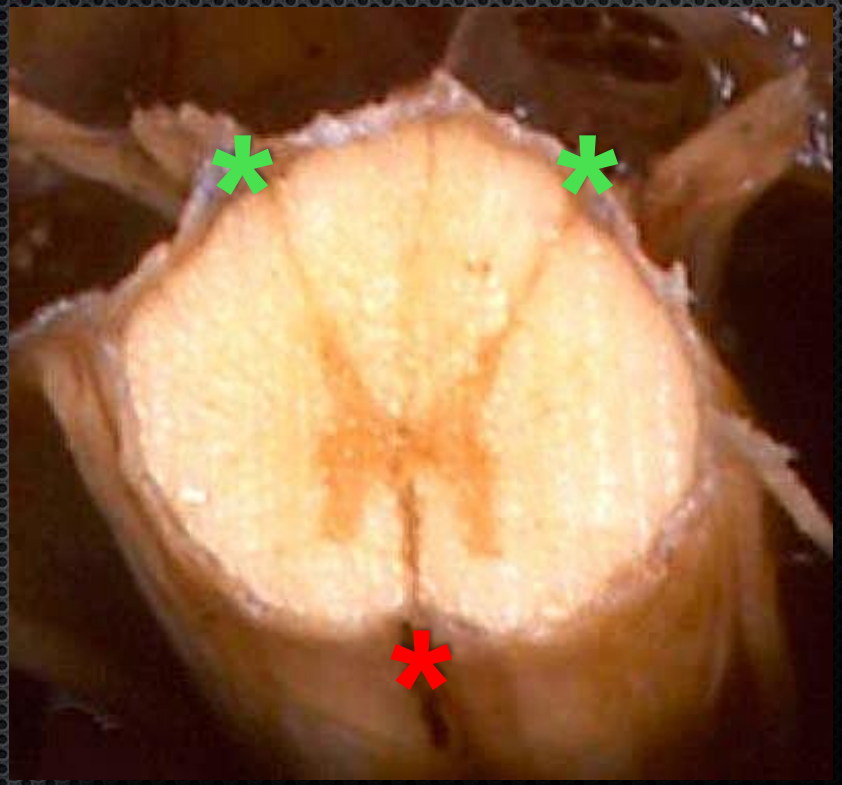
TRAITEMENT DE SHUNTS ARTERIOVEINEUX MEDULLAIRES POSTERIEURS VIA L'ARTERE SPINALE ANTERIEURE :

IMPORTANCE DE LA RECONNAISSANCE ANATOMIQUE & INTERET DE LA CORBEILLE VASCULAIRE.



