



Trevo XP ProVue

A Monocentric Preliminary Experience



thrombus 2014

SFNR

Paris, April 3rd 2014

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Neuroradiology KS Aarau



I, Michael Diepers, have the following commercial relationships to disclose:

RAPID Medical

STRYKER Neurovascular

No personal financial relationship

TETEC AG

Clinical Advisor



2013:
>600 stroke pt
65 ia treatment
47 mechanically

Aarau CH



Trevo[®] XP
PROVUE RETRIEVER

Take Control. Capture More.

**TREVO[®] XP PROVUE
RETRIEVER**



Trevo ProVue retriever

Trevo ProVue Retriever was the first fully visible Stentriever device, which allows to view placement and strut behavior

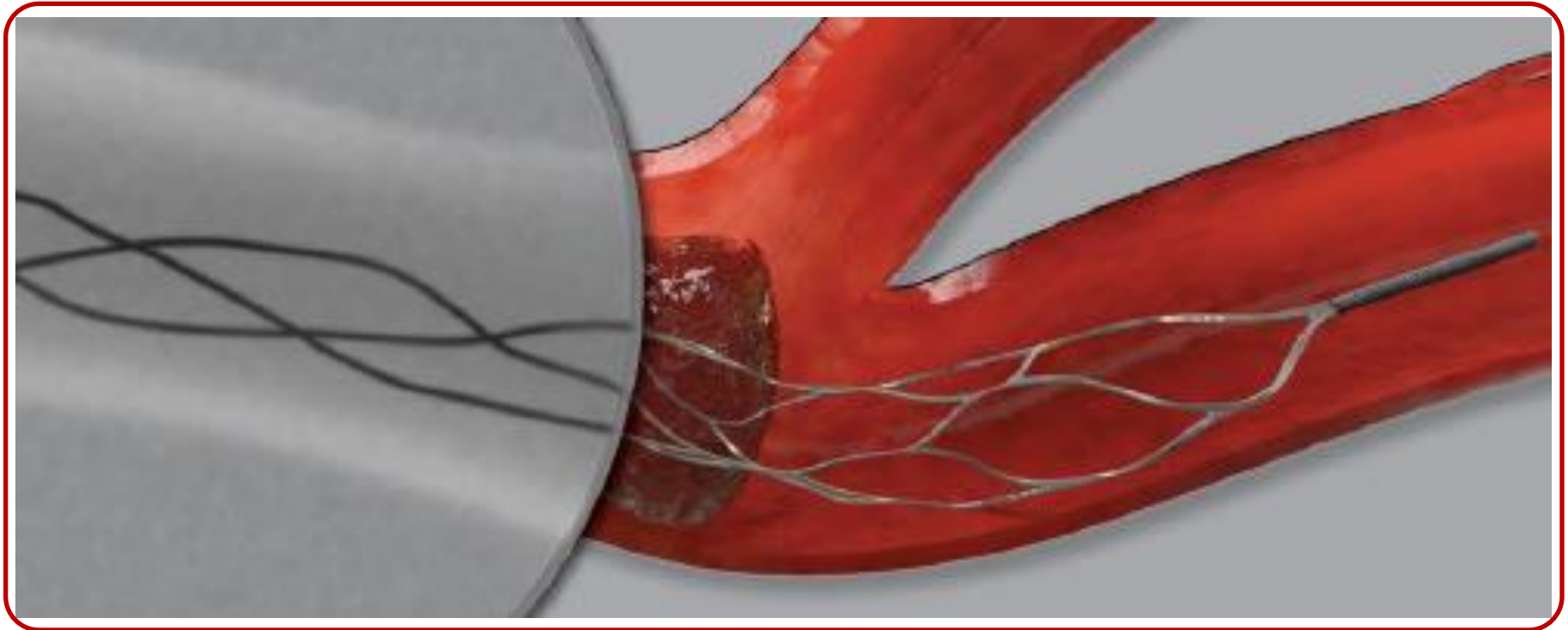
- **Positioning** – visualize deployment and accurate placement of 20mm retrieval area over the clot
- **Interaction** – visualize expansion of struts to understand clot integration upon deployment
- **Retrieval** – visualize the clot's location on the device during retraction



Photograph taken by Stryker Neurovascular.



