

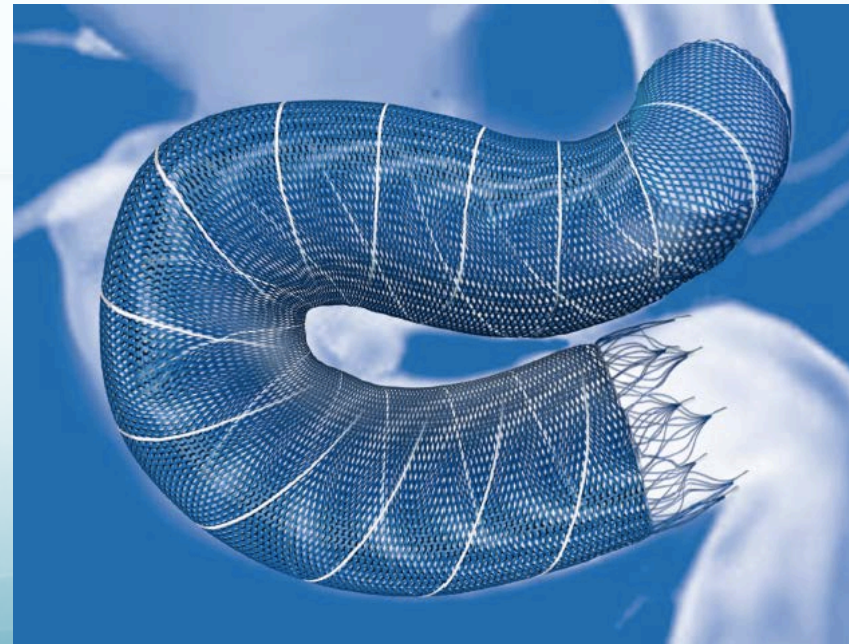
# Flow Diverter p64 à détachement mécanique contrôlé. Résultats et suivi à long terme

Alessandra Biondi

Service de Neuroradiologie et Thérapie Endovasculaire  
*Hôpital Jean Minjot - CHRU de Besançon*

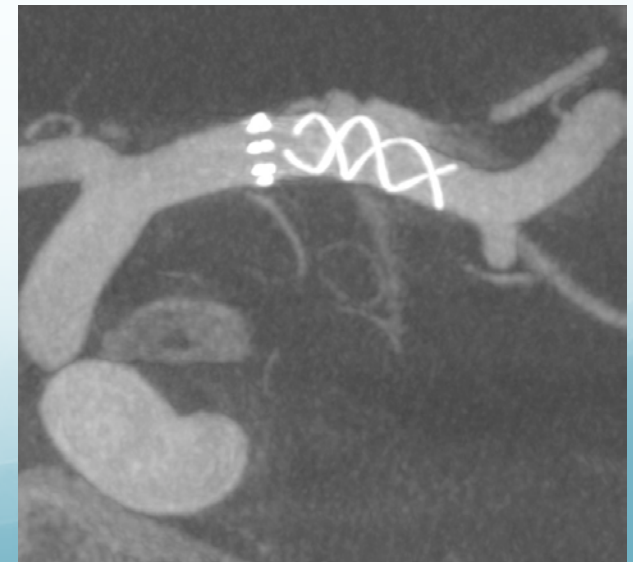
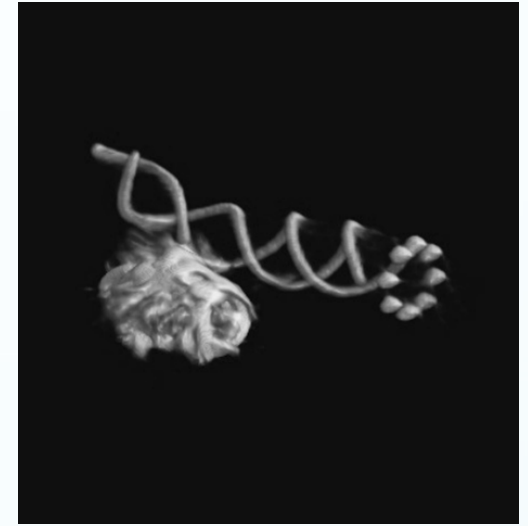
# p64 flow diverter 100% recapturable

phenox

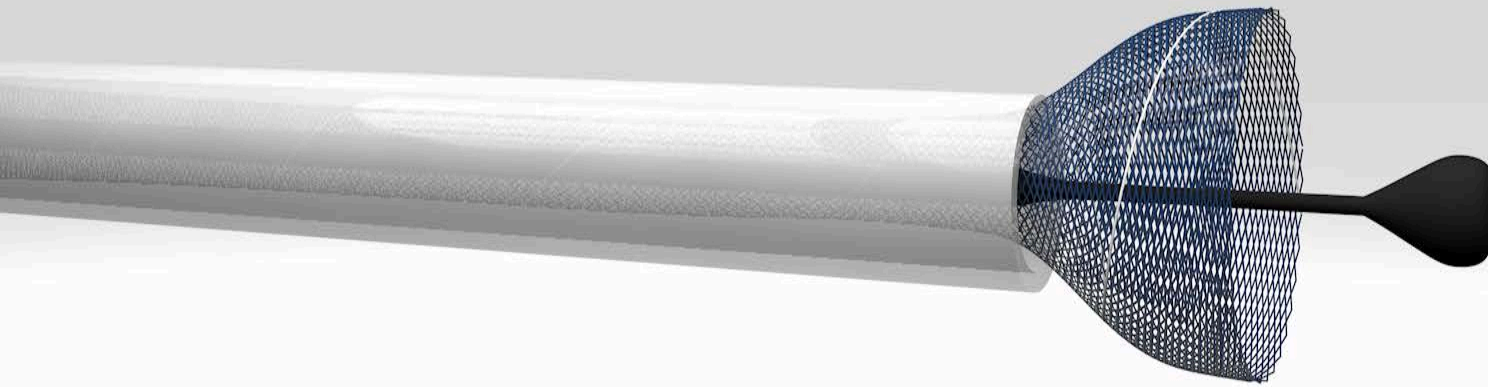


# p64 Flow Diverter de dernière génération

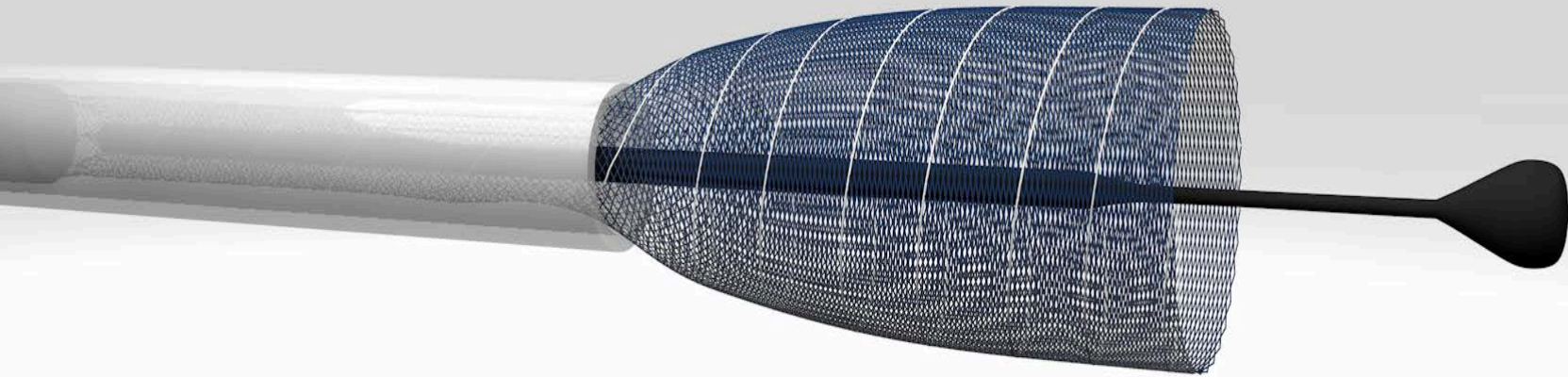
- 64 fils de Nitinol
- 2 fils de platine radio-opaques
- 8 repères proximaux en platine