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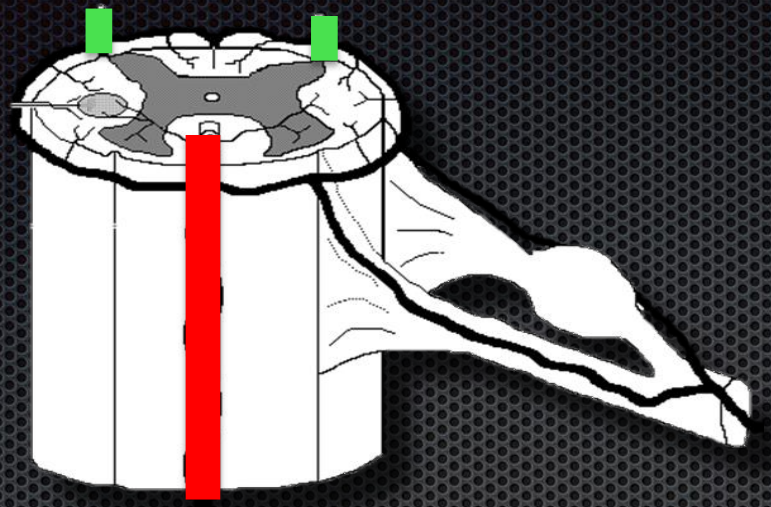
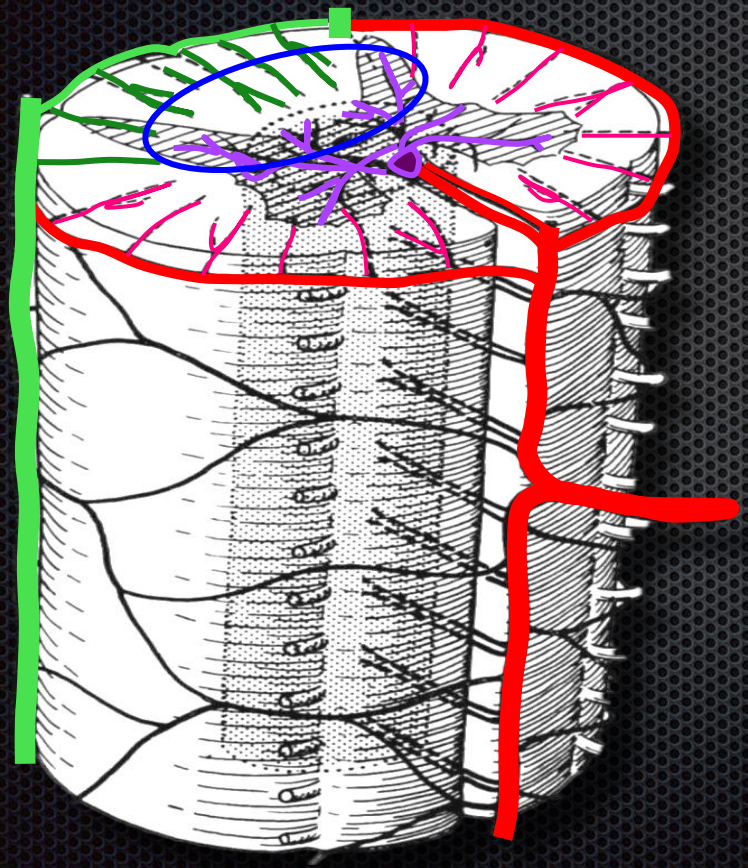