TREVO PROVUE





NEW TREVO XP TIP OPTION

Trevo[®] ProVue Retriever



NEW Trevo[®] XP ProVue Retriever



TREVO XP :

- ✓ Same *DESIGN* of Vertical Strut Orientation and Wide Cell
- ✓ **FULLY VISIBLE**

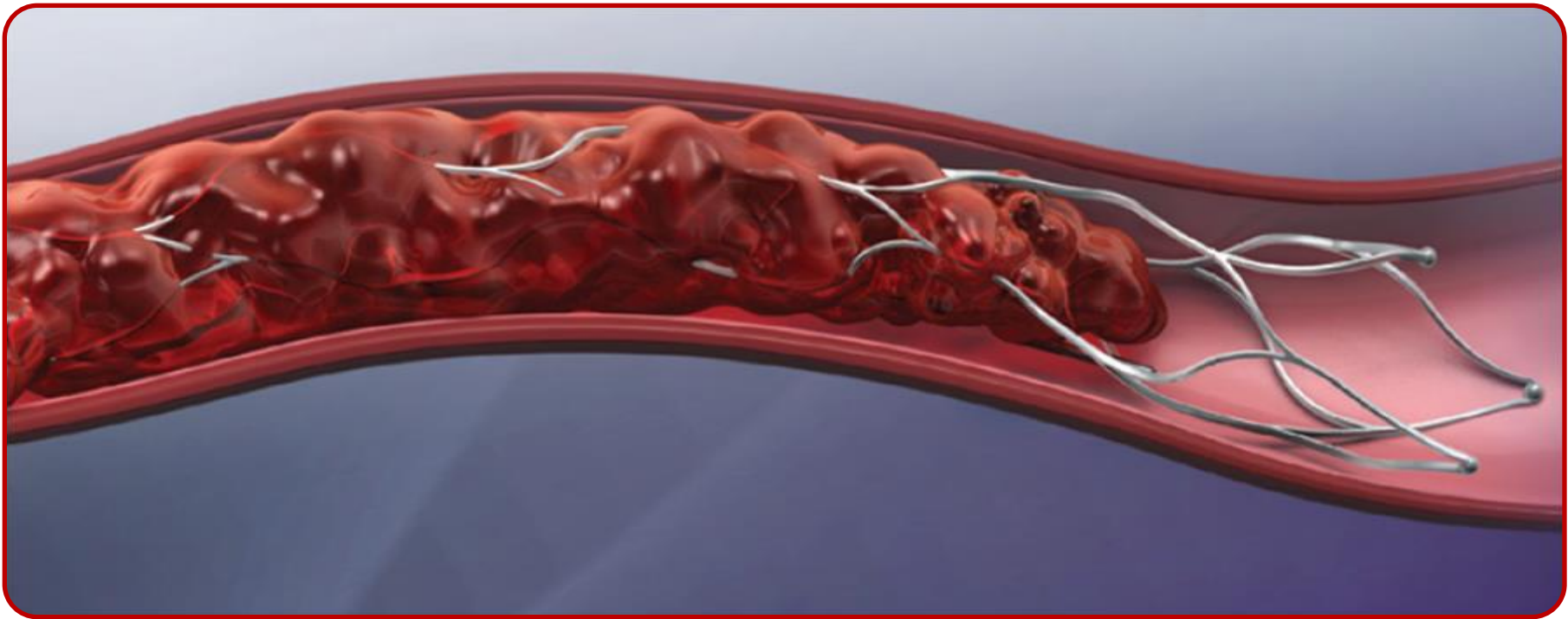
BUT

- ✓ different *TIP* option to reduce the landing zone (bifurcations)
- ✓ Improved **DELIVERABILITY** and **HIGHER VISIBILITY**



