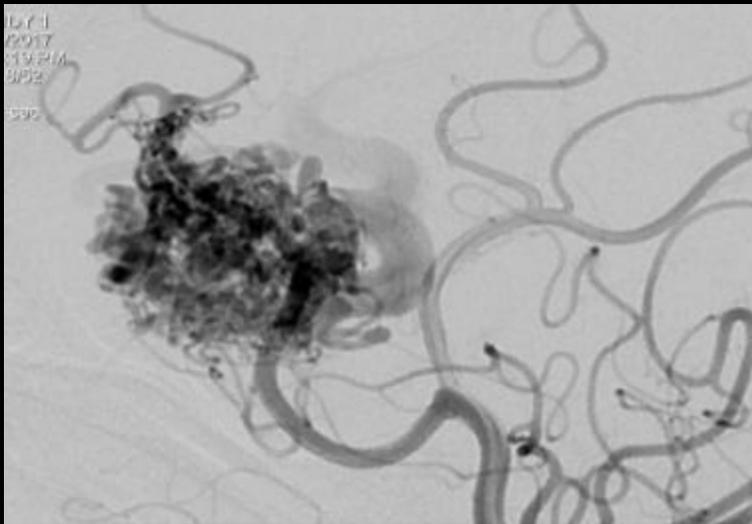
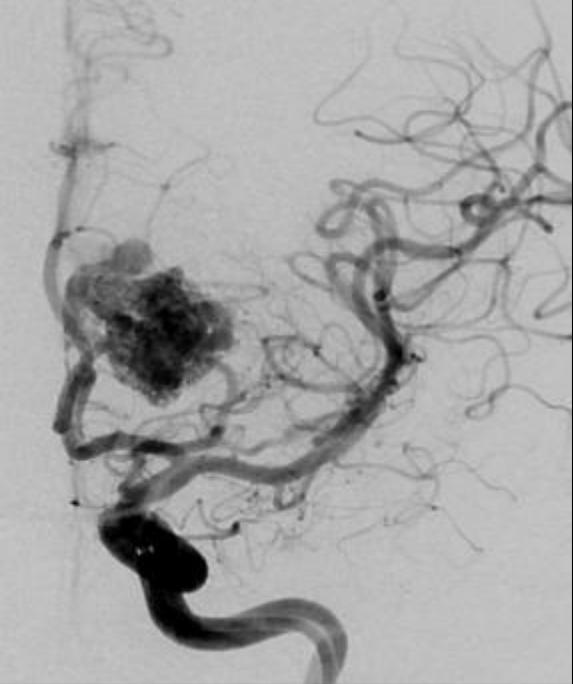
*Cure of Brain AVM with proximal and distal flow
control by Prof. Isil Saatci*

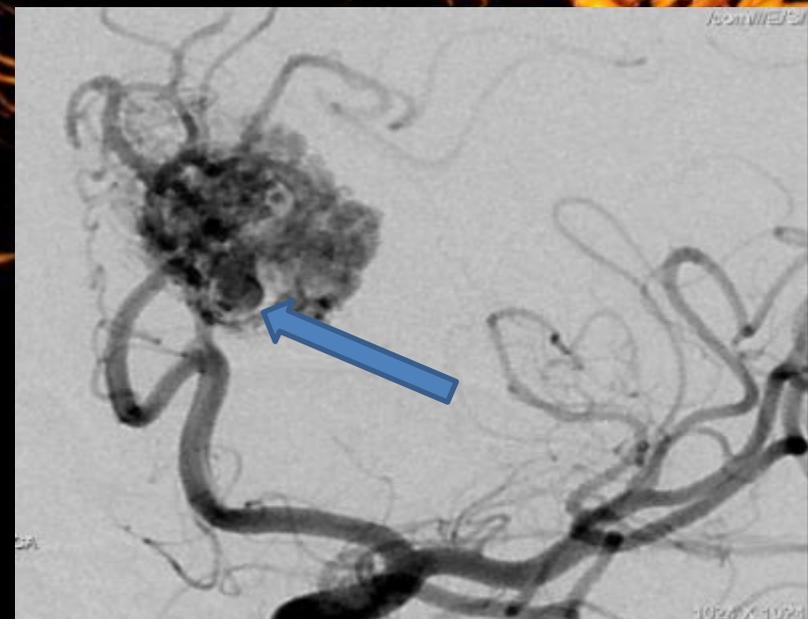
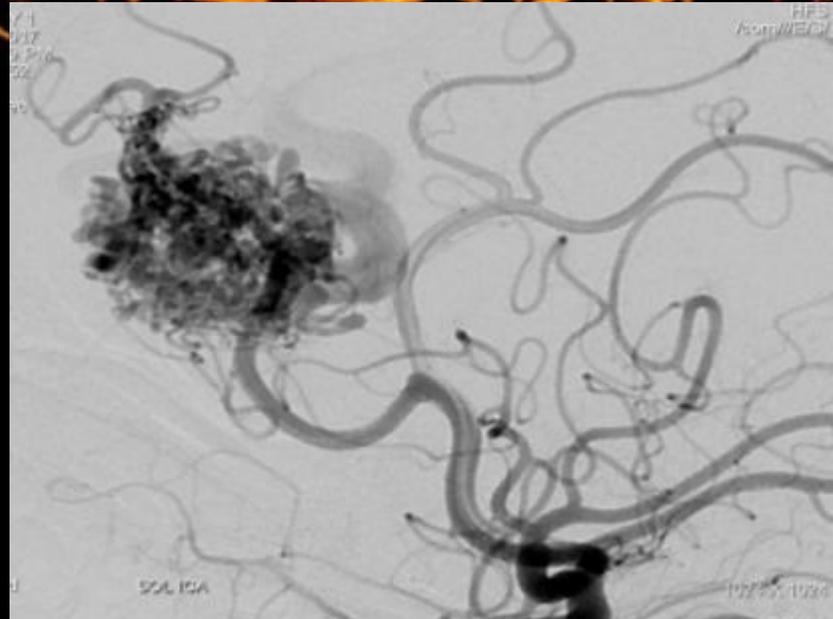