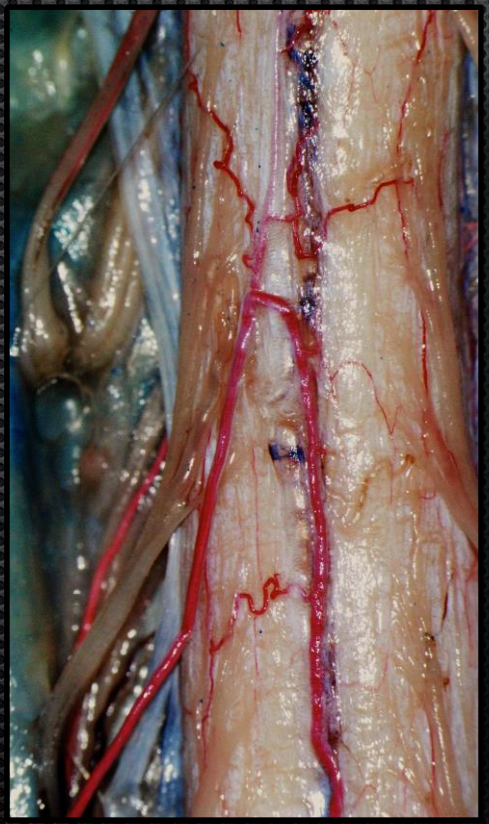
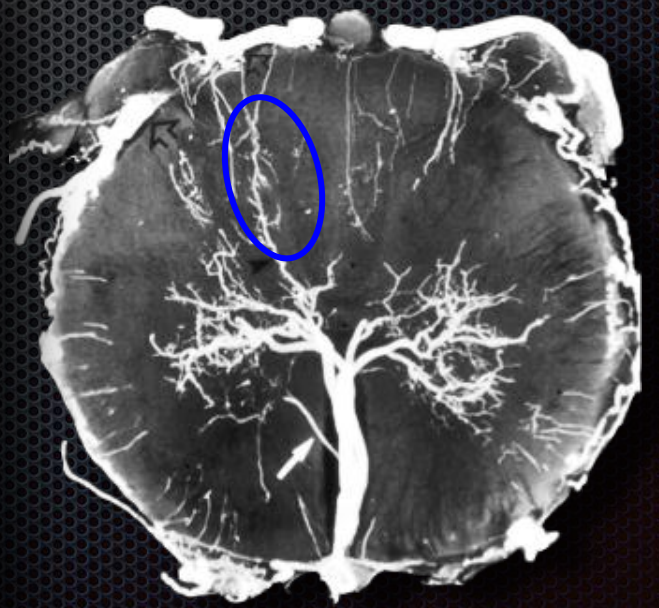
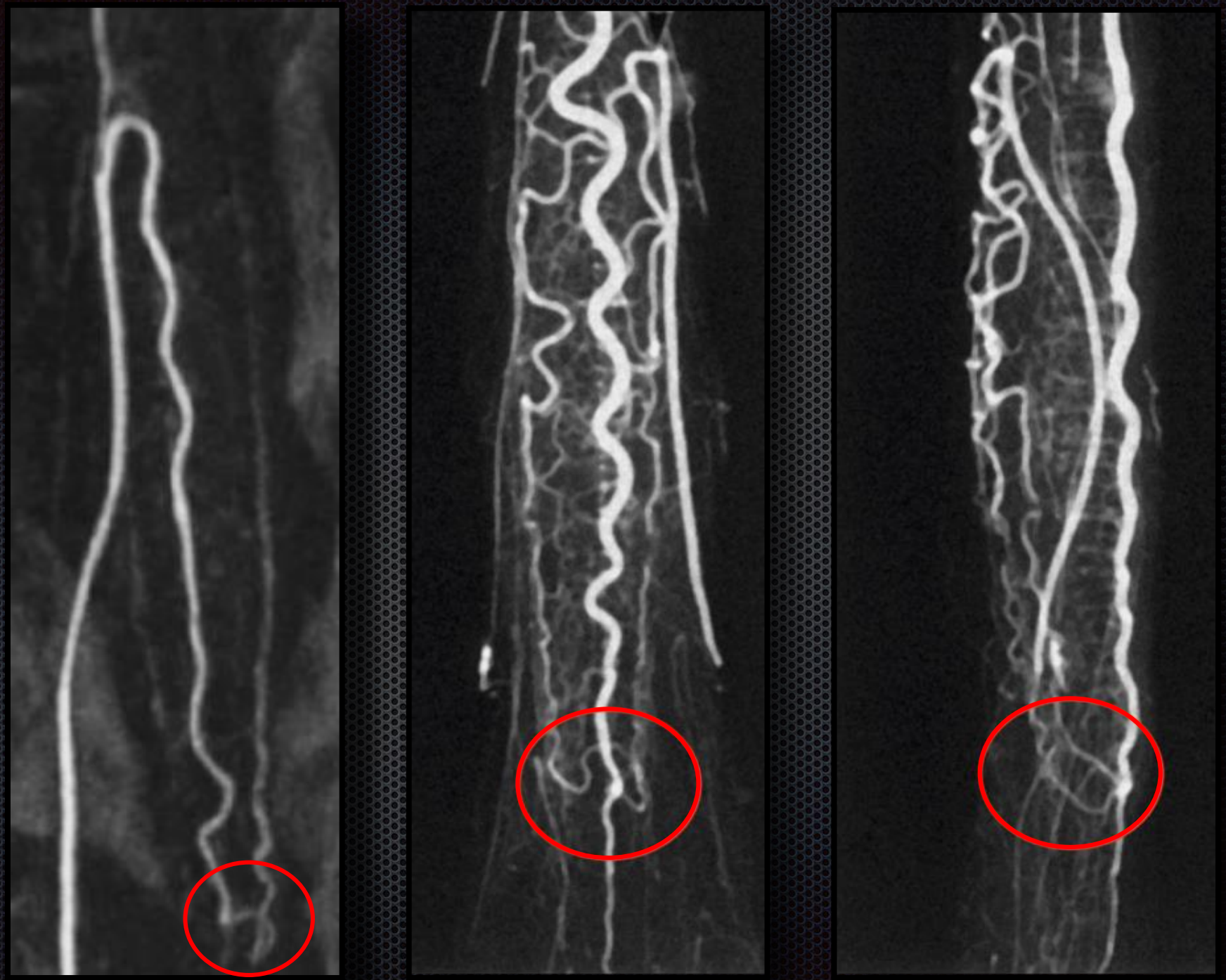