Reduced Landing Zone

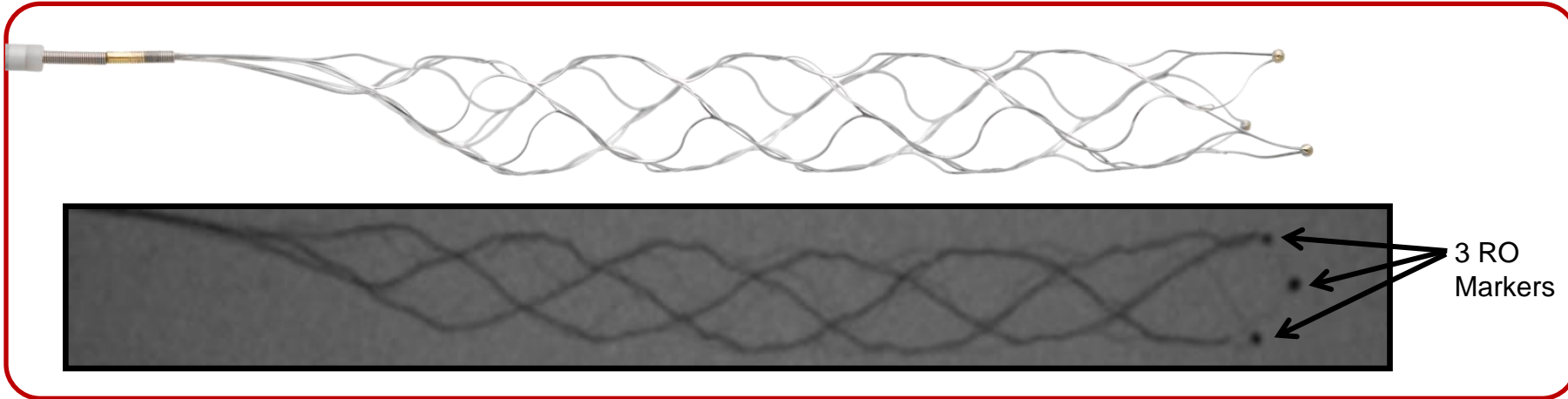
NEW TREVO XP PROVUE



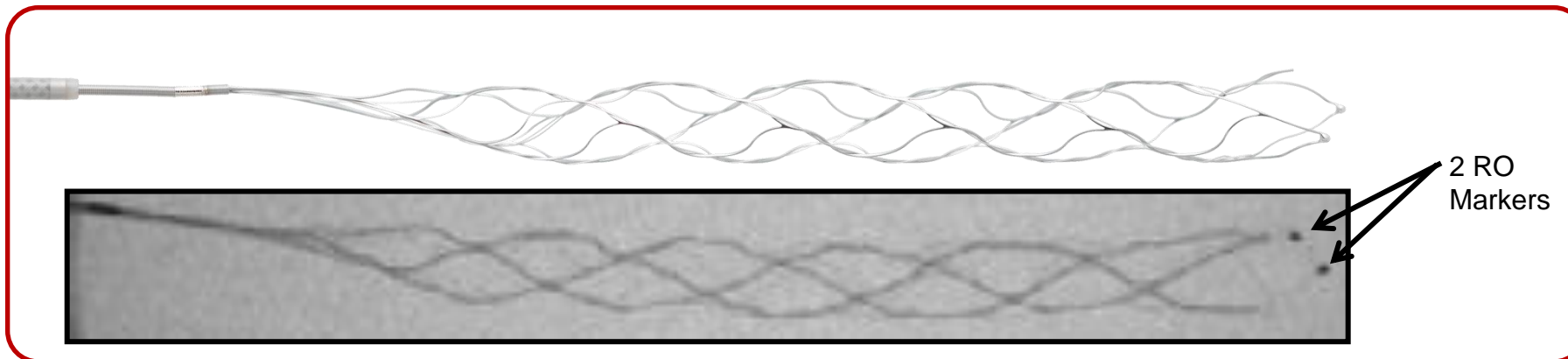


2 sizes of TREVO XP:

Trevo[®] XP ProVue Retriever - 4x20mm



Trevo[®] XP ProVue Retriever - 3x20mm





27/12/2013

59yo F, cardioembolic M1-occlusion

pre stroke mRS 0. Last seen well 07:00h, found with left HP 12:00h. NIHSS 11

CT/CTA/CTP: right M1-occlusion, no demarcation, rCBV:TTP-mismatch.
Tortuous supraaortic anatomy