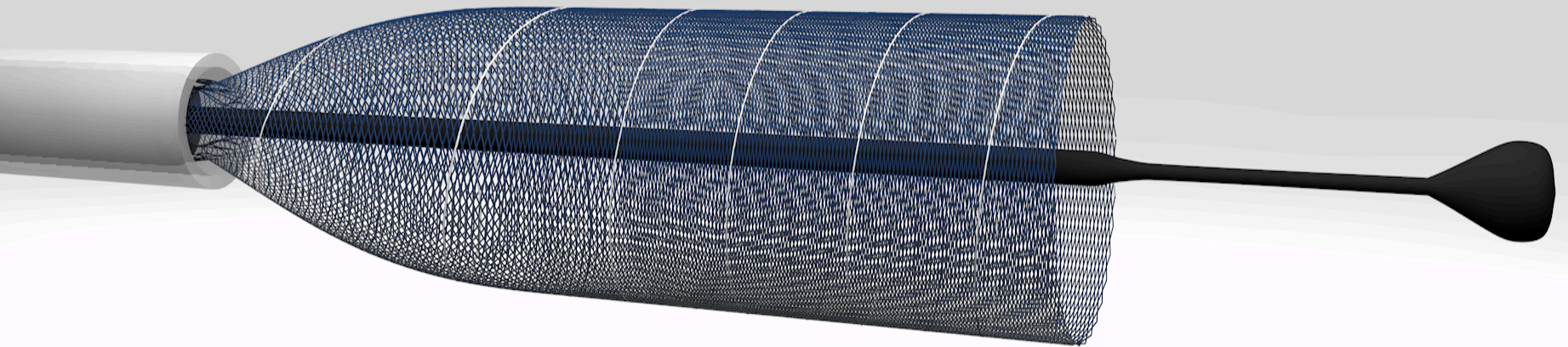
# p64 Flow Modulation Device



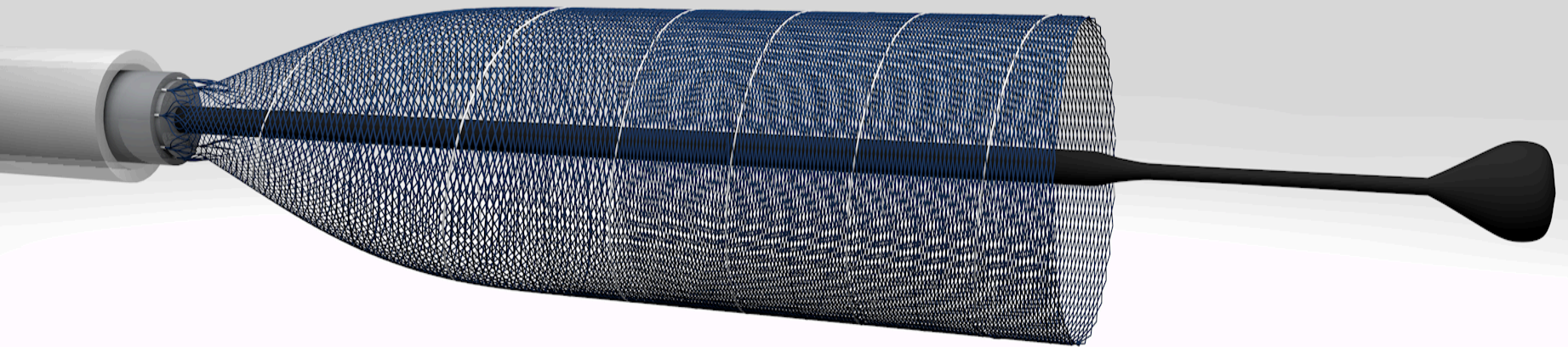
# p64 Flow Modulation Device



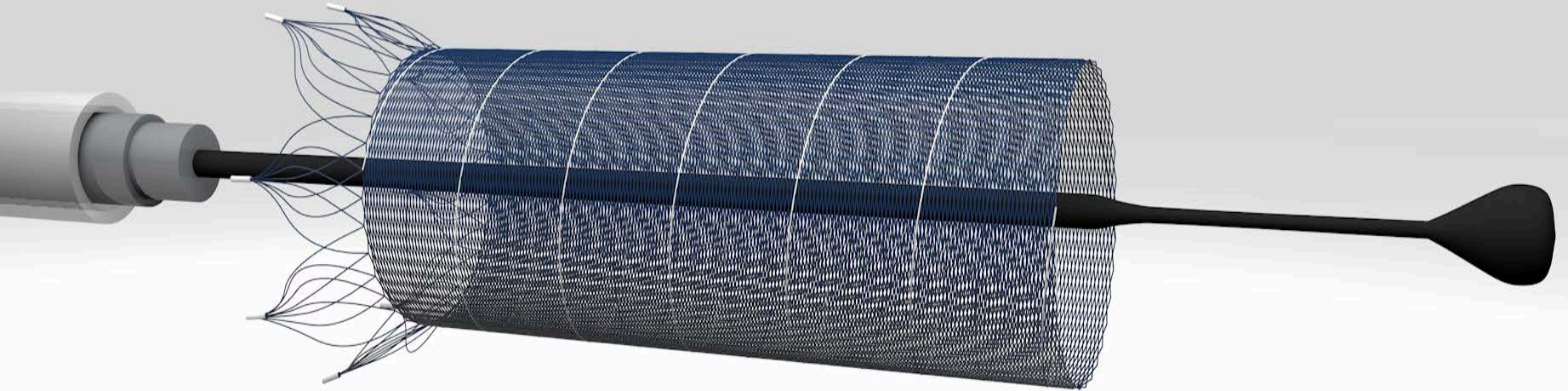
# p64 Flow Modulation Device



# p64 Flow Modulation Device



# p64 Flow Modulation Device





# 100% recapturable

- Le p64 se déploie complètement à mesure qu'il est poussé hors du microcathéter
- repositionnement à volonté dans le microcathéter
- Système de largage mécanique (gaine hypo-tube rétractable)



# p64 Flow Diverter compatibilités

- Microcathéters compatibles :
  - - Excelsior XT-27 150/6 cm (Stryker)
  - - Headway 27 (Microvention)
  - - Marksman (ev3/Covidien)

# Expérience à Besançon

22 Patients : 18 F, 4 homme - Age moyennes : 54 ans

27 Anévrismes (3 pats. 2 an. - 1 pat. 3 an.) - 24 stents

14 non rompu

1 rompu

12 recanalisés (9 coils, 1 clip & coils, 1 coils & PED, 1 LUNA)

12 artère cérébrale moyenne

7 artère cérébrale antérieure A1-A2

6 siphon carotidien (1 intracaverneux)

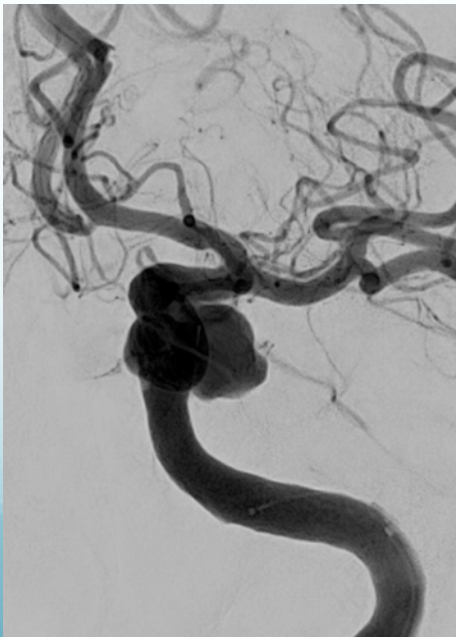
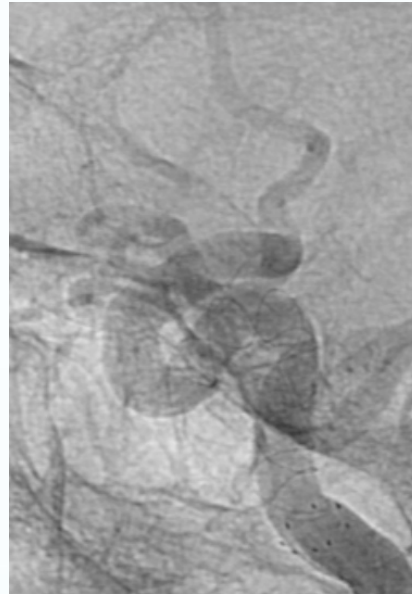
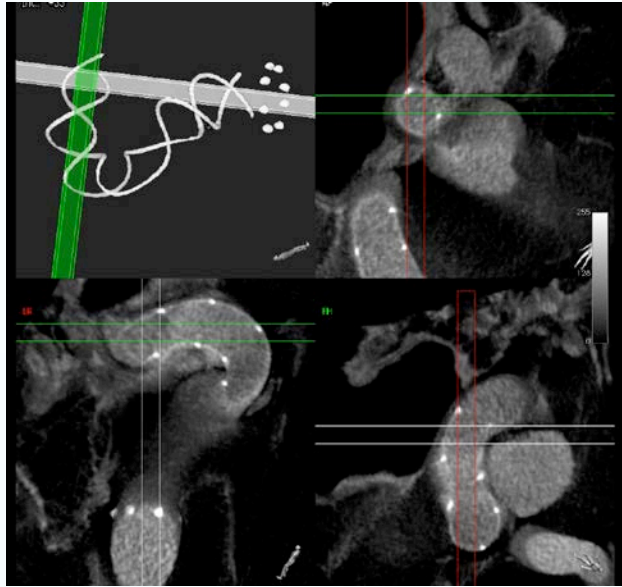
2 artère vertébrale /PICA

16 gauche, 11 droite

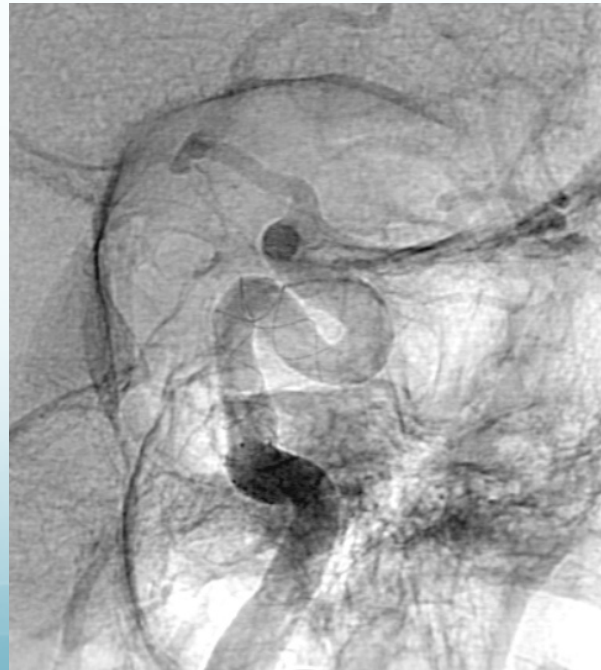
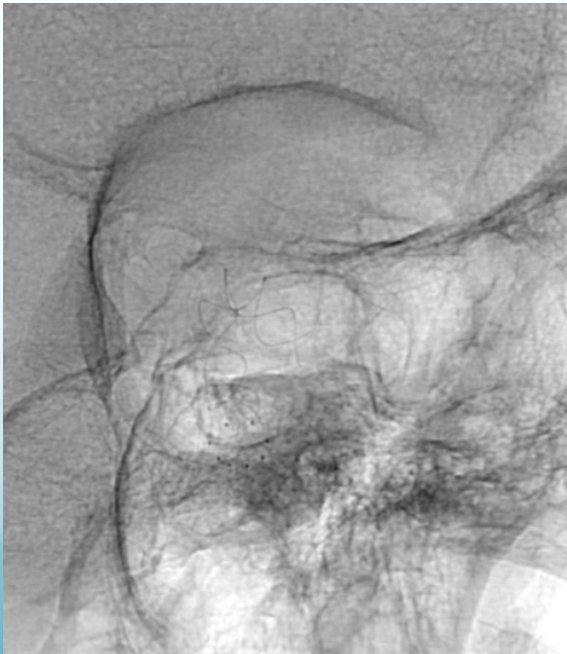
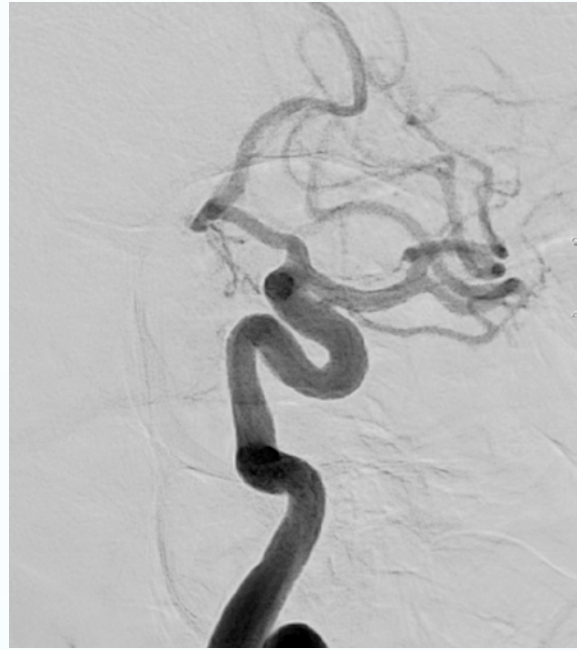