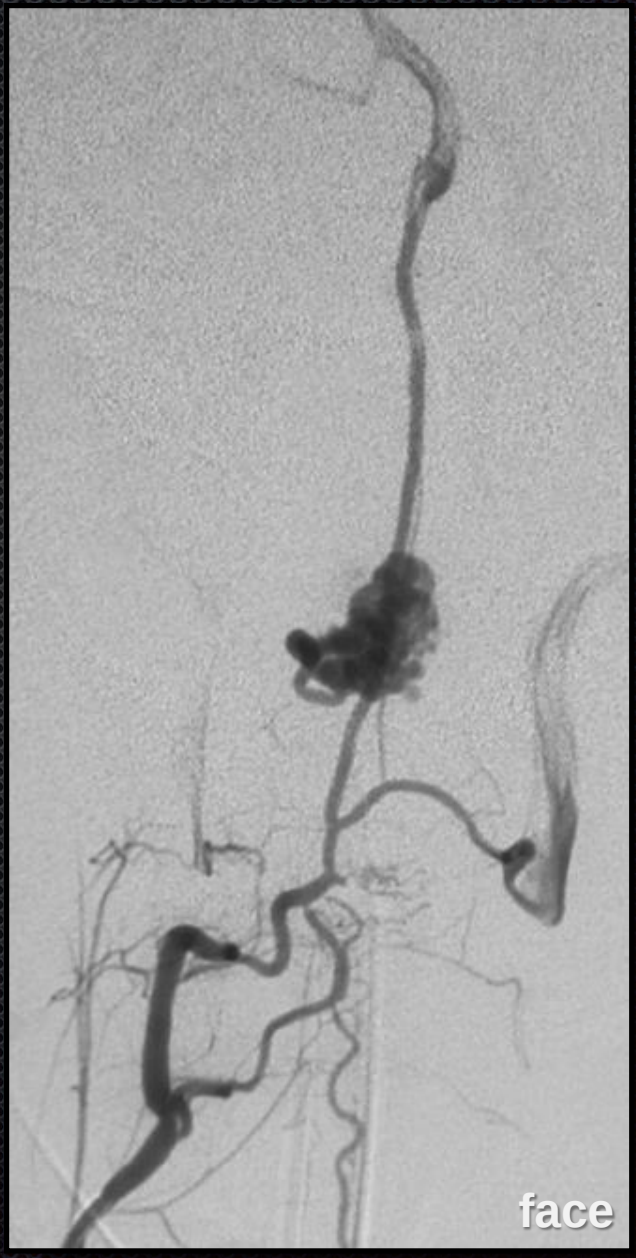


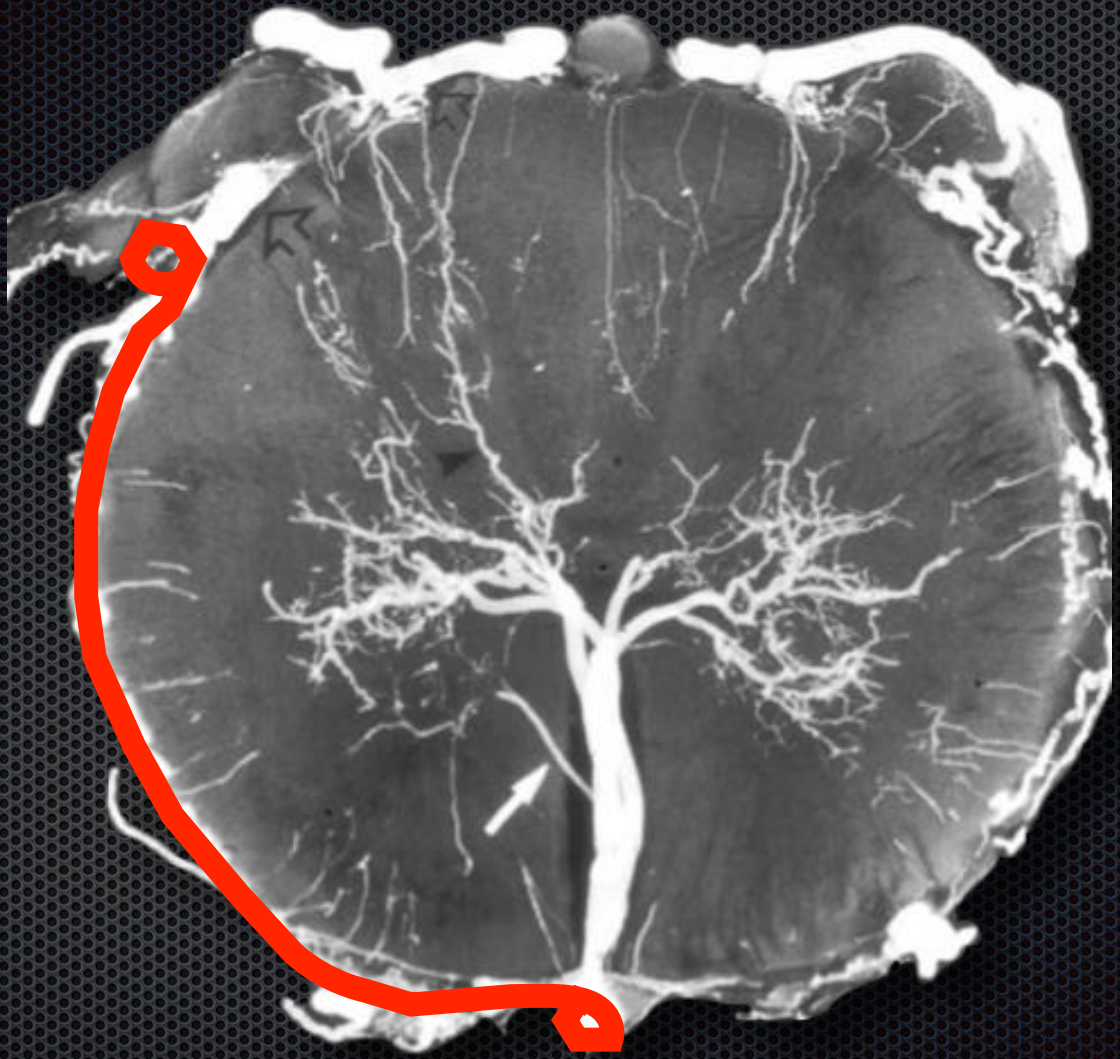


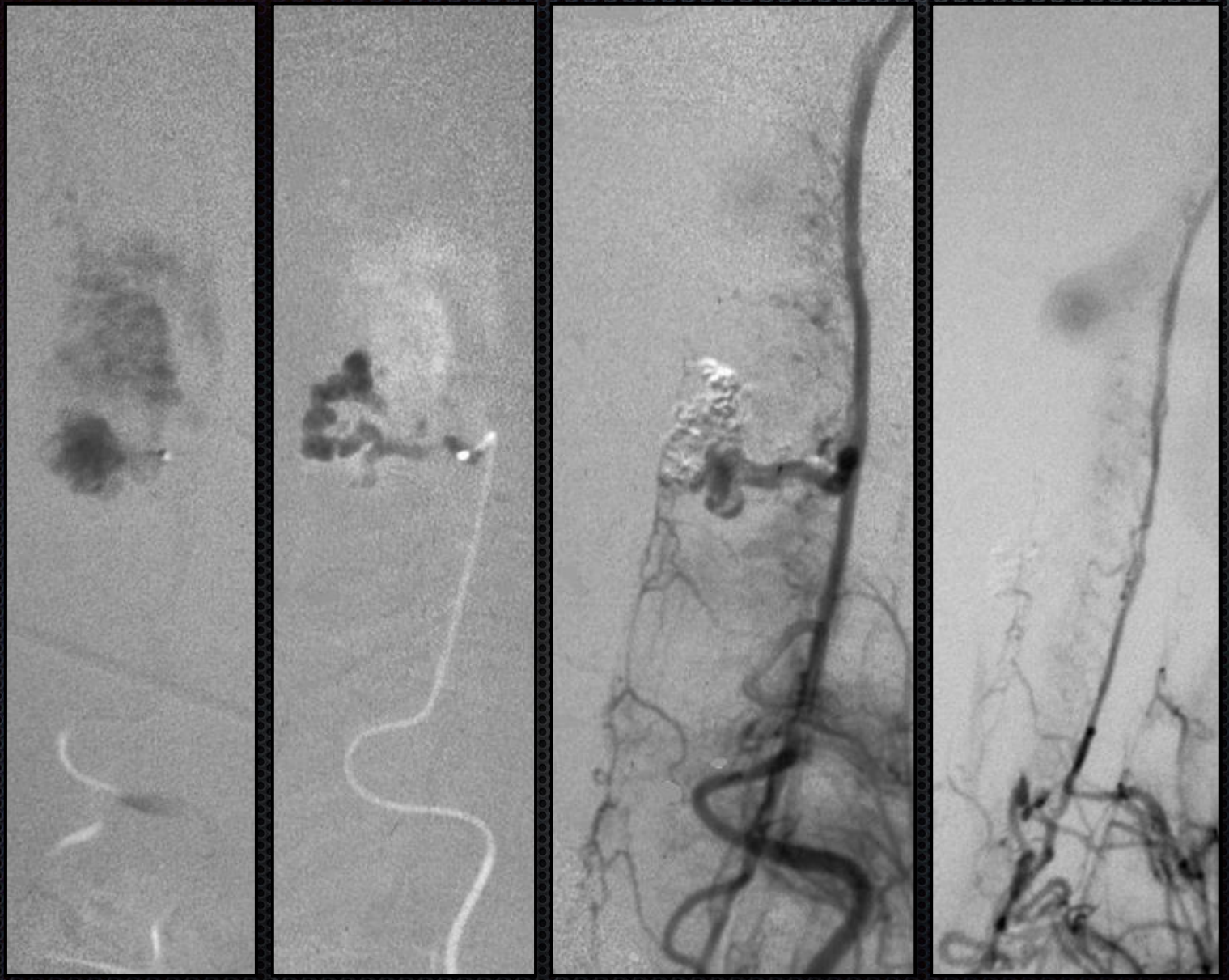