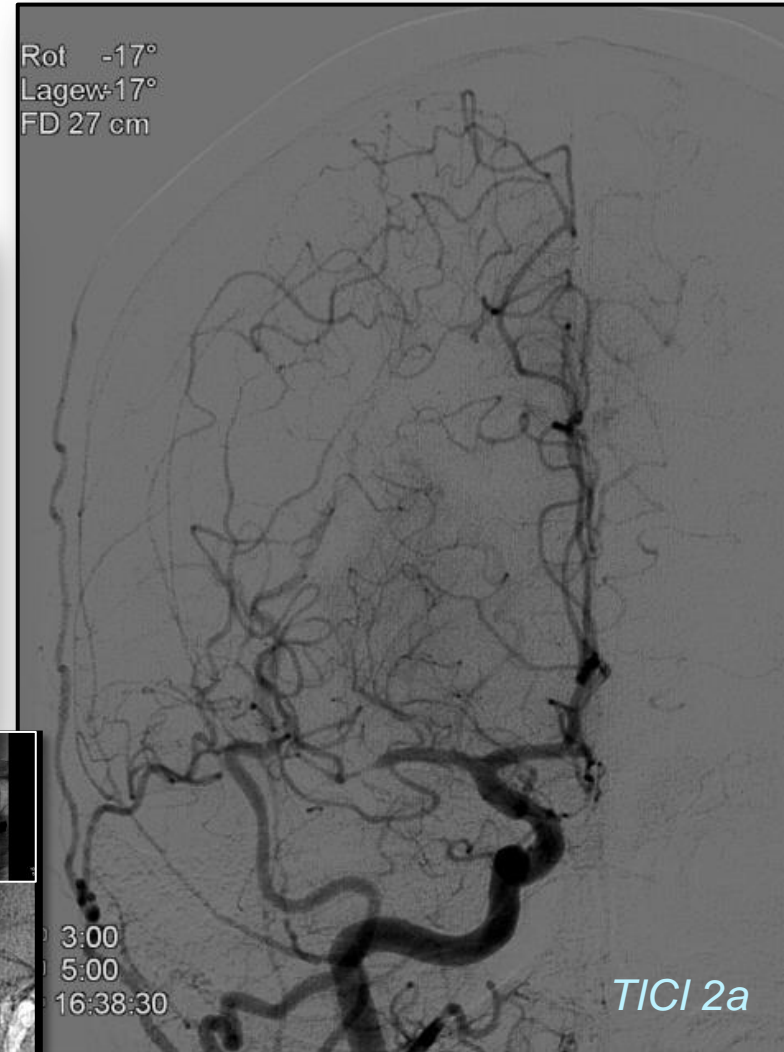
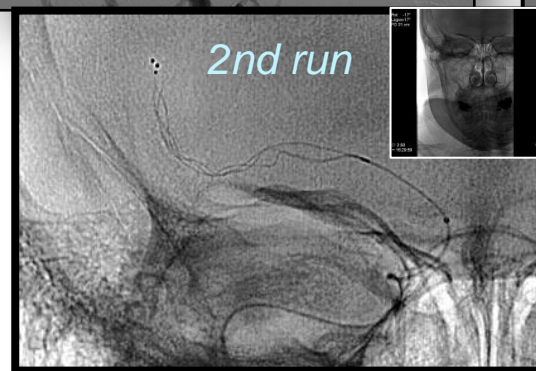
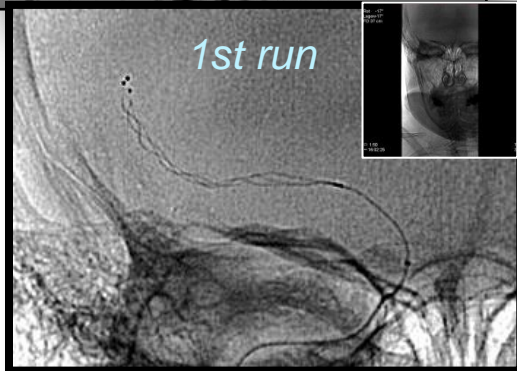
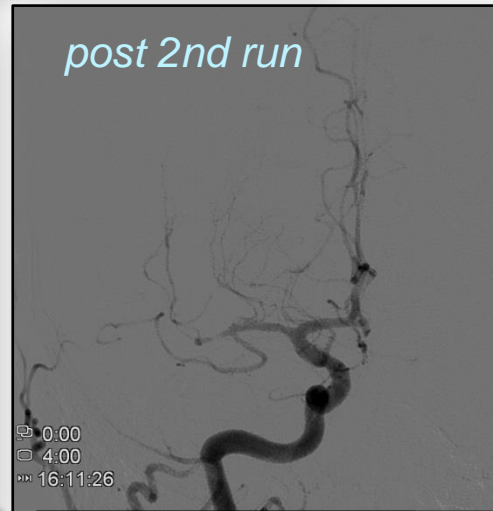
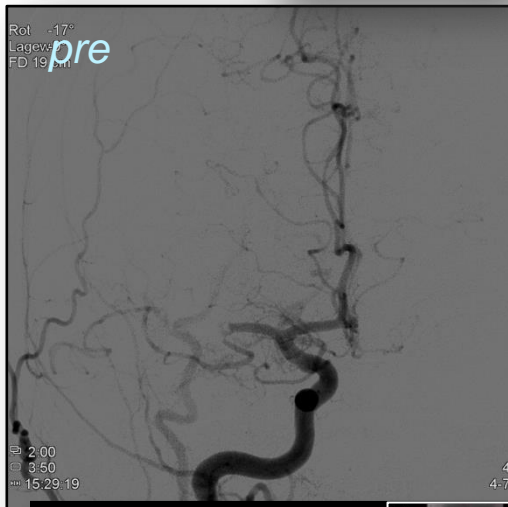
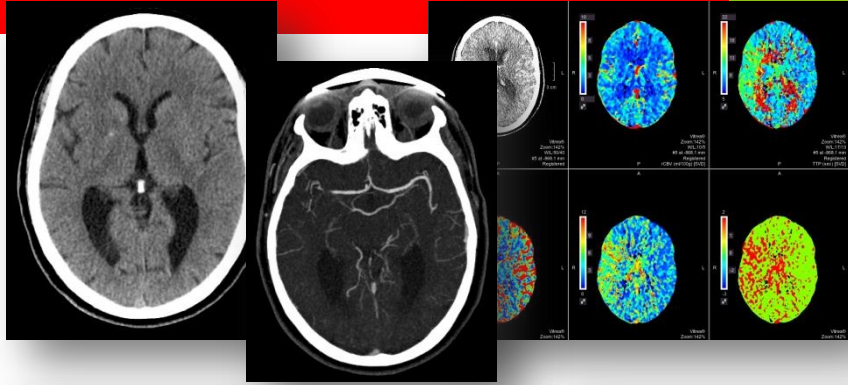
No iv lysis. Groin puncture 15:40h.