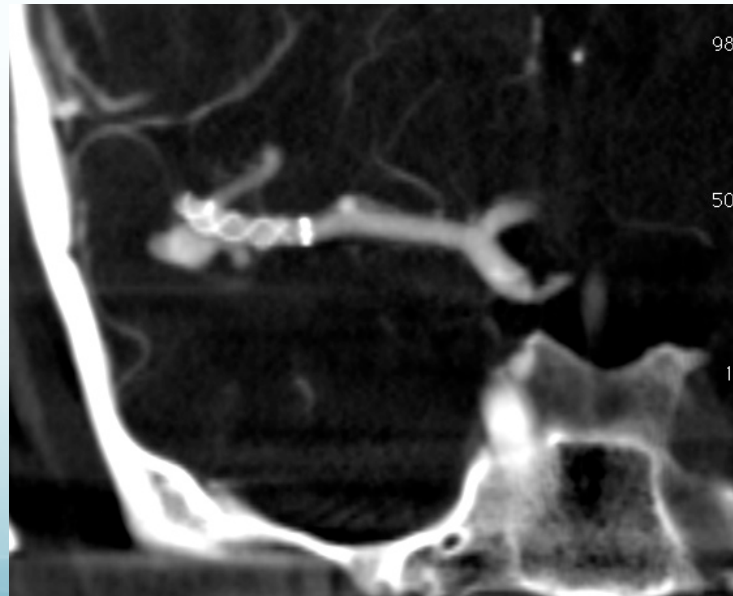
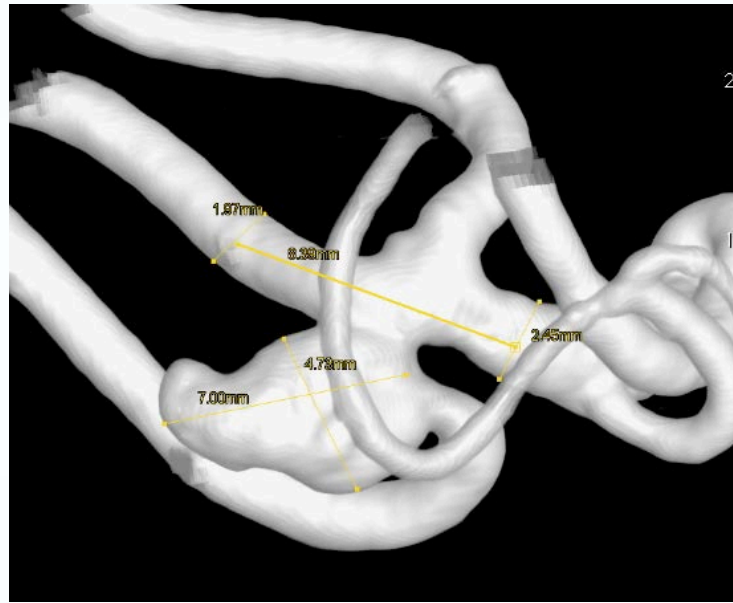
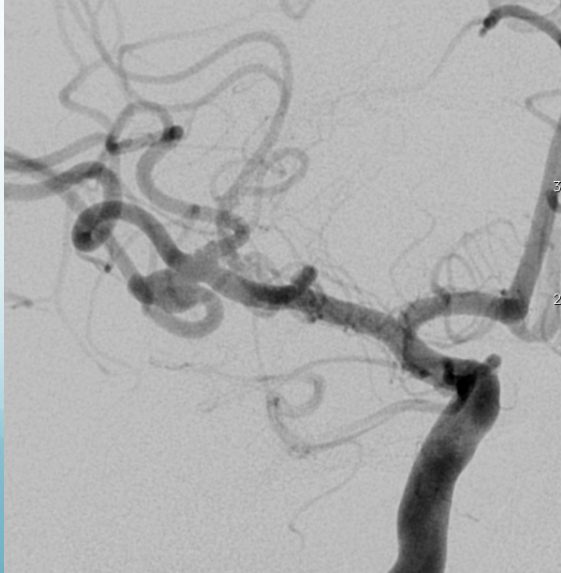
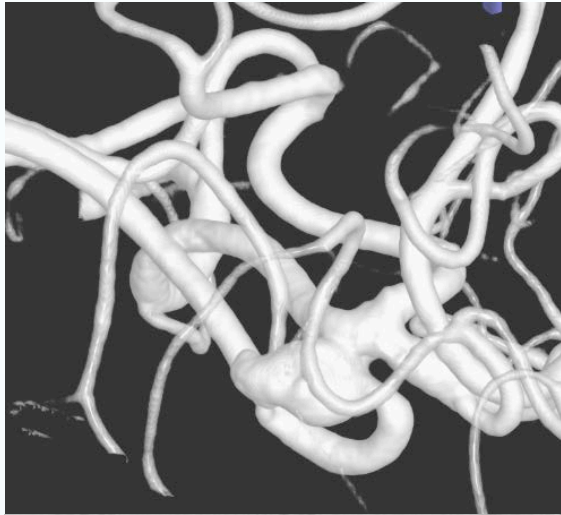
# 3 mo Follow-Up



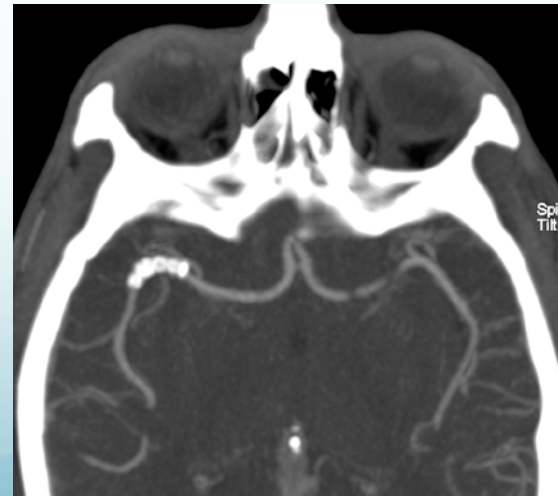
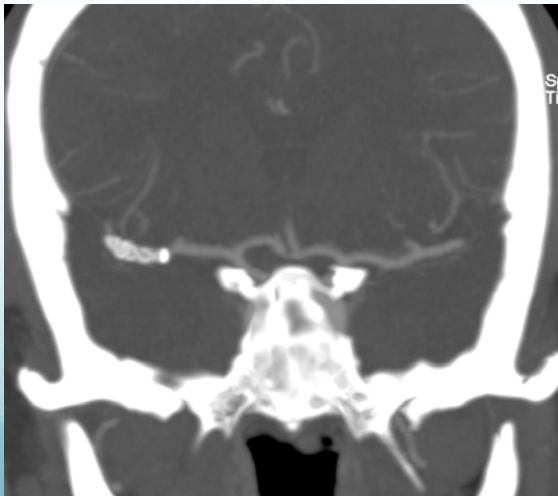
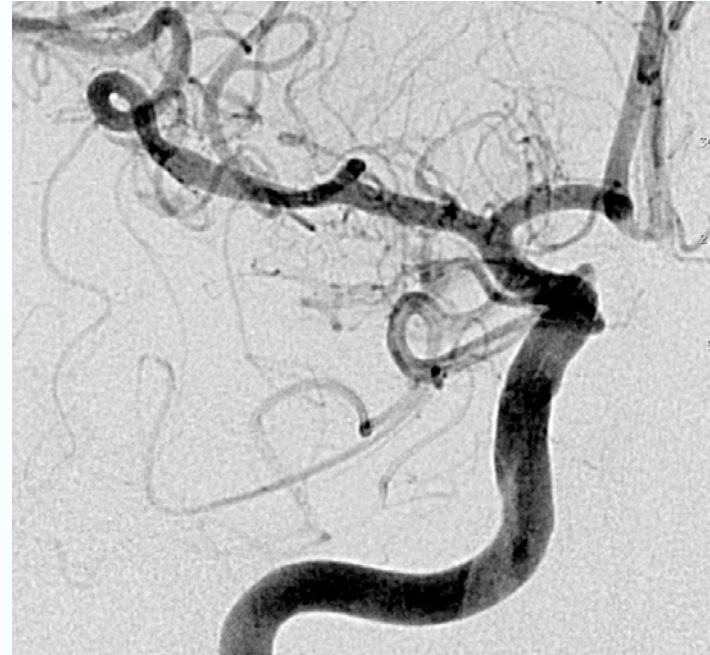
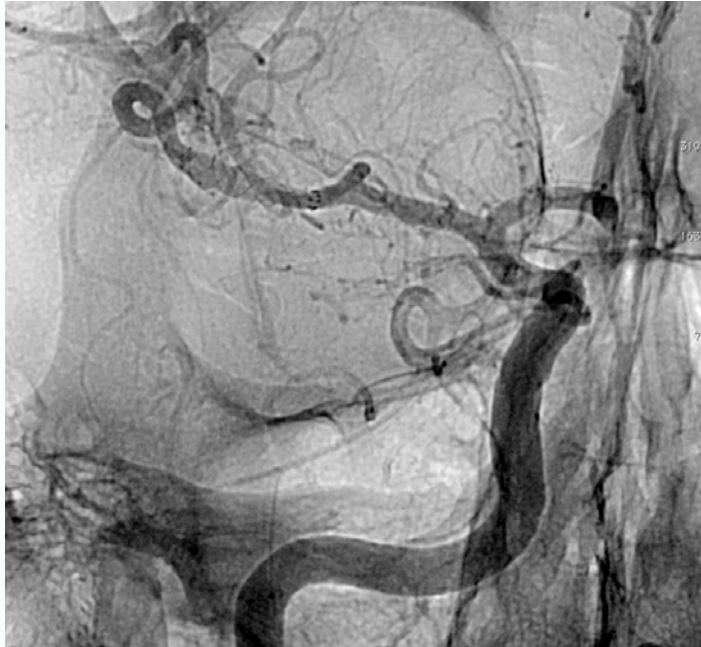
# 1 y Follow-Up