Cas représentatif N° 1







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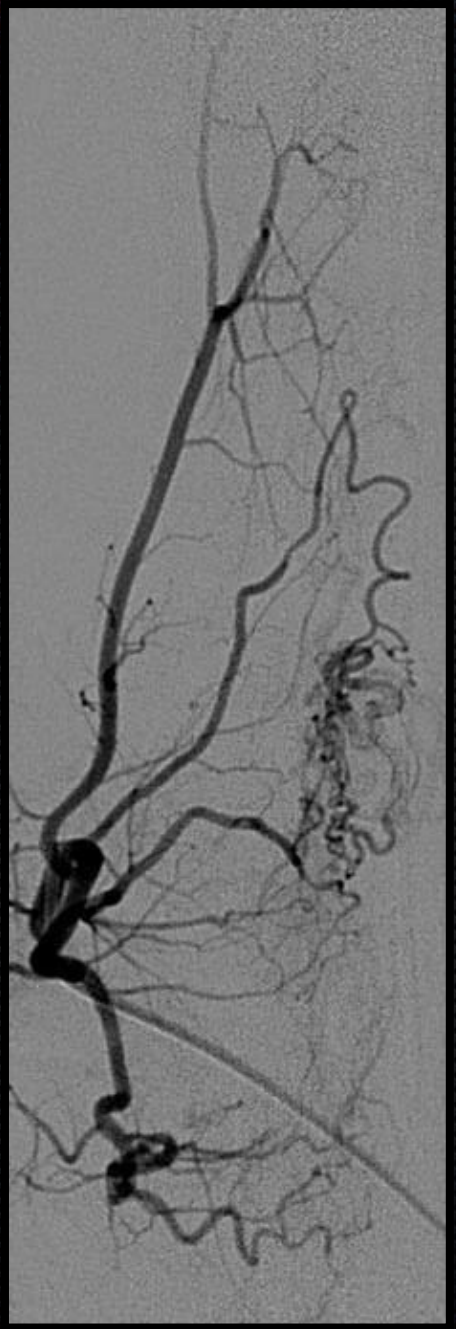