Concentric 8F BC, Trevo 18 MC, Synchro² .014 GW

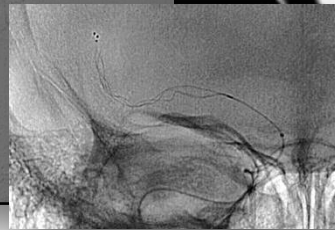
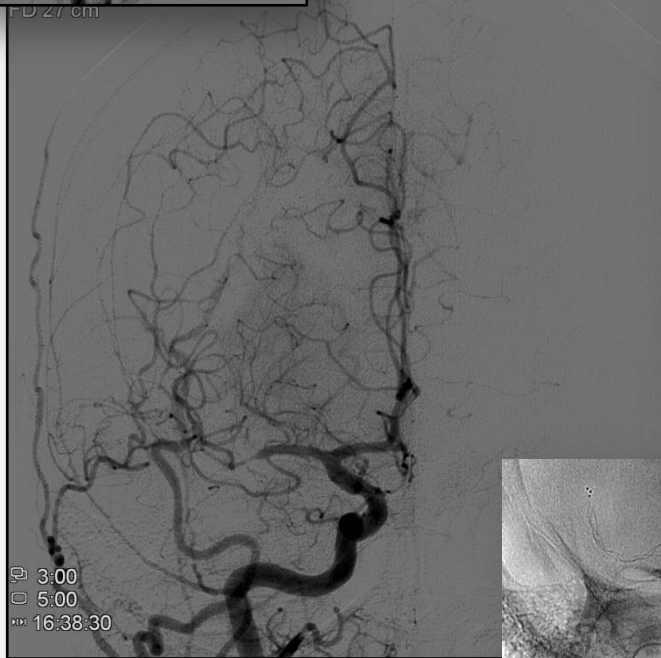
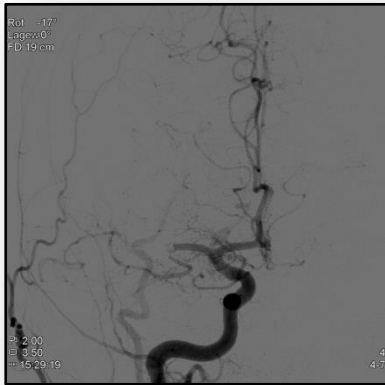
1st run 16:00h, 2nd run 16:30h – TIC1 2a
3rd run with a different device (ERIC, headway 17) 17:00h – TIC1 2a

CT-F/U: partial BG infarction. No bleeding.

Discharge home day 9, NIHSS 0, mRS 1



Patient 1 - 59yo female



Patient 1 - 59yo female



16/01/2014

80yo M, arterioarterial embolic M1-occlusion

pre stroke mRS 1. onset 8:30h, right HP and aphasia, NIHSS 14

CT/CTA/CTP: left CCA occlusion, collateral ICA filling. Distal M1 occlusion. No demarcation, rCBV:TTP-mismatch

iv lysis 9:50h, groin puncture 11:30h. Revascularization, then CAS (Tirofiban iv)