F, 41 y



# 3 & 6 mo Follow-Up

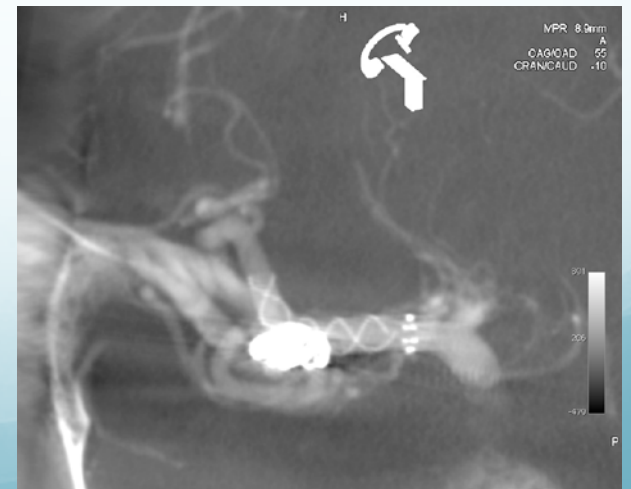
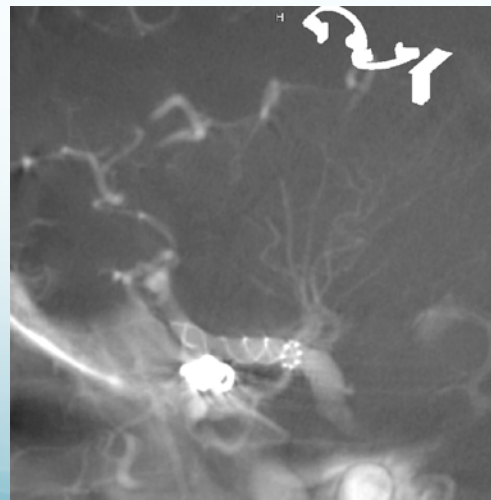
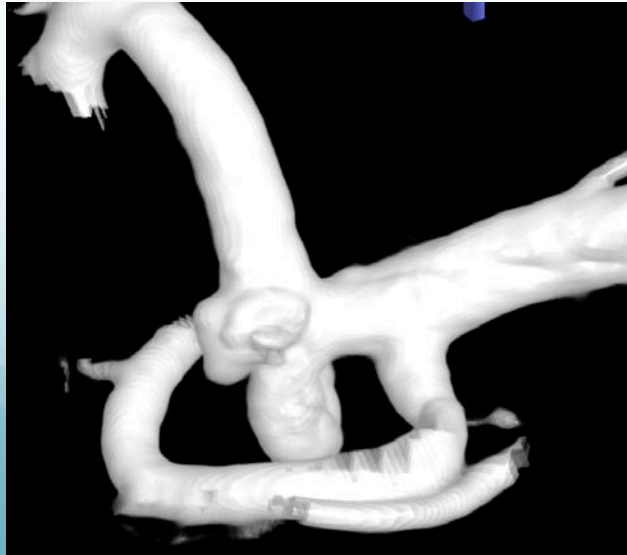
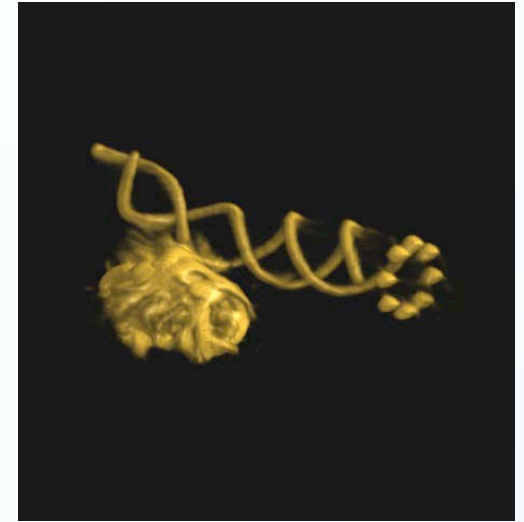
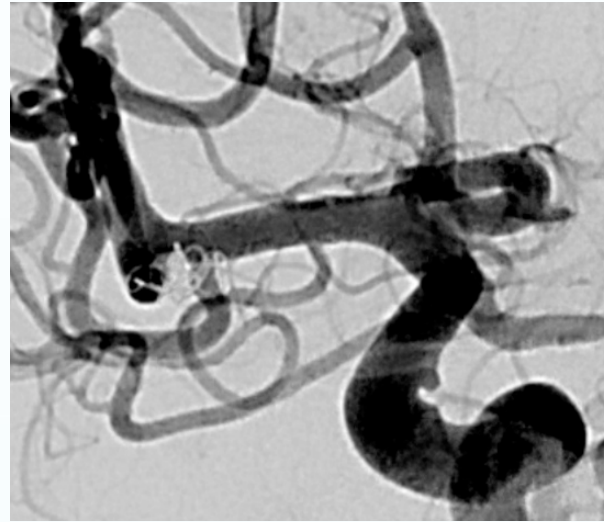
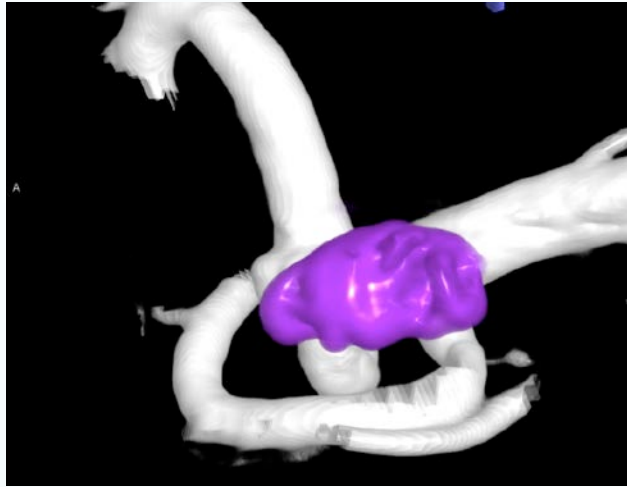


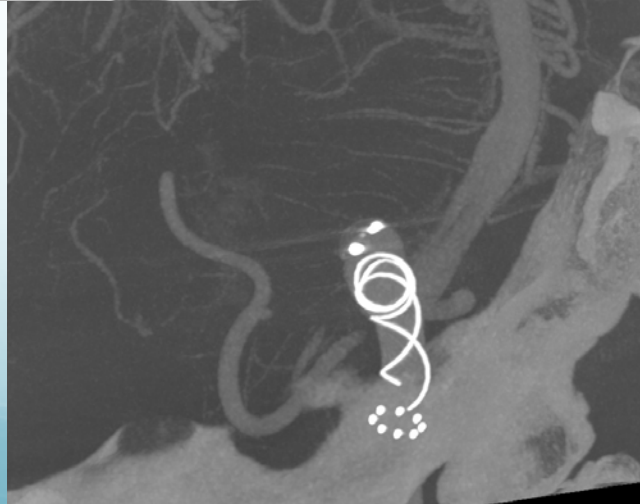
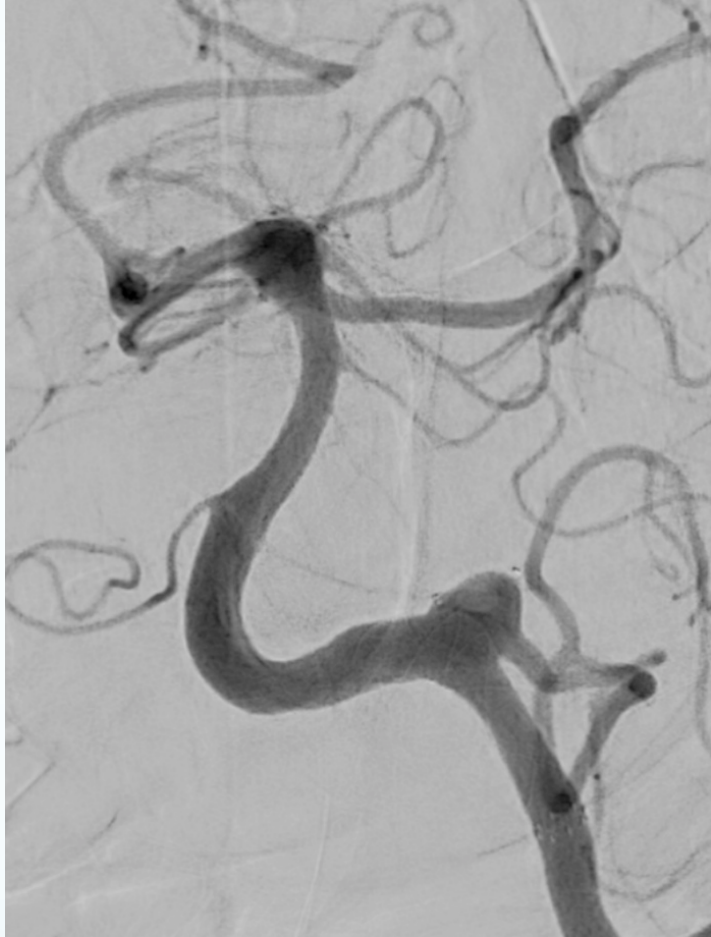


# 1 y Follow-Up

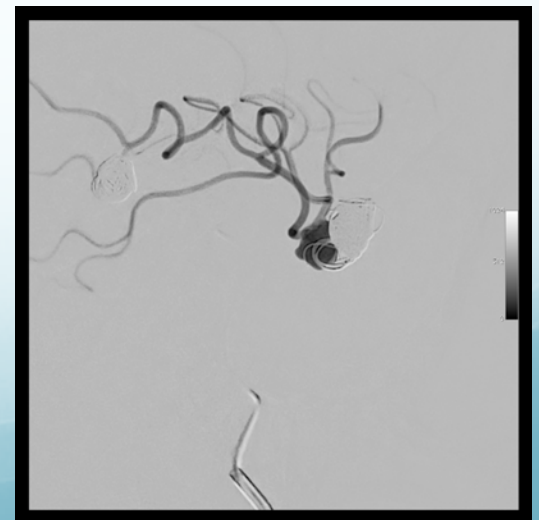
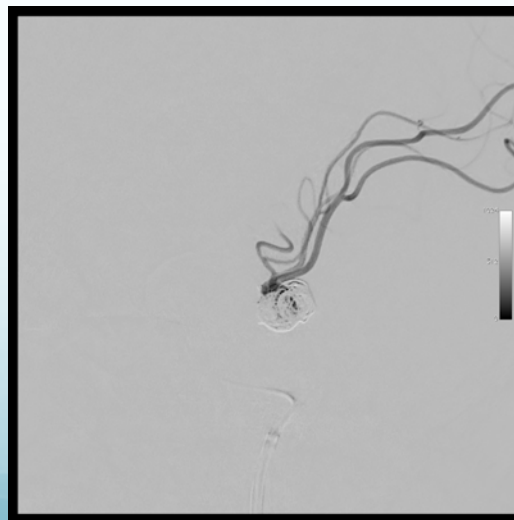
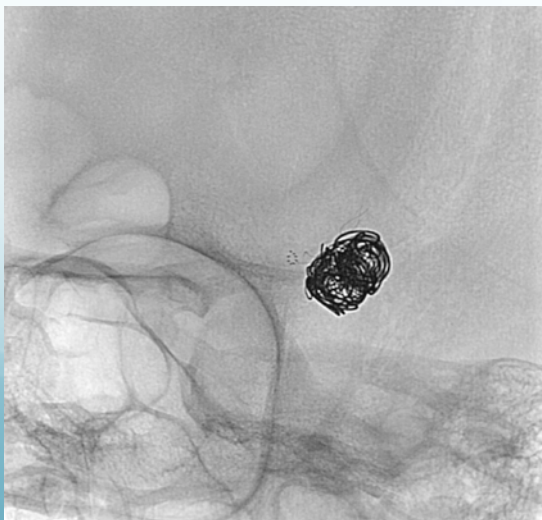