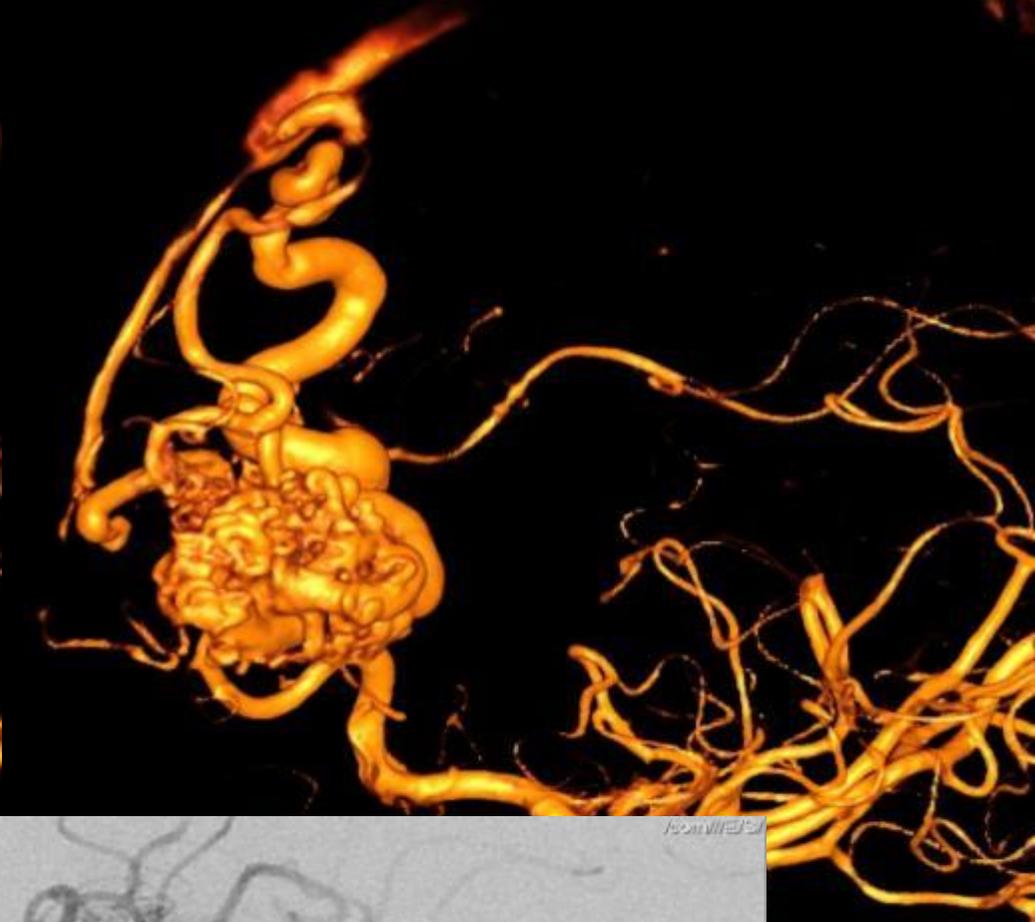
Yuksekk Ihtisas University, Koru Hospitals, Ankara

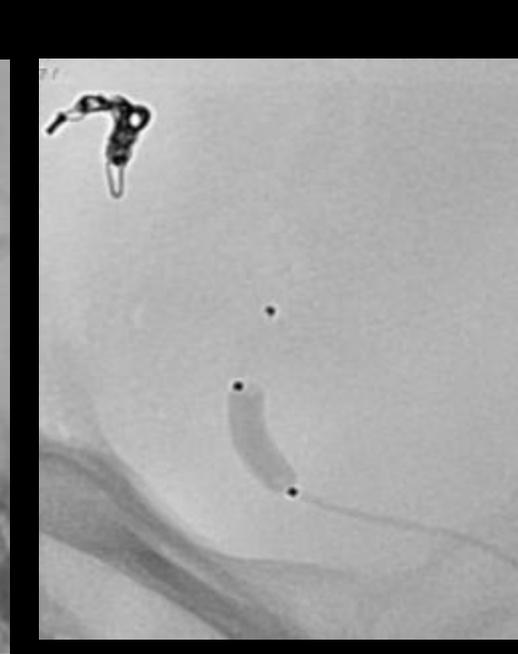
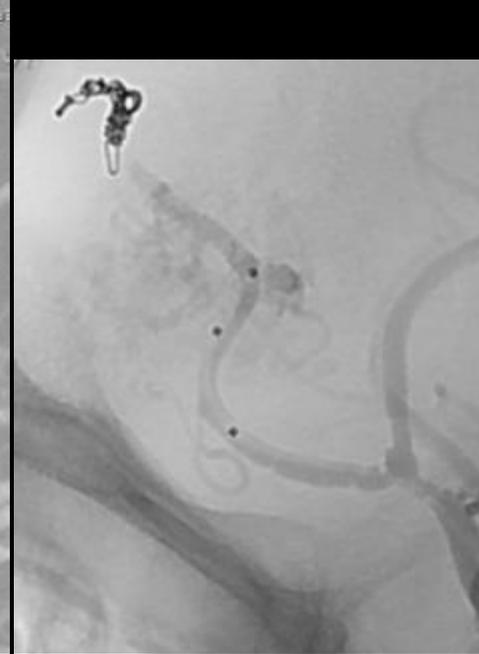
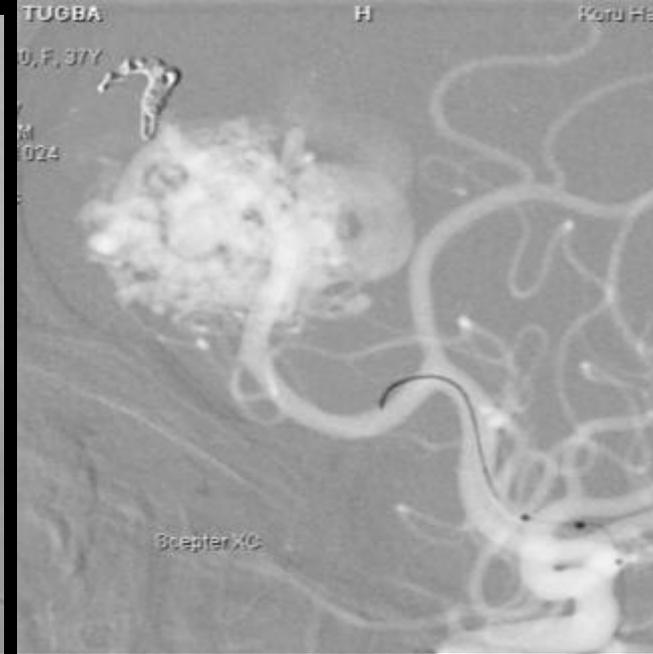