Maxx 8F, 5Max ACE, Velocity MC, Synchro² .014 GW - failed

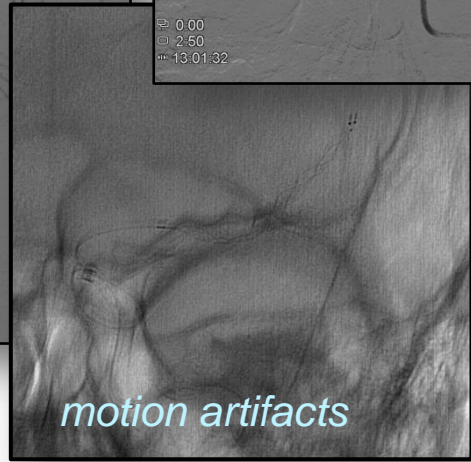
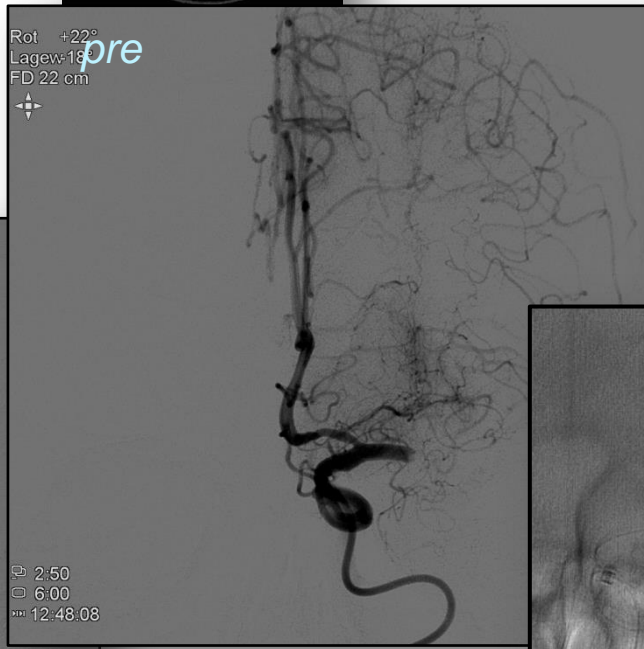
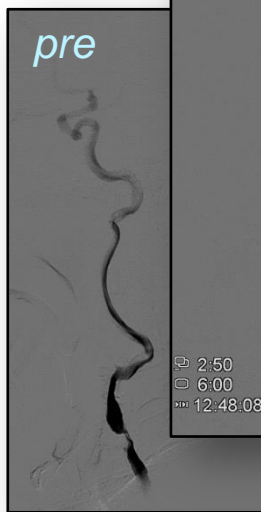
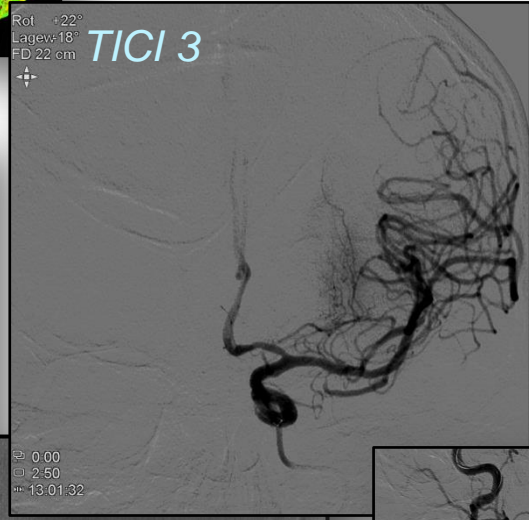
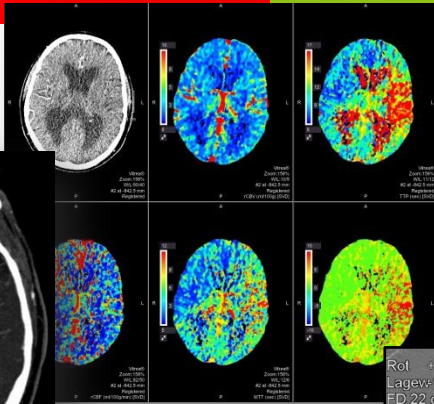
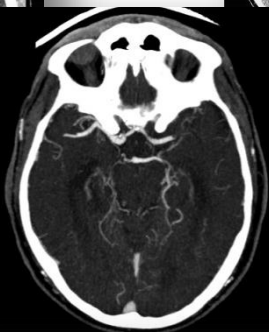
Maxx 8F, 5Max ACE, Trevo18 MC, Synchro² .014 GW. 1st run 12:55h – TICI 3