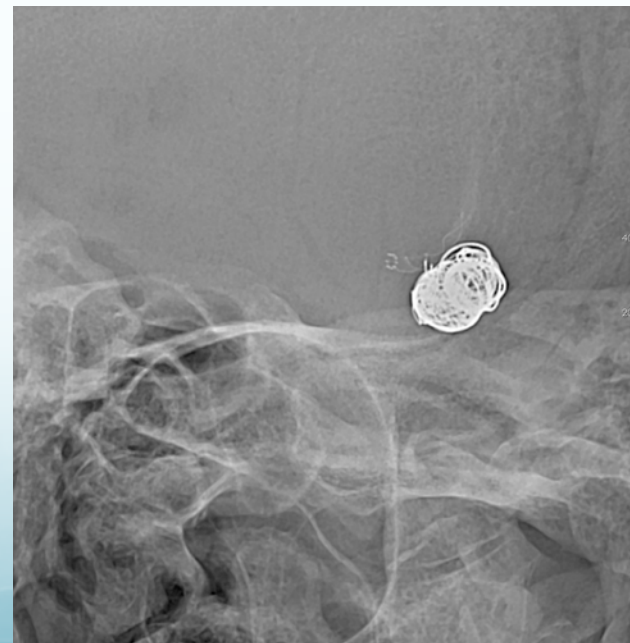
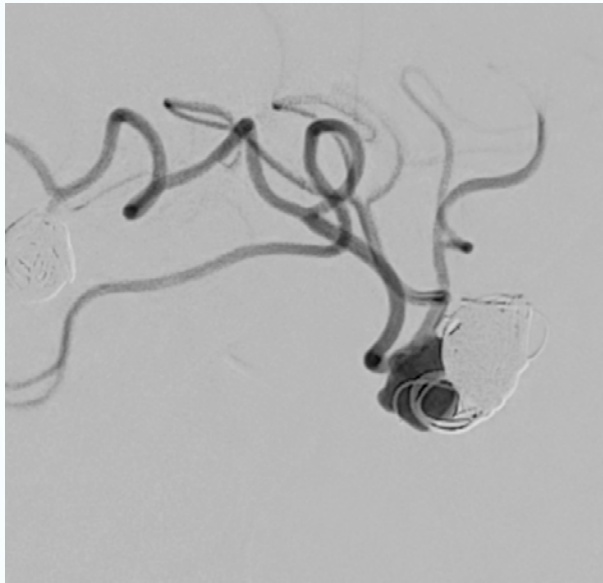
# Recurrent/residual aneurysms

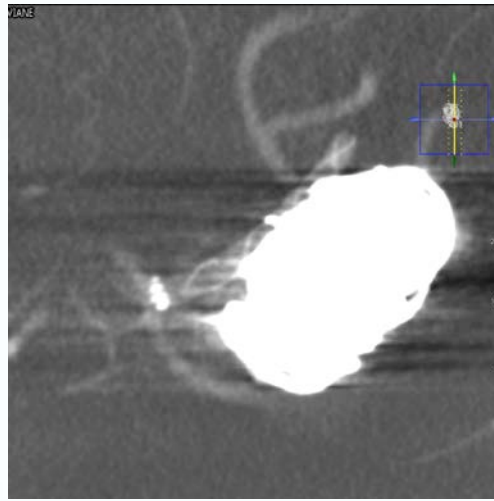
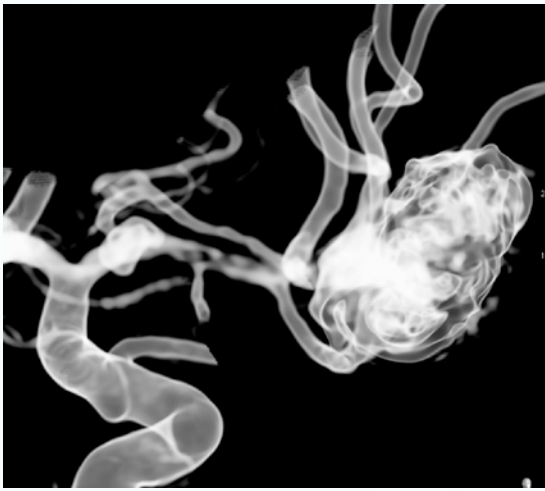




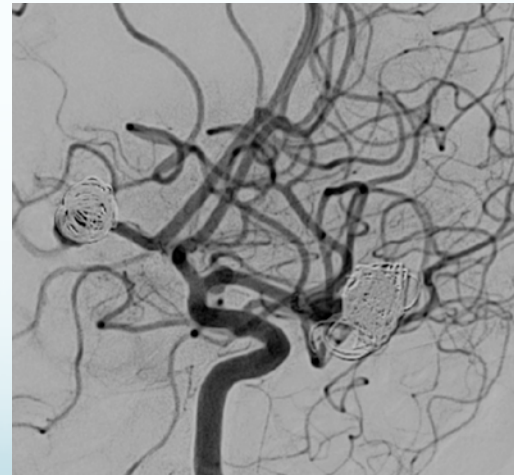
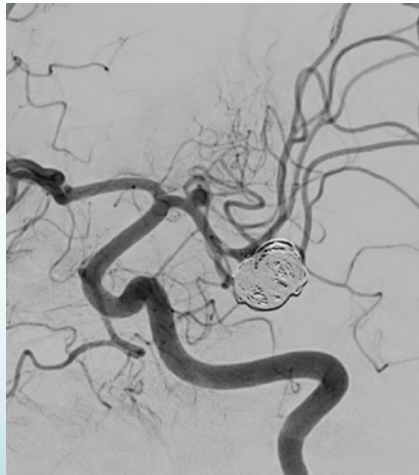
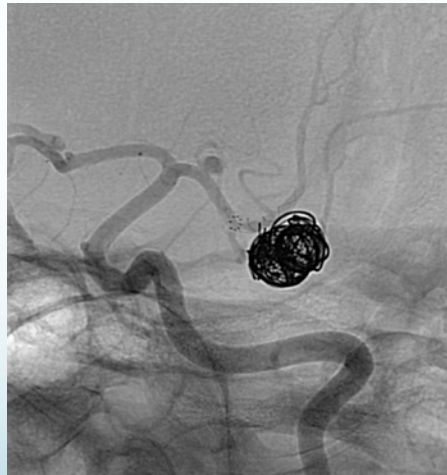
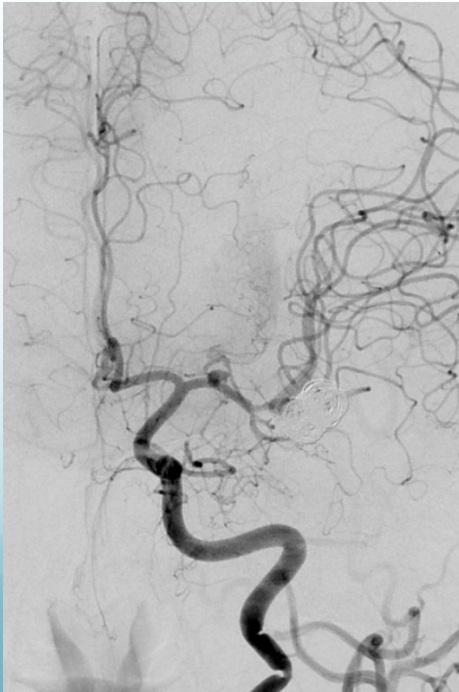
# Recurrent ruptured MCA aneurysm p64 2.5 mm x 9 mm







## 1 y Follow-Up



# Angiographic results

27 aneurysms – 22 patients

- Mid-term FU - 19 aneurysms (17 patients)
- Long-term FU - 10 aneurysms (10 patients)
- 1 death (1 aneurysm)
- No Follow-Up - 7 aneurysms (3 patients)
- 1 giant rupt. aneurysm failure (PED - occlusion)
- Mid-term FU - 19 an.: 9 compl. /near comp. Occl.
- Long-term FU - 10 an. : 8 compl. 2 near compl. Occl.

