Sponsored by Boston Scientific Corporation

Embolization of a Type II Endoleak With Interlock™-18 Coils

BY MAURIZIO CARIATI, MD; PIERLUCA TORCIA, MD; UMBERTO G. ROSSI, MD, EBIR; AND PAOLO RIGAMONTI, MD

CASE PRESENTATION

A 77-year-old man underwent branched endovascular aneurysm repair for an abdominal and left iliac artery aneurysm with a chimney technique to the left renal artery.

At 24 months, a multidetector CT check-up of an inferior mesenteric artery type II endoleak also showed an enlargement of the abdominal aorta sac (Figure 1).

PROCEDURE DESCRIPTION

A 4-F catheter was used to cannulate the middle colic artery. We chose a straight-tip, 0.021-inch, 2.4-F, 155-cm Direxion™ Microcatheter and a Thruway™ Guidewire; however, the Thruway™ Guidewire was too stiff to navigate in this tortuous anatomy. We retracted the guidewire inside the microcatheter and continued without it. Because of the pushability of the Direxion™ Microcatheter, we were able to advance and cannulate the sac (Figure 2). The tip of the microcatheter was placed inside the nidus of the type II endoleak and was confirmed by angiography of the sac.

We used a liquid embolic system to fill the sac and a 3- X 12-cm Interlock™-18 Fibered Detachable Coil to perform embolization of the inferior mesenteric origin (Figure 3).

Despite a small perfusion through the coil, we waited a few minutes to allow the Dacron® fiber network to work because of its thrombogenicity.

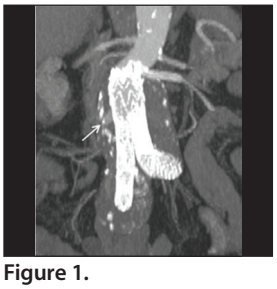

Figure 1.

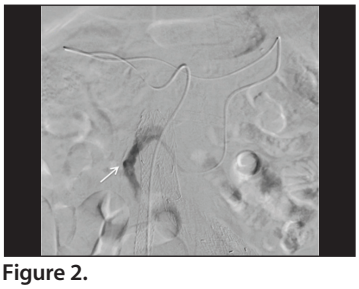

Figure 2.

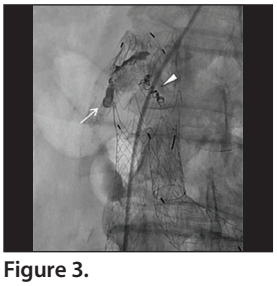

Figure 3.

Figure 4.

FOLLOW-UP AND DISCUSSION

Final angiography demonstrated complete exclusion of the type II endoleak, with perfect embolization of the inferior mesenteric artery origin (Figure 4).

The patient was discharged on postoperative day 2 with no complications. Multidetector CT and contrast-enhanced ultrasound follow-up revealed no signs of endoleak with stability of the abdominal aorta sac. ■

Maurizio Cariati, MD
Chief of Interventional Radiology Department
San Carlo Borromeo Hospital
Milan, Italy
Disclosures: None.

Pierluca Torcia, MD
Interventional Radiologist
San Carlo Borromeo Hospital
Milan, Italy
Disclosures: None.

Umberto G. Rossi, MD, EBIR
Interventional Radiologist
San Carlo Borromeo Hospital
Milan, Italy
Disclosures: None.

Paolo Rigamonti, MD
Interventional Radiologist
San Carlo Borromeo Hospital
Milan, Italy
Disclosures: None.