CT-F/U: no bleeding. 1/3 MCA infarction

Exitus letalis day 7 (pneumonia)



Patient 2 - 80yo male





06/02/2014

68 yo F, cardioembolic incomplete MCA bifurcation occlusion

pre stroke mRS 0. Right HP, aphasia. Onset 12:50h, NIHSS 10

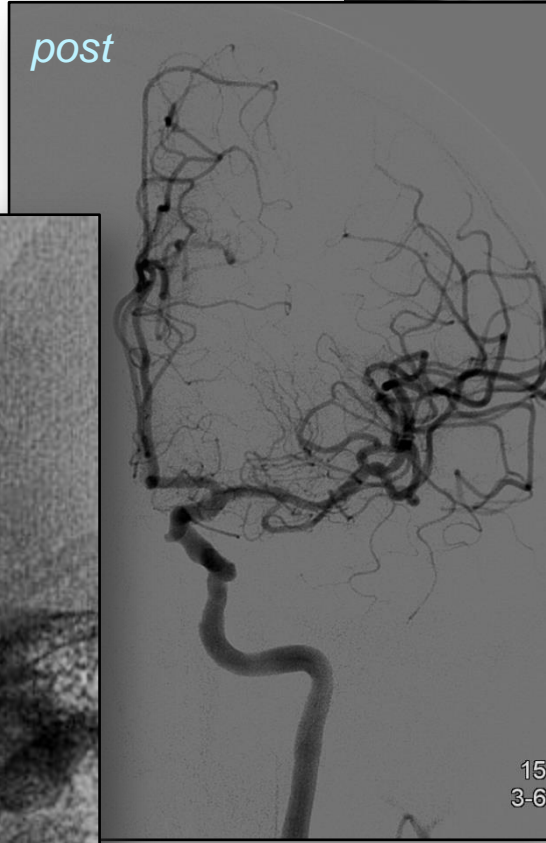
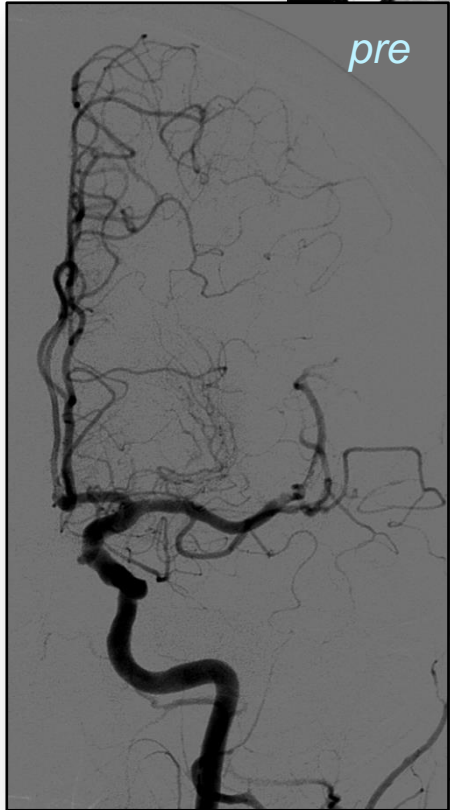
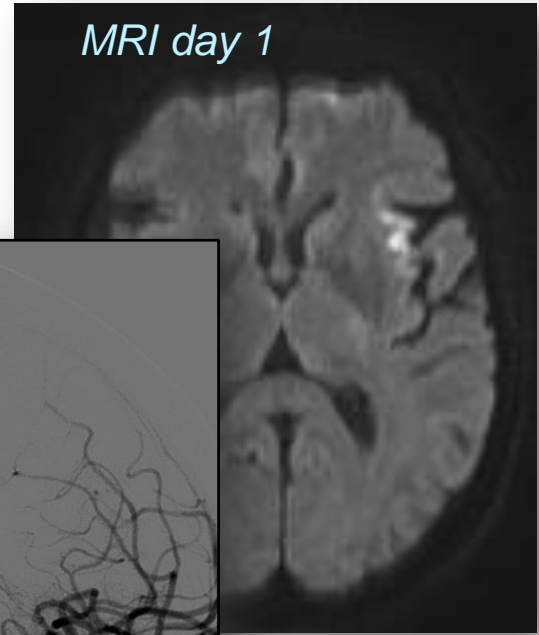
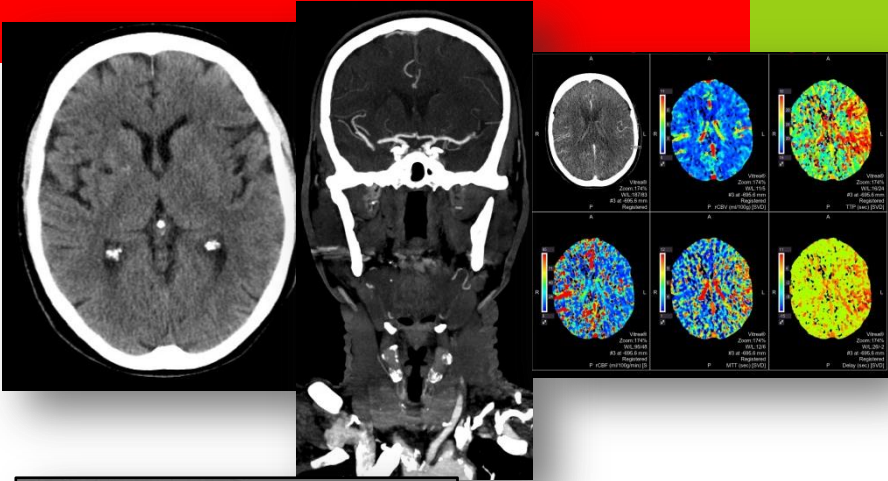
CT/CTA/CTP: partial left distal MCA occlusion, no demarcation. rCBV : TTP mismatch