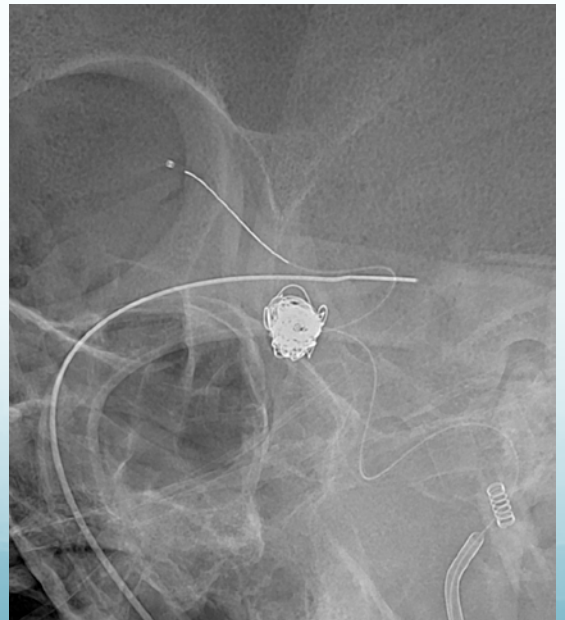
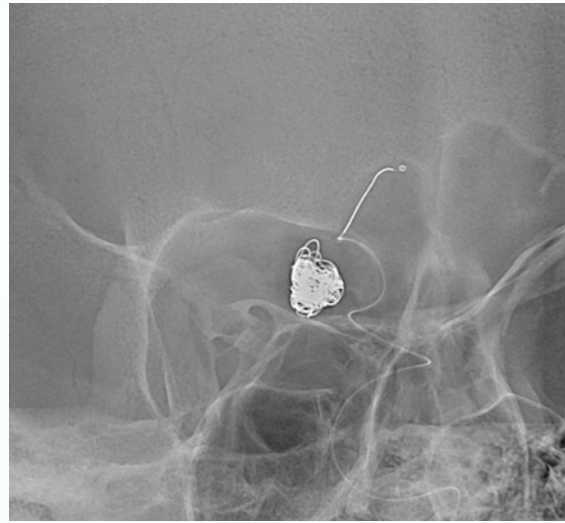
# Clinical results

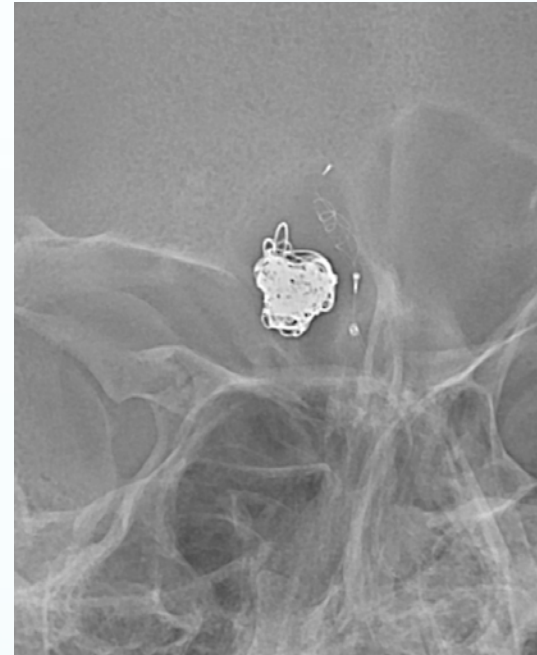
27 aneurysms – 22 patients

- Mid-term FU - 16 patients
- Long-term FU - 10 patients
- 1 death (1 aneurysm)
  - Mortality in personal FD series 2/142 patients (1.4 %)
- No permanent morbidity
- 2 patients with transient deficits

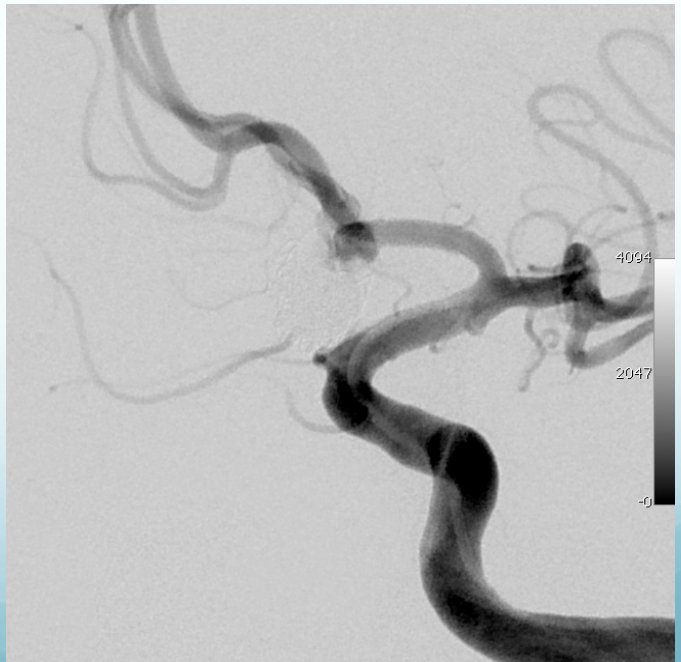
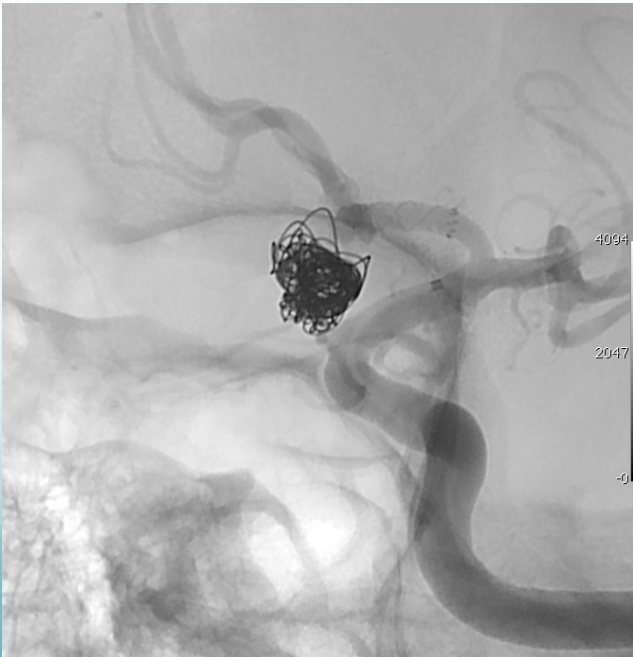
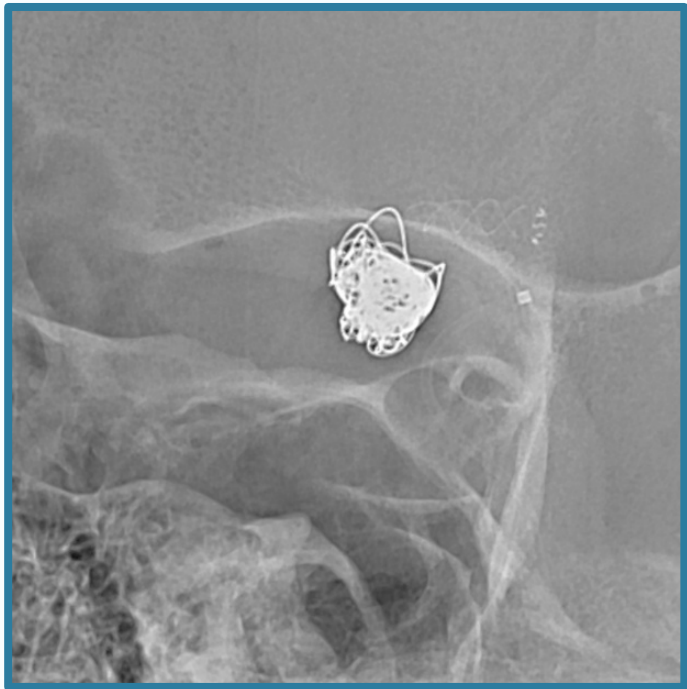
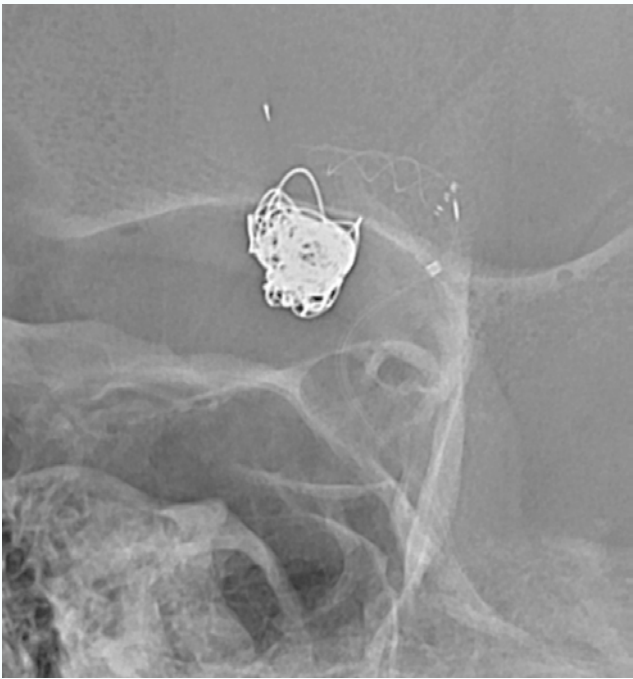