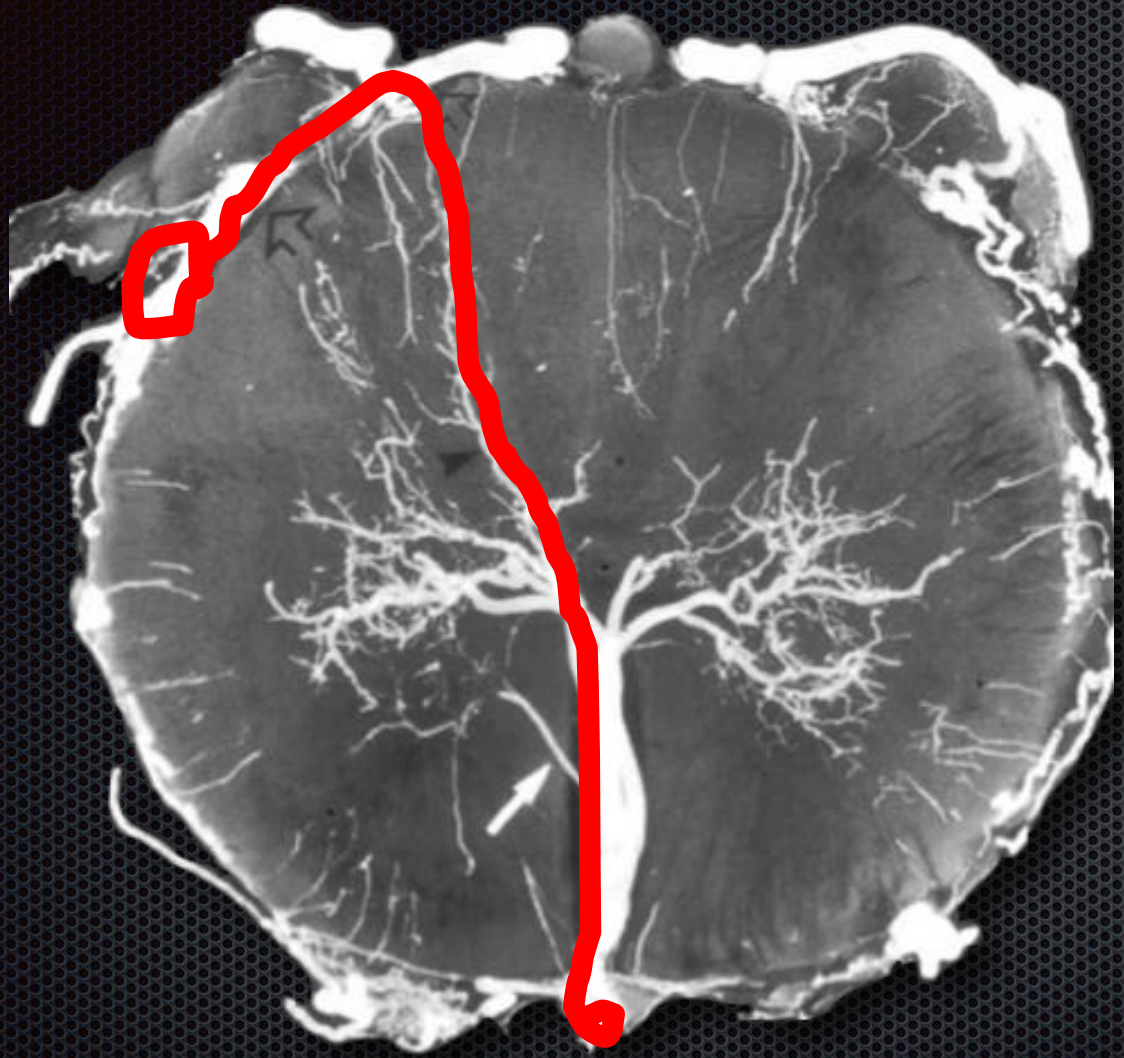
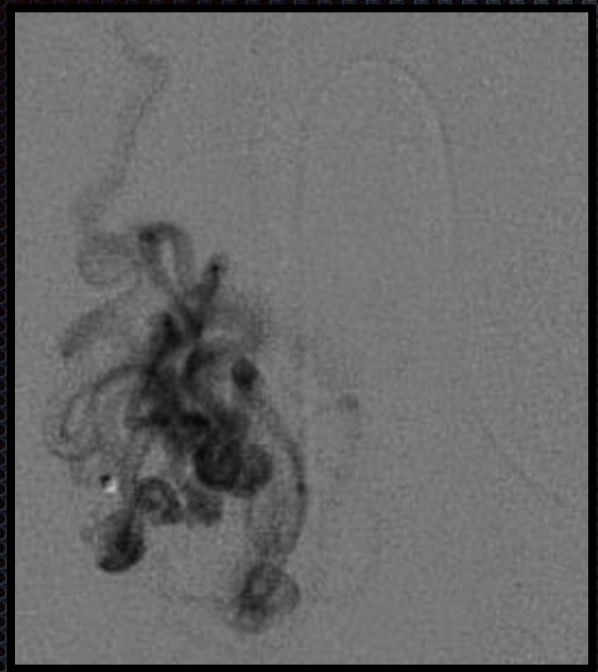
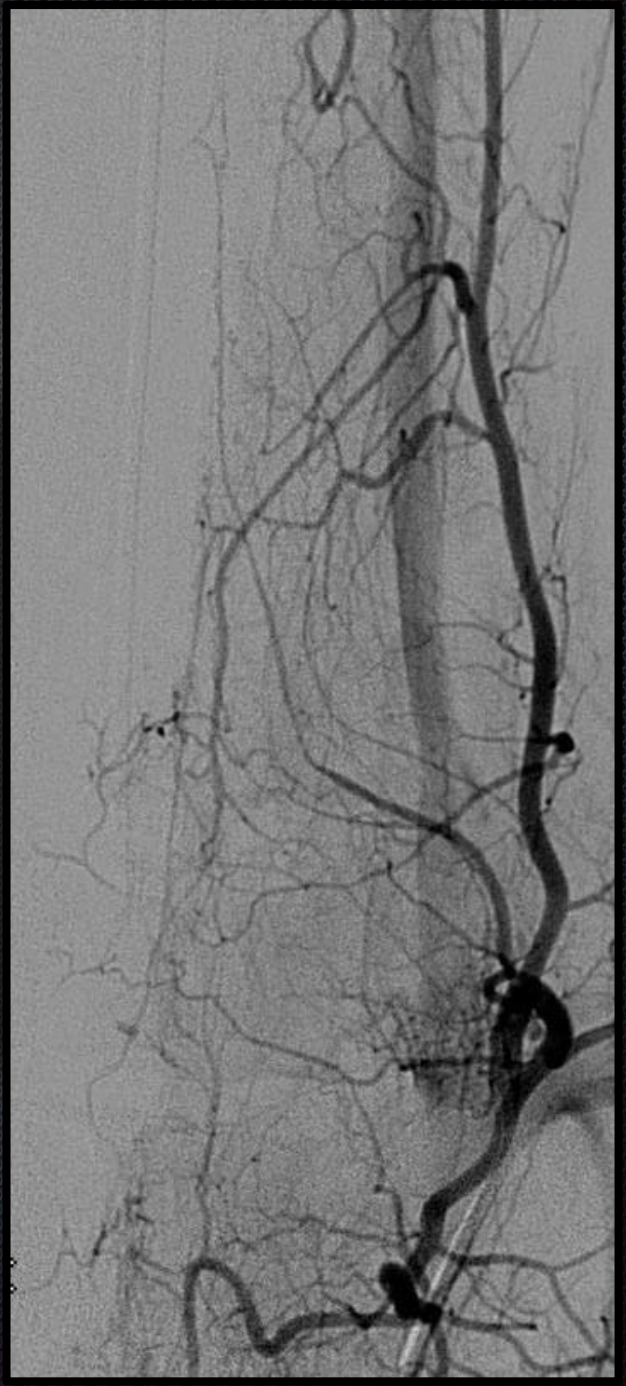