- ***32-year-old female with headache***
- ***Left frontal, grade I AVM with single draining vein and venous severe stricture***
- ***En-passage feeders from frontopolar branch of left ACA, intranidal aneurysm(s)***
- ***Transvenous tx seems very difficult due to stenosis/severe tortuosity***
- ***Prox flow controlled Scepter XC assisted ONYX injection after distal coil occlusion of frontopolar artery for distal flow control to facilitate intranidal penetration..***

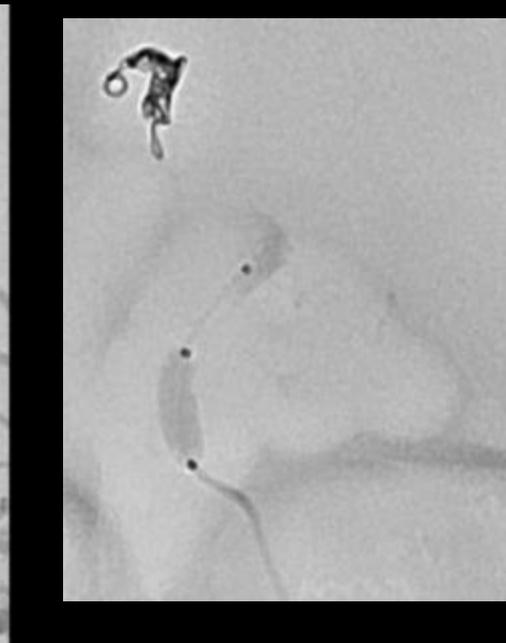
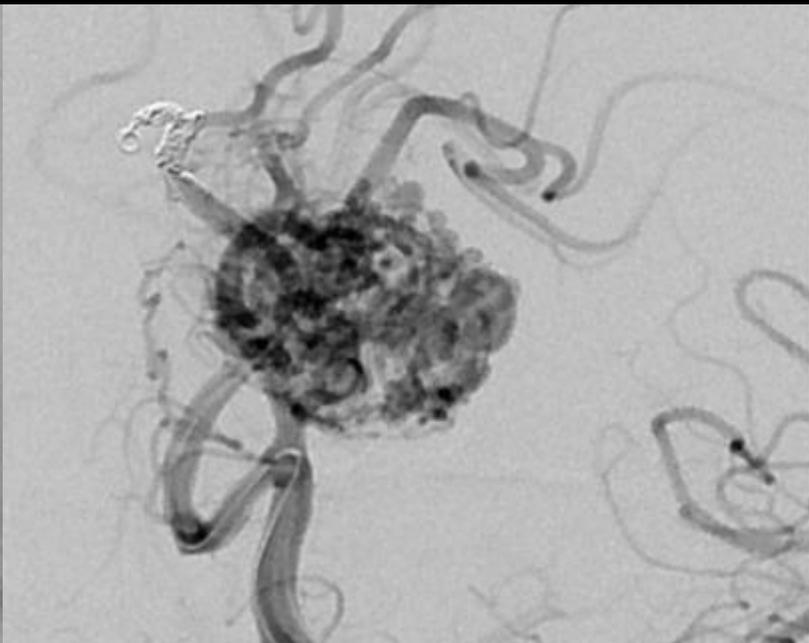


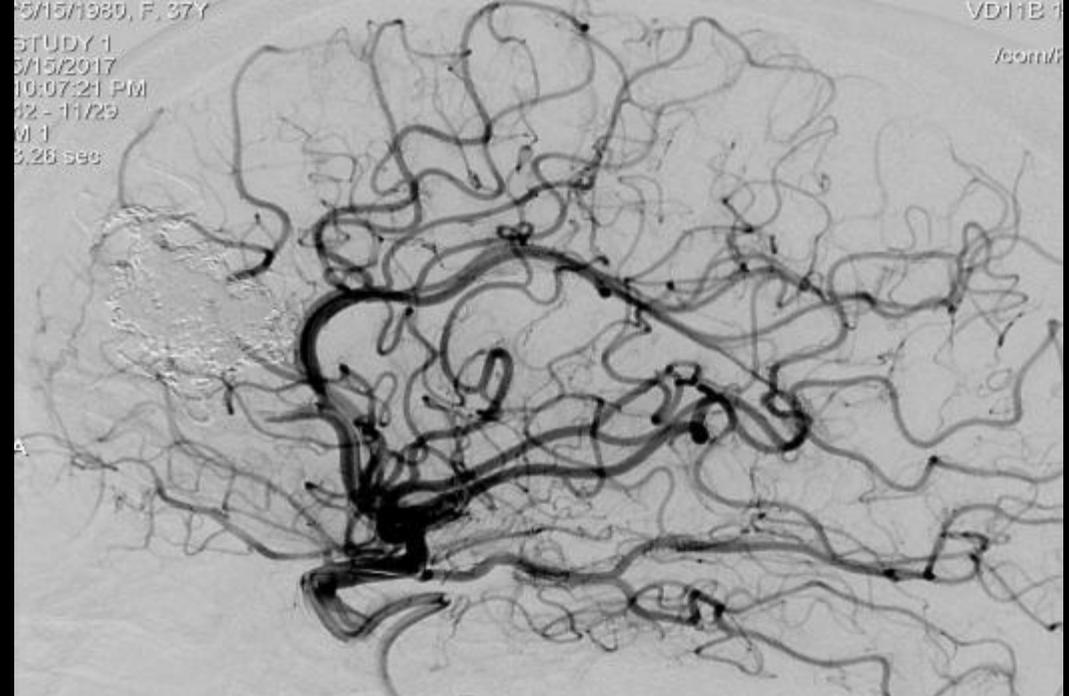
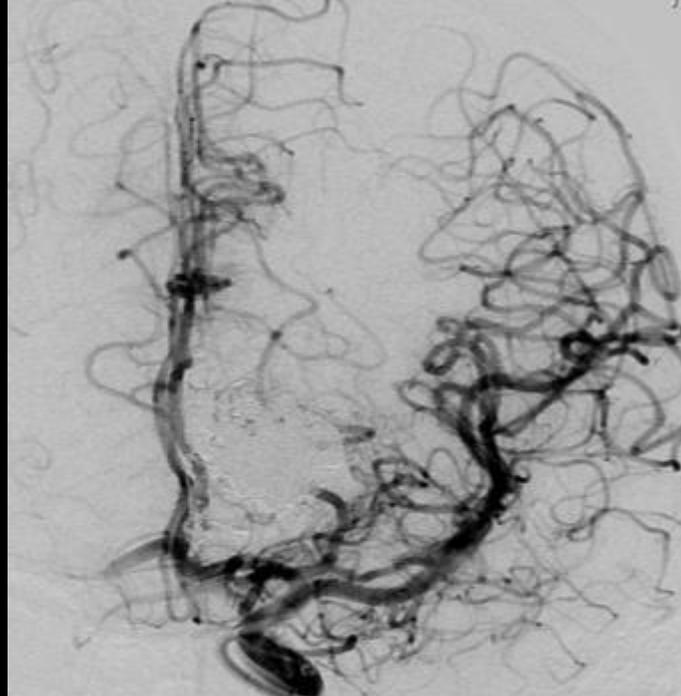




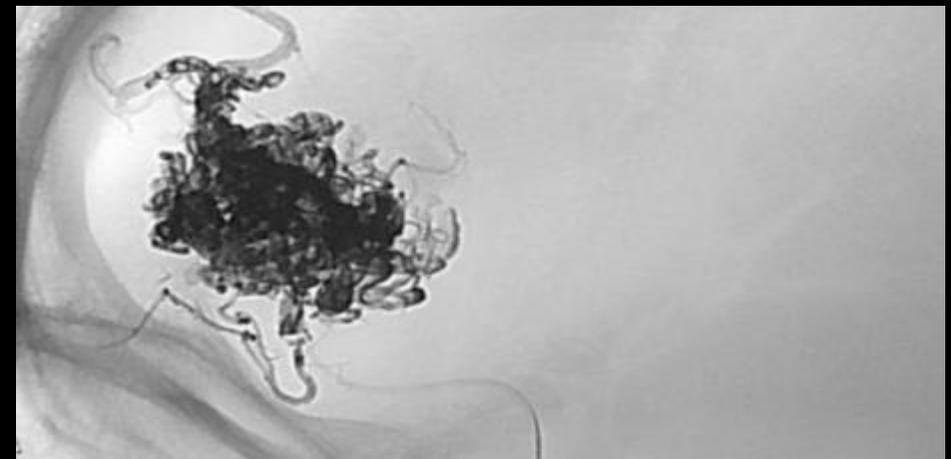
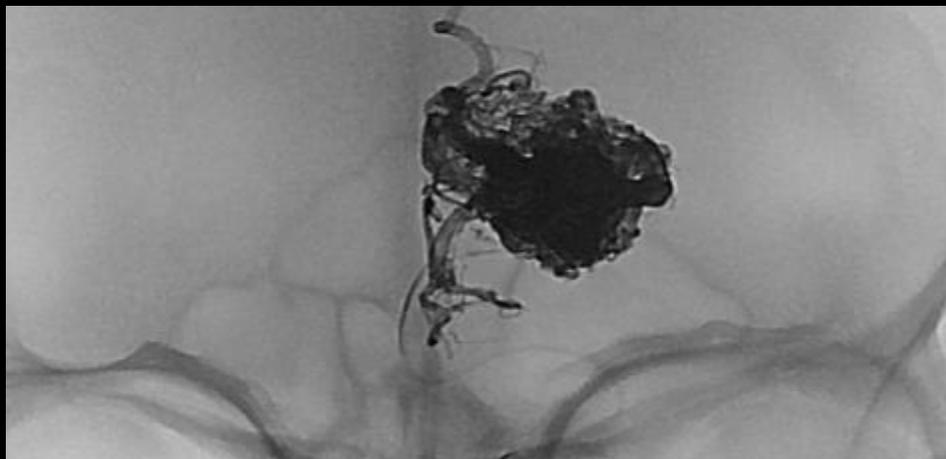


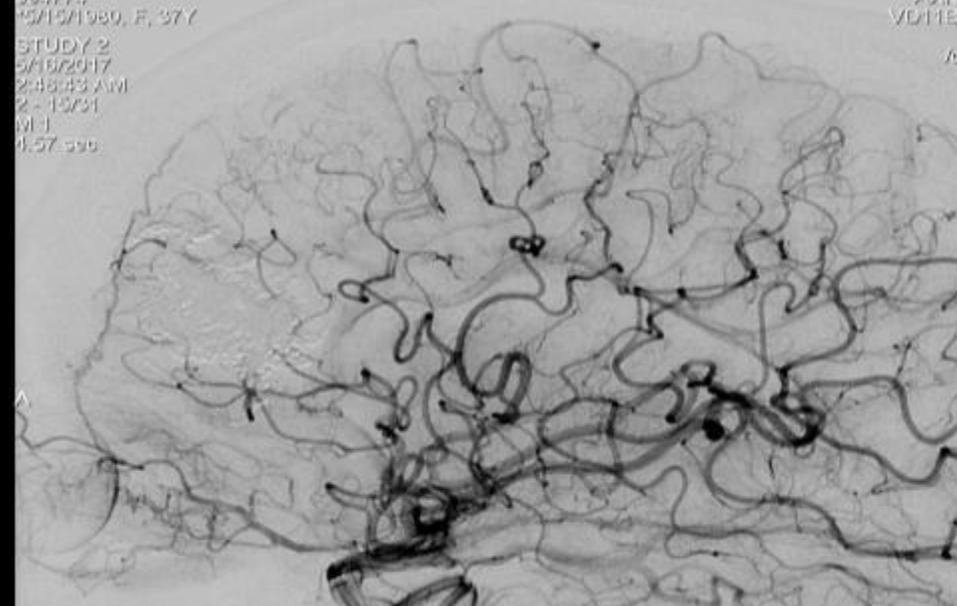
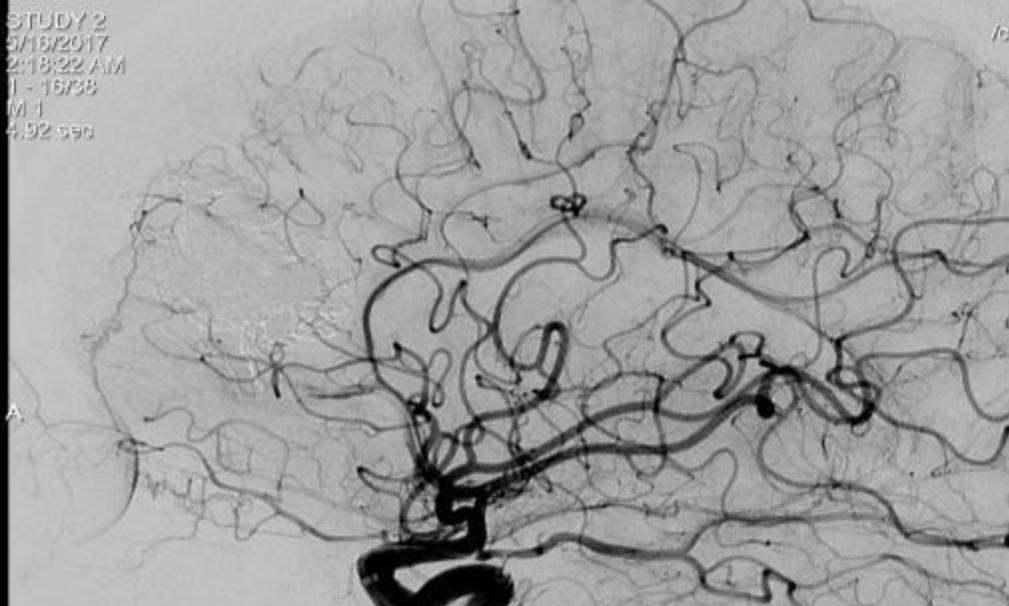
AFTER COIL OCC OF FEEDING ARTERY DISTALLY, A SCEPTER XC BALLOON WAS PLACED JUST PROXIMAL TO THE STARTING POINT OF EN-PASSAGE FEEDERS..