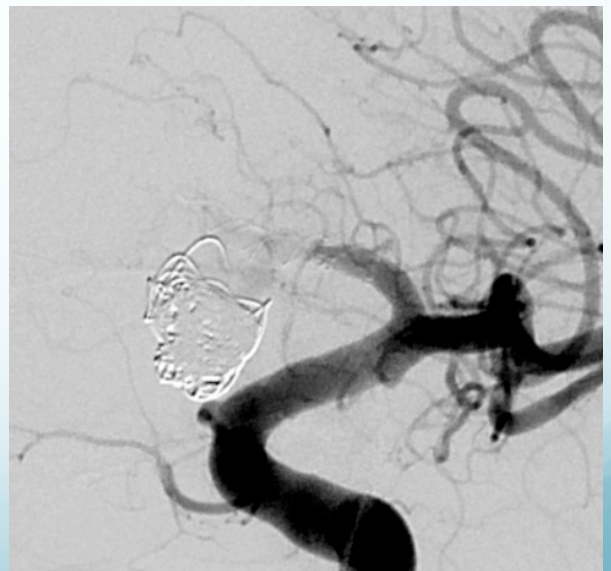
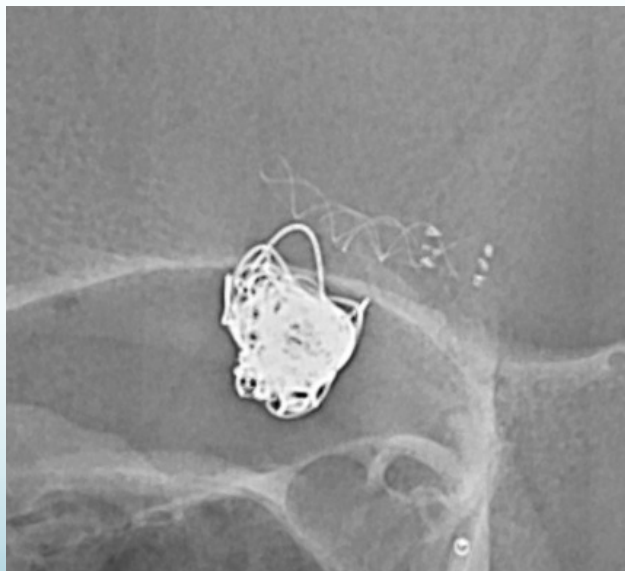
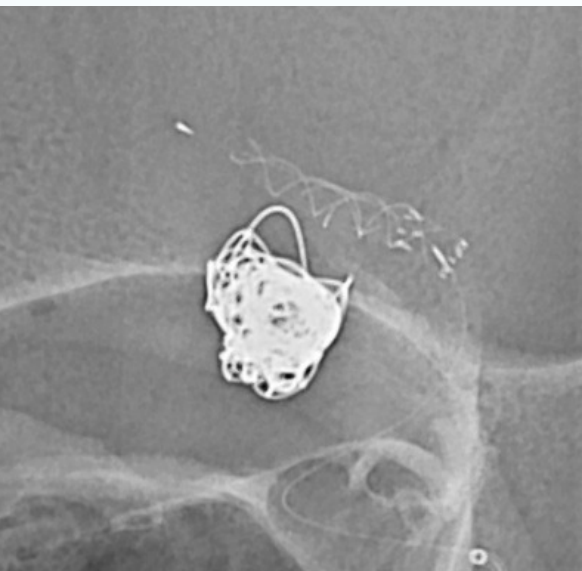
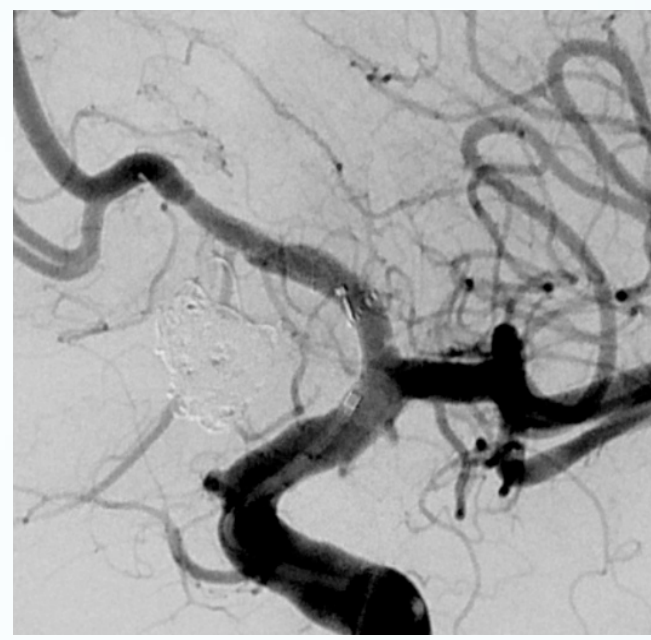
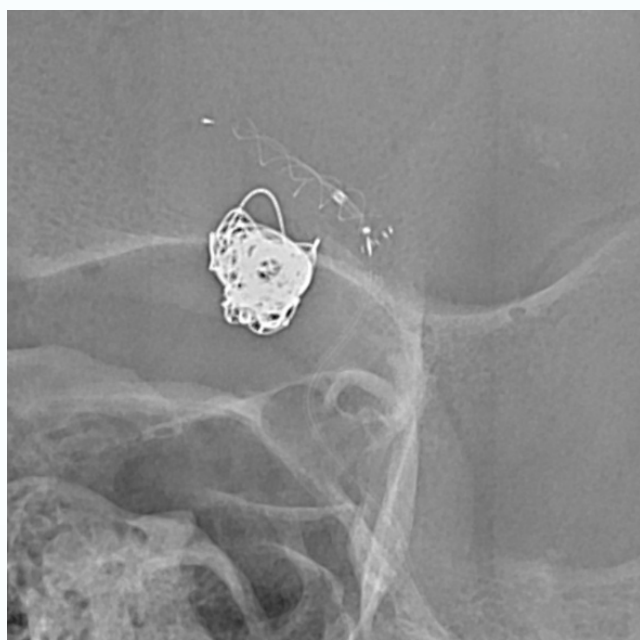
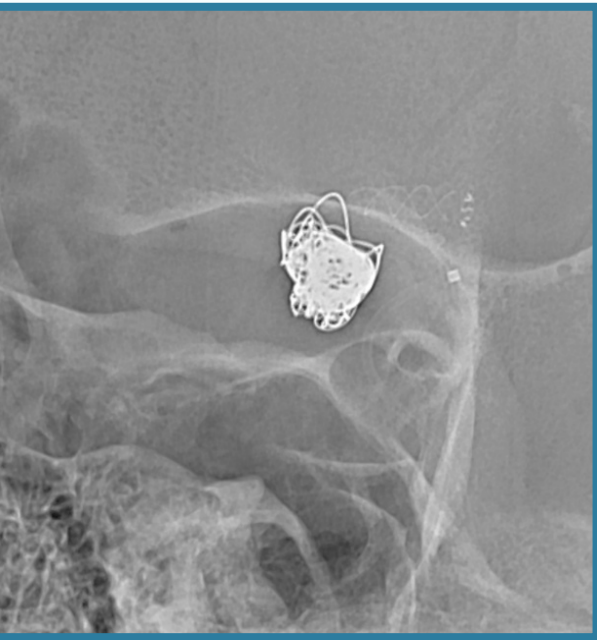
# F 52 yo - p64 2 mm x 9 mm - Complication



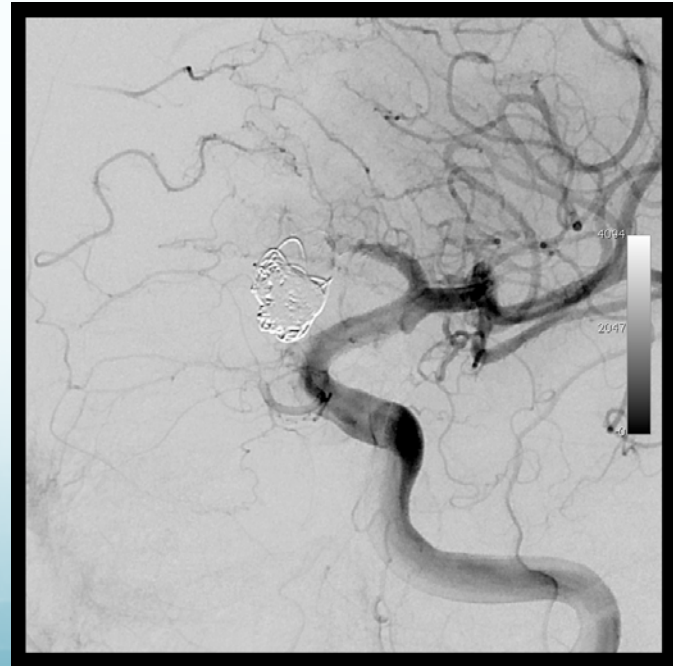
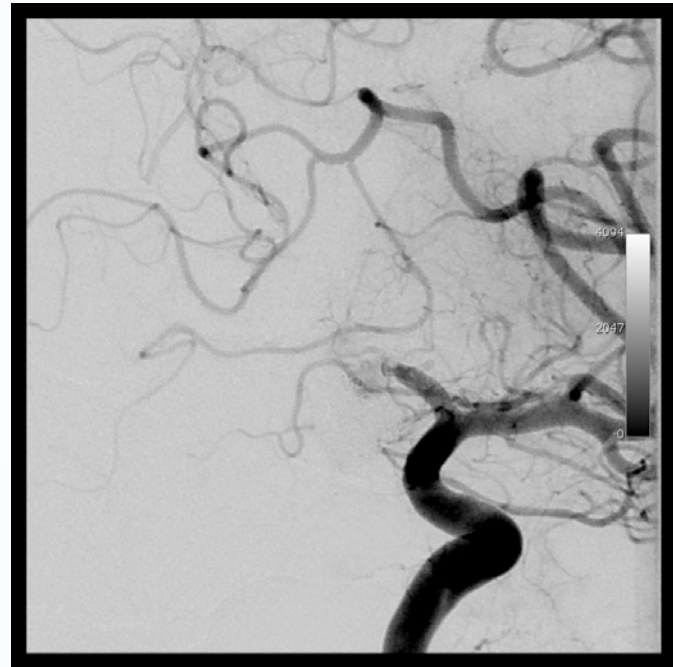
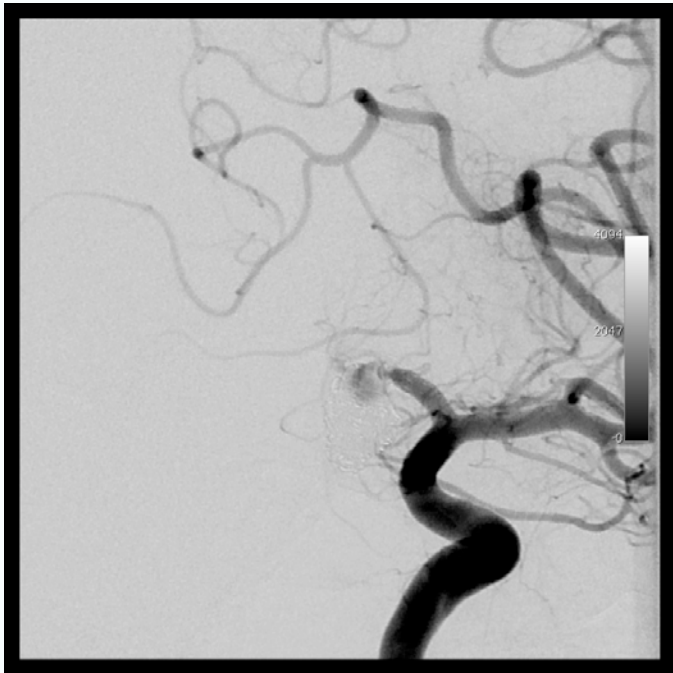