face


3/4







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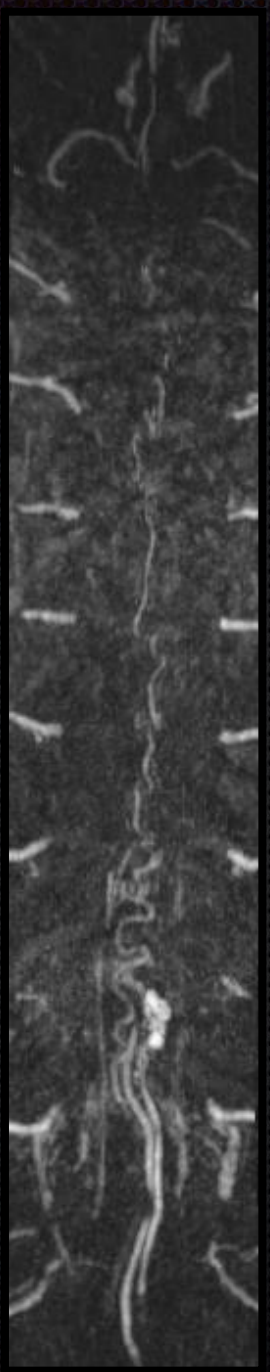
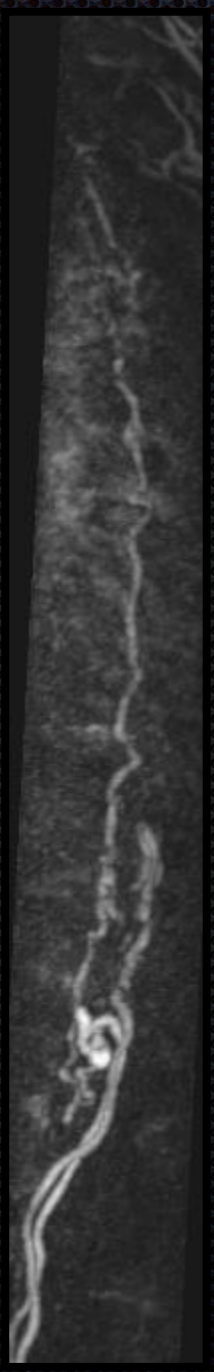
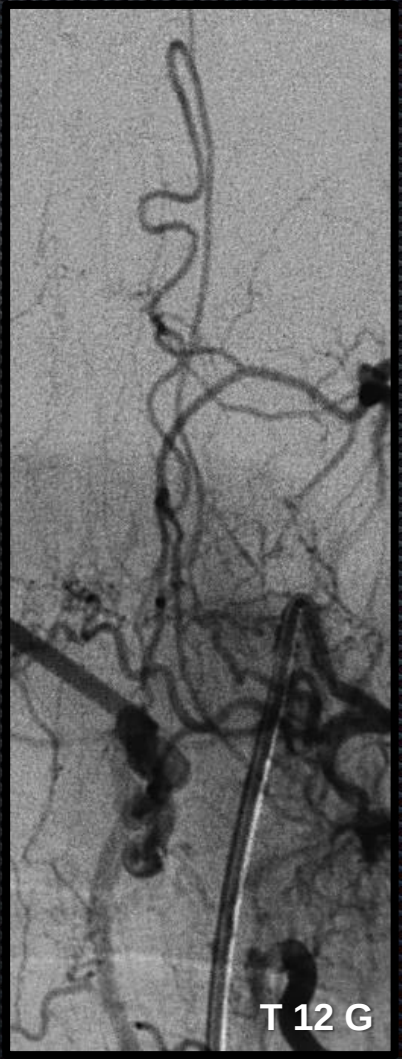
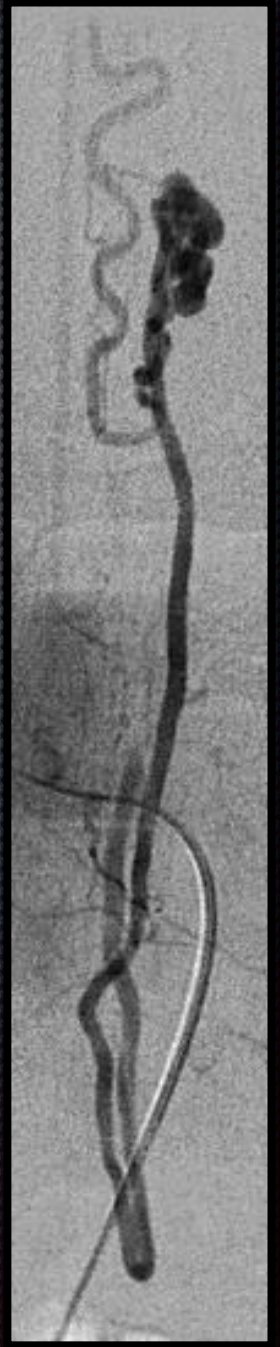
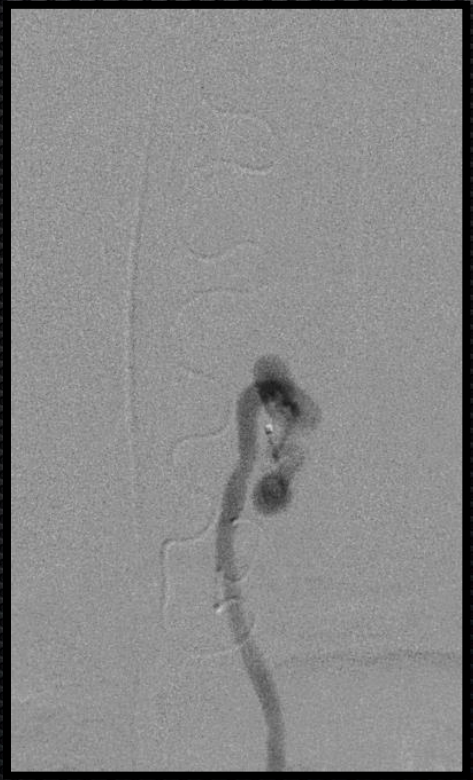
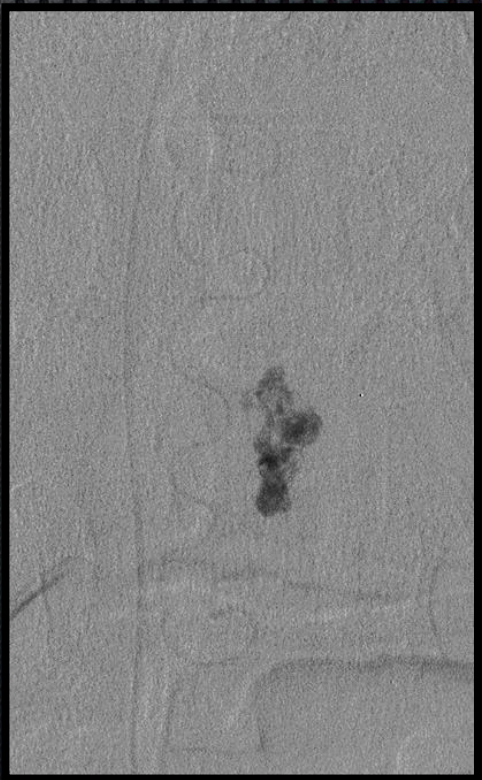