AF, Xarelto medication: no iv lysis. GP 16:30

Concentric 8F BC, Trevo 18 MC, Synchro² .014 GW. 1st run 17:35 h - TICl 3

CT-FU: no bleeding. MRI day 1: small infarctions insula and caudate nucleus. No bleeding.

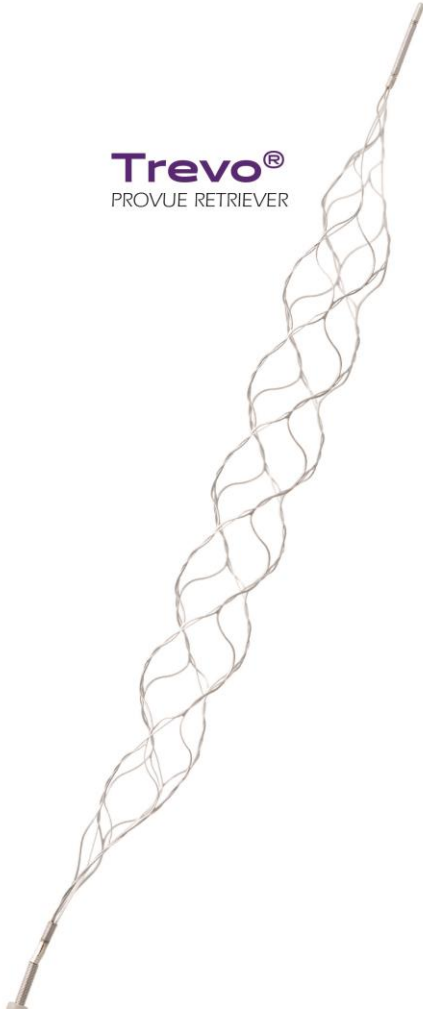
D home day 9, NIHSS 0, mRS 0



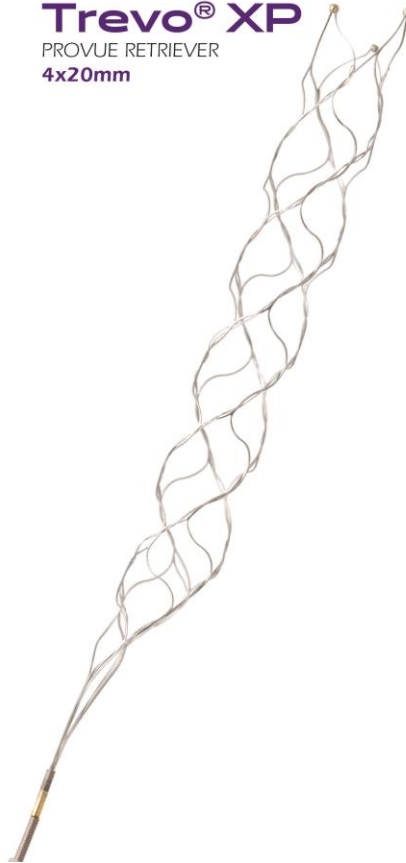
Patient 3 - 68yo female



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PROVUE RETRIEVER



Trevo[®] XP
PROVUE RETRIEVER
4x20mm



Trevo[®] XP
PROVUE RETRIEVER
3x20mm