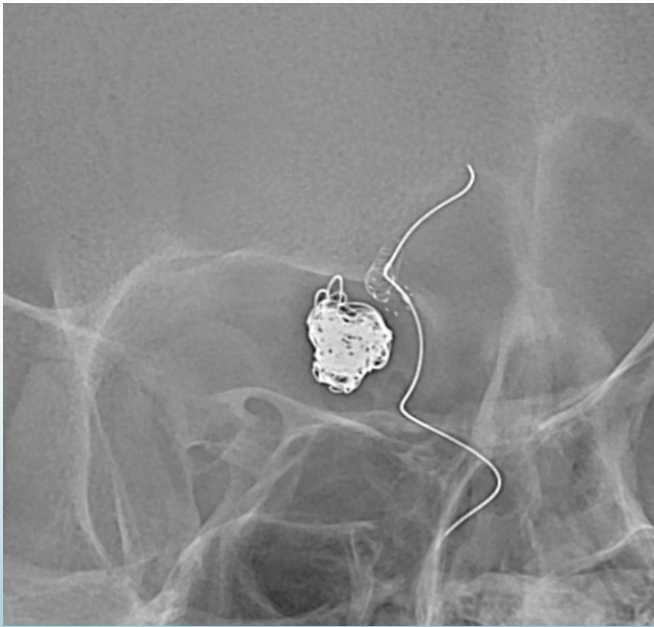
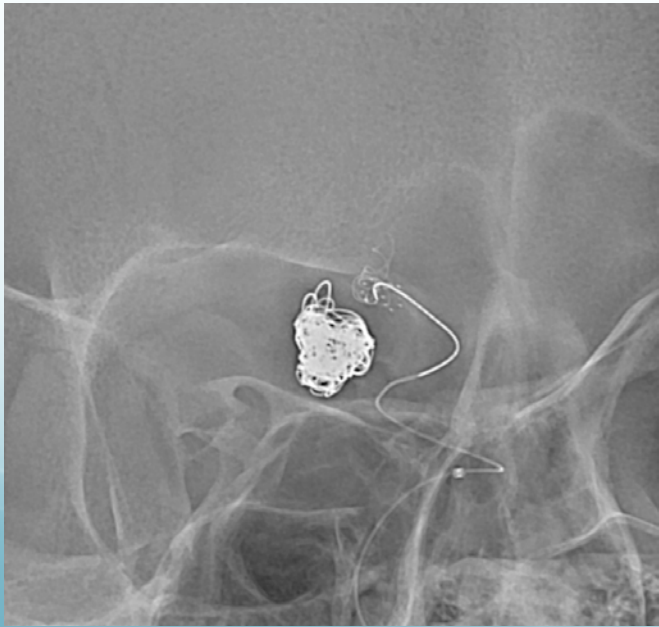
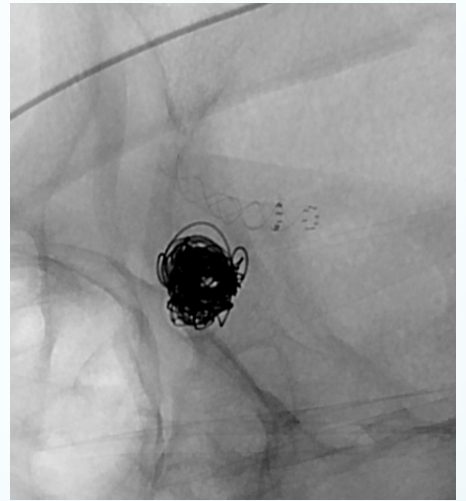
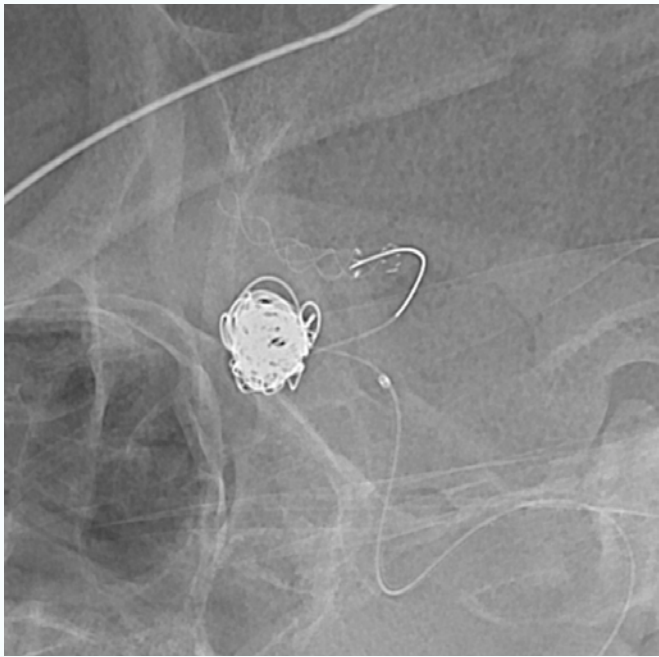
Very difficult stent detachment

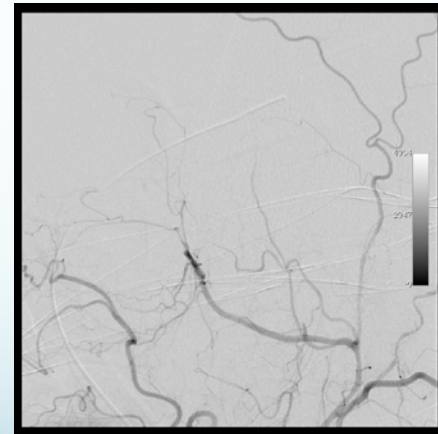
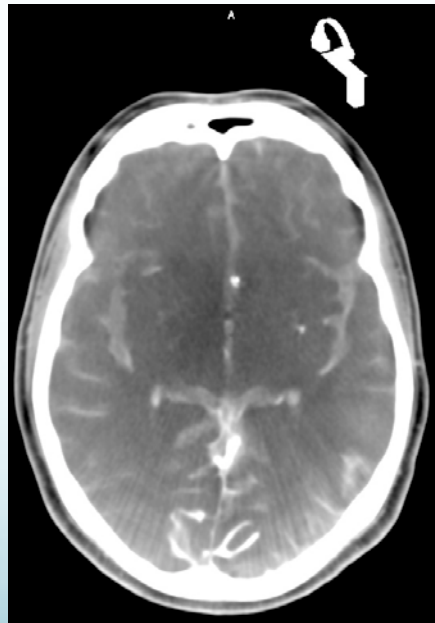
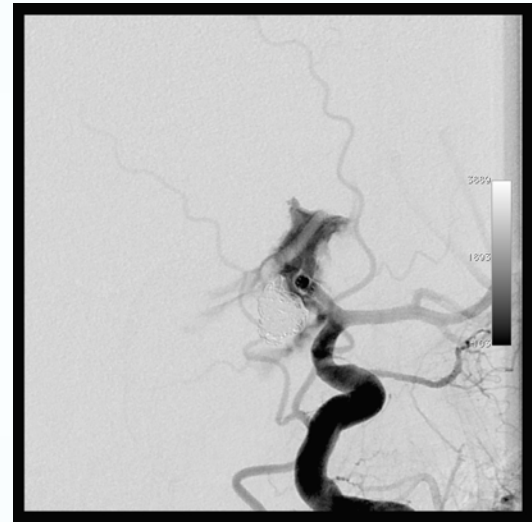
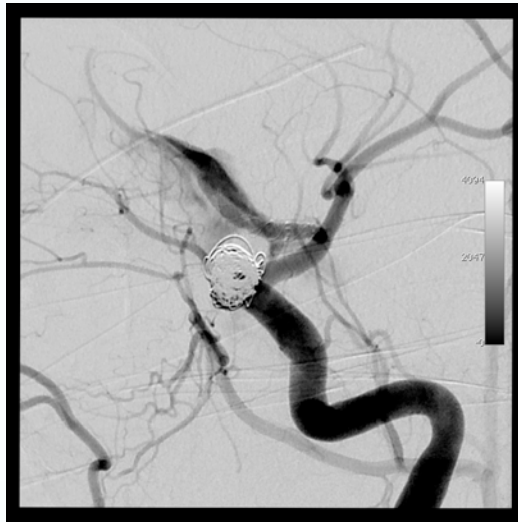


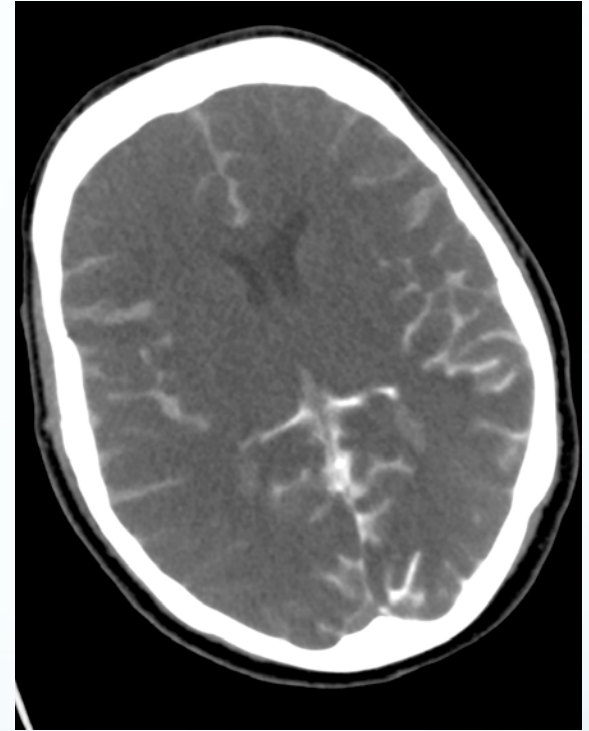


Very difficult stent detachment (same lot)

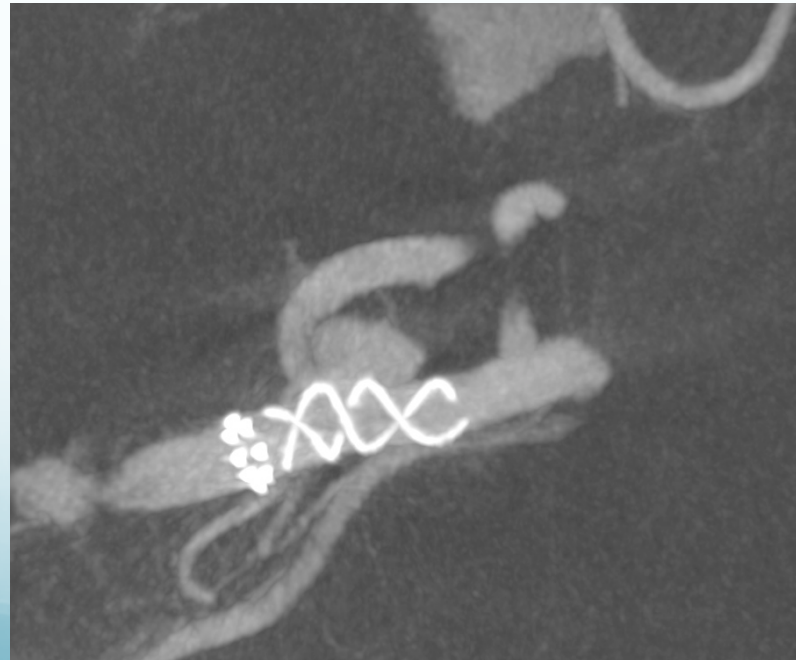