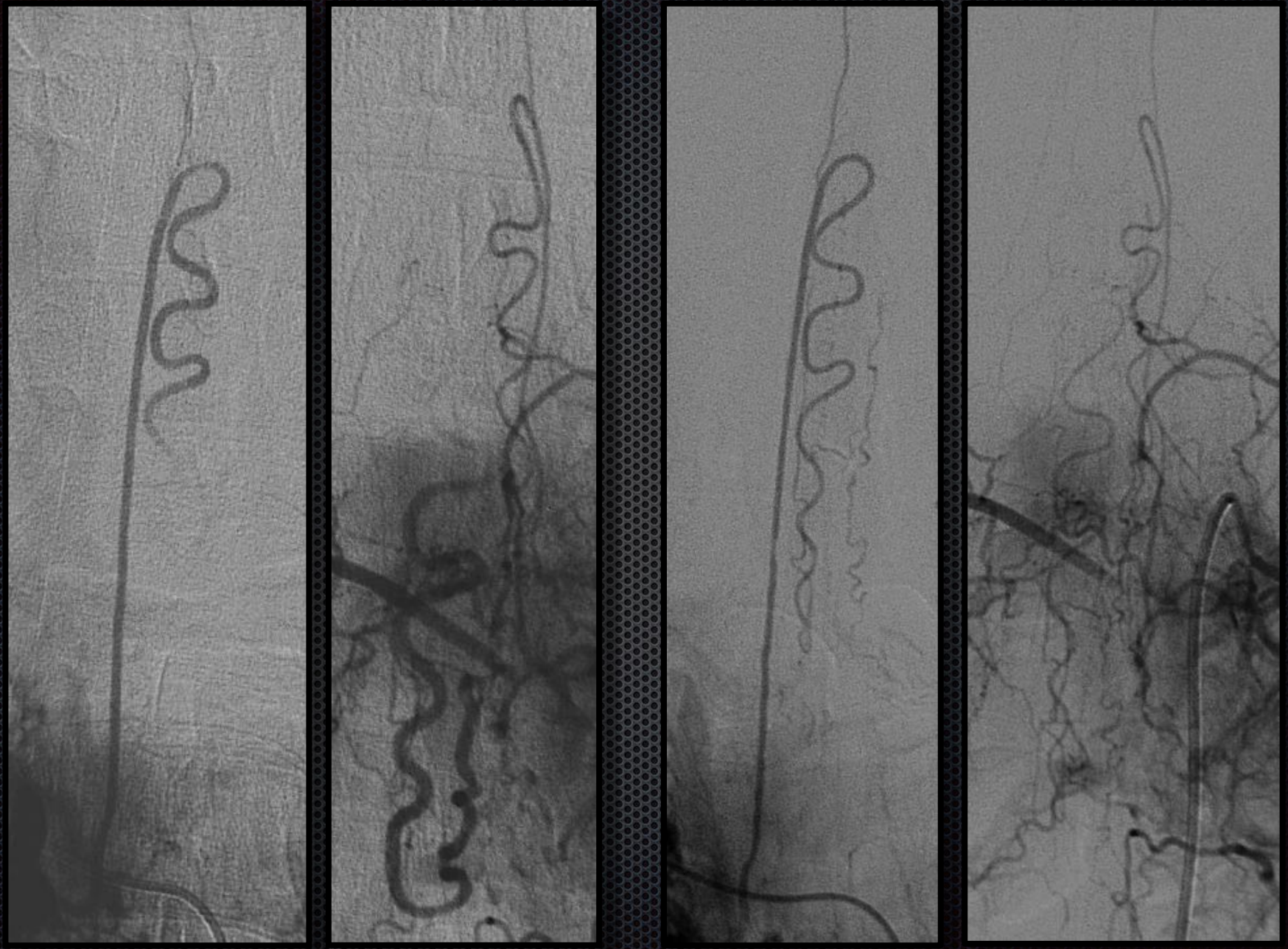










Hôpital Foch Mars 2002 - Mars 2014

122 MAV med 89 E° glue (53 via ASA)

Cure de lésion	100%	19 %
	50 - 99%	54%
	<50%	27% (75 % en cours)

} 73%

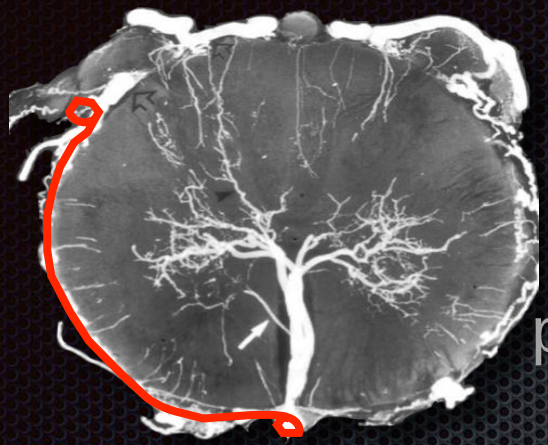
91% patients normaux
stables
améliorés

6% morbidité

3% aggravation

neuro 2 %
saignement 1 %

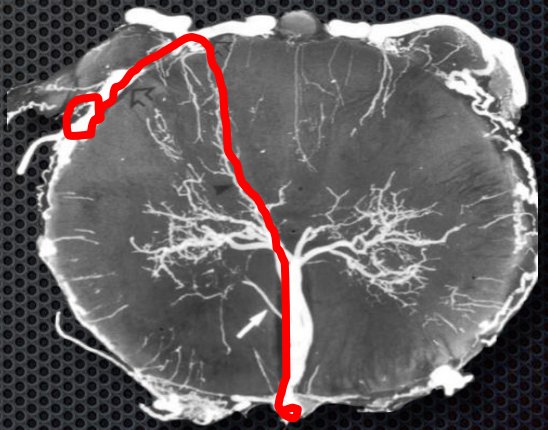
KS 90 n= 1 (90->90)
KS 80 n=3 (90->80)
KS 70 n=1 (90->70)
KS 40 n=1 (40->40)



Circulation piale coronale:

- Pas de KT bloqué

pour ne pas occlure les perforantes centripètes.



Circulation trans-médullaire:

- Traverser toute la moelle pour ne pas occlure les vaisseaux intra médullaires.

Corbeille du cône:

- 2 points fixes: risque spasme ou rupture.
- Laisser de la souplesse au cathéter.