

# On-Target Embolization



Whether reviewing recent literature or perusing the titles at today's vascular congresses, it is increasingly clear that embolotherapy in its many forms has come to constitute

one of the strongest and fastest-growing fields in vascular care. Pioneered in the 1970s and predominantly performed by interventional radiologists since that time, transvascular embolotherapy and drug-delivery applications continue to expand.

Many of these treatments have long been established, with modern applications representing standards of care. Some options must see data catch up to enthusiasm to ensure optimal use and encourage adoption, whereas others, while supported by data, have faced harder roads to acceptance in referral groups and thus widespread use.

The latest headlines reflect possibilities we might not have imagined even a few years ago. This is truly an exciting period in embolization, and pondering its future is undeniably exhilarating.

It is of utmost importance to reflect on lessons learned in the progress and shortcomings to date and apply them to our efforts toward careful evaluation of the next generation of applications, many of which were described in the previous embolization-themed edition of *Endovascular Today*. But, for the busy clinician, it is also key to focus on what the current best practices are—applying yesterday's outcome to today's preparation. With this in mind, we have invited a group of esteemed experts to share their experiences across a spectrum of applications. In this month's feature, the authors describe considerations in patient candidacy, practical techniques, material selection, and—very importantly—how to avoid pitfalls in these cases.

In our first article, Drs. Shamar Young, Prashant Shrestha, and Jafar Golzarian offer six tips for the treatment of visceral artery aneurysms to help ensure a successful and efficient procedure. Dr. Ripal T. Gandhi and

colleagues review several type II endoleak treatments, including transarterial embolization, translumbar embolization, the transcatheter transcaval technique, and surgical treatment. They conclude that further study is required to determine the best approach and optimal embolic agent(s) for managing type II endoleaks. Drs. Justin McWilliams and Ripal T. Gandhi examine what they do and what they hope to avoid when treating pulmonary arteriovenous malformations, in which embolization has become a favored methodology.

Next, Dr. Anthony J. Lopez examines the latest techniques, pitfalls, and complications in treating pelvic venous congestion syndrome, a disorder that is associated with a variety of nonspecific symptoms such as bloating, backache, dysmenorrhea, dyspareunia, bladder instability, and an irritable bowel.

Our feature continues with Dr. Romaric Loffroy, as he explores several clinical and technical factors that may influence the outcomes of embolization for upper gastrointestinal bleeding. Drs. Pavan K. Kavali, Ripal T. Gandhi, and Suvranu Ganguli then provide an article on what to do and what to avoid in yttrium-90 radioembolization mapping and therapy, also known as selective internal radiation therapy or radiation microsphere therapy.

Finally, Dr. Frédéric Thony discusses preventive and curative splenic embolization, vascular considerations, and monitoring in the treatment of splenic trauma. Because the spleen is prone to contusions and rupture during trauma, nonoperative management is increasingly preferred over surgery.

In addition to our feature on embolization, the issue also includes an update from renowned interventional oncology expert Dr. Thierry de Baère, in which he discusses percutaneous alternatives for treating lung metastases. Additionally, there is a Q&A on MedTech Europe's new code of ethical business practice, and Dr. Patrick Kelly explains the process of obtaining approval to conduct a physician-sponsored investigational device exemption study in the United States.

We hope this collection of experiences helps stimulate thoughtful discourse in your practice. ■

Marc Sapoval, MD, PhD  
Mahmood K. Razavi, MD