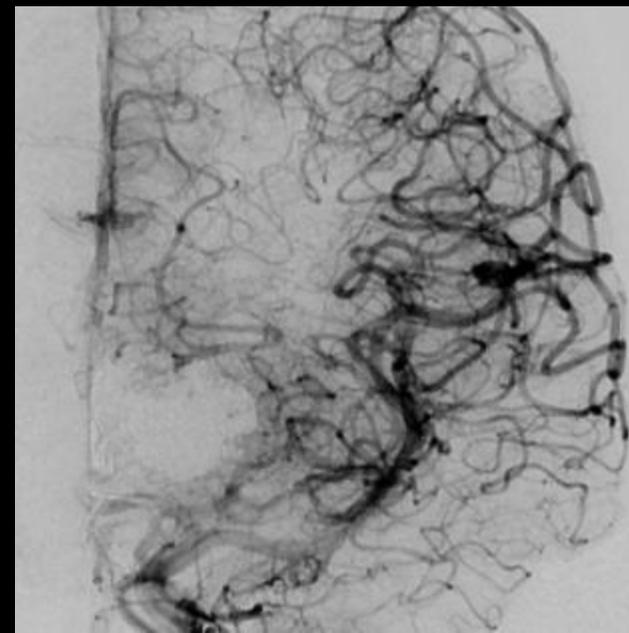
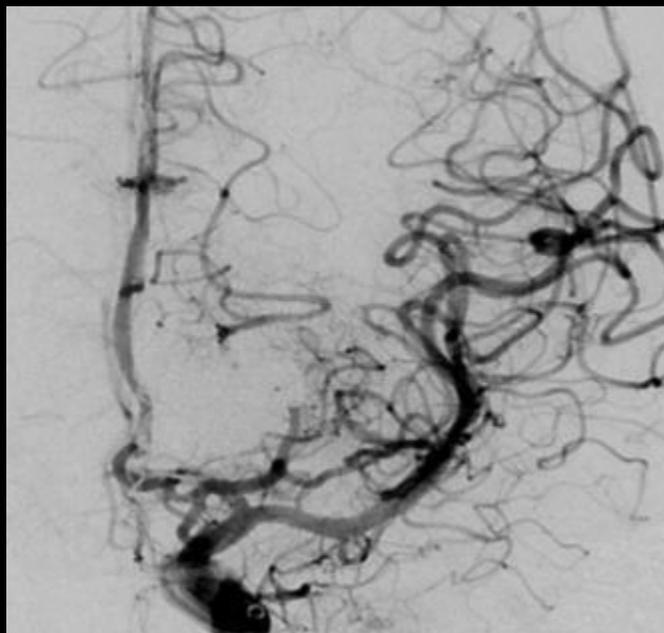


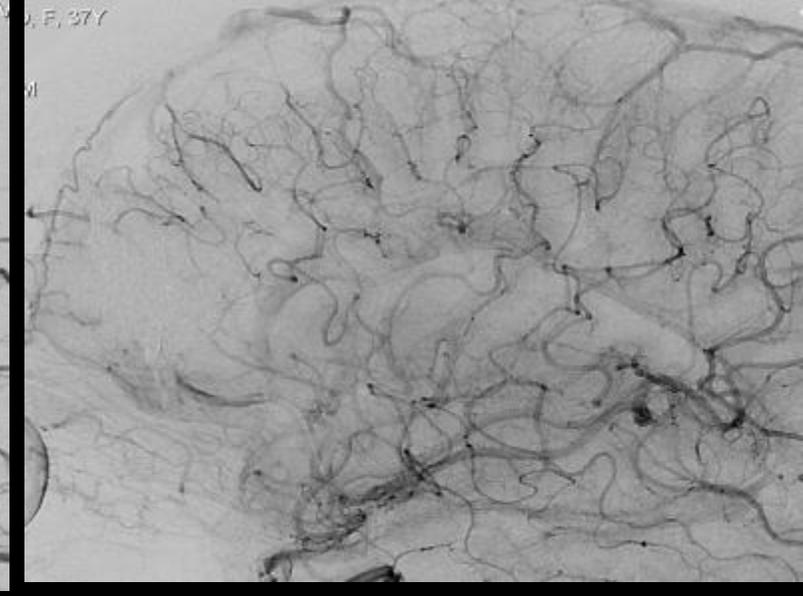
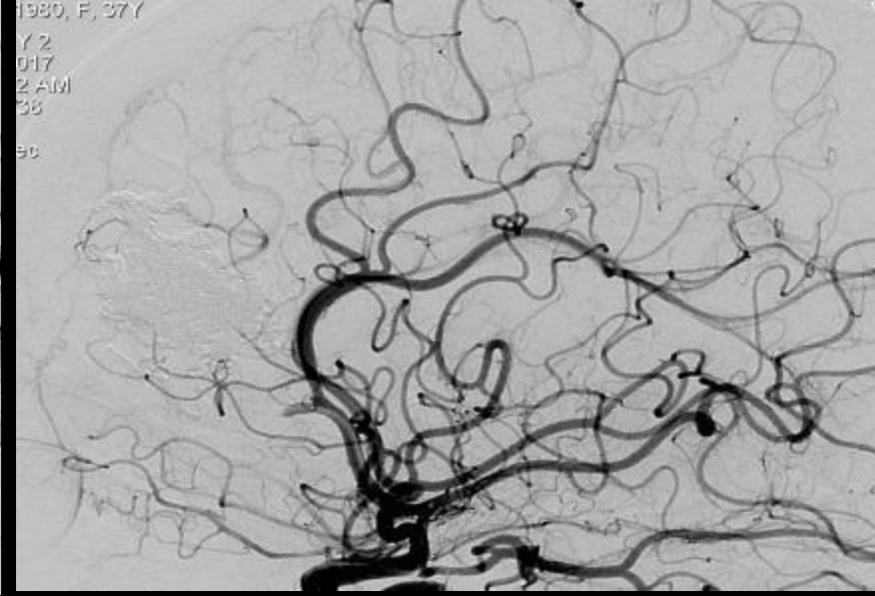
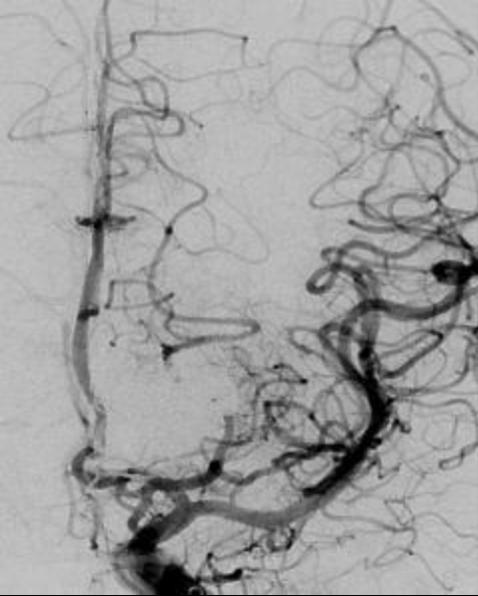
A VERY FAST AND EFFECTIVE INTRANIDAL PENETRATION OF ONYX WAS OBTAINED RESULTING IN COMPLETE OCCLUSION OF THE AVM WITH SCEPTER XC. HOWEVER, SCEPTER CANNOT BE REMOVED ALTHOUGH THERE WAS A REFLUX JUST AT THE NOSE OF THE BALLOON..THIS TECHNICAL COMPLICATION WAS DISCUSSED ALL TOGETHER IN WLNC AND OPERATOR DECIDED TO LEAVE THE BALLOON CATHETER IN PLACE ...





POST OP 5TH HOUR ANGIOGRAPHY AFTER SECOND FAILED REMOVAL ATTEMPT FOR SCEPTER BALLOON...EVENTUALLY, PATIENT WOKE UP FINE WITH NO DEFICIT. SHE WAS PUT ON 2X0.6 CLEXANE AND PRASUGREL 1X10 MG





AFTER GOOD THROMBOCYTE INHIBITION LEVEL WAS CONFIRMED WITH LIGHT AGGREGOMETRY , CLEXANE WAS DISCONTINUED. THE PATIENT LEFT HOSPITAL WITH NO NEUROLOGICAL DEFICIT AT POST OP 3RD DAY WITH 10 MG PRASUGREL DAILY. REPEAT FU ANGIOGRAPHY RE-CONFIRMED NORMAL FILLING OF THE LEFT ACA AND OCCLUSION OF THE AVM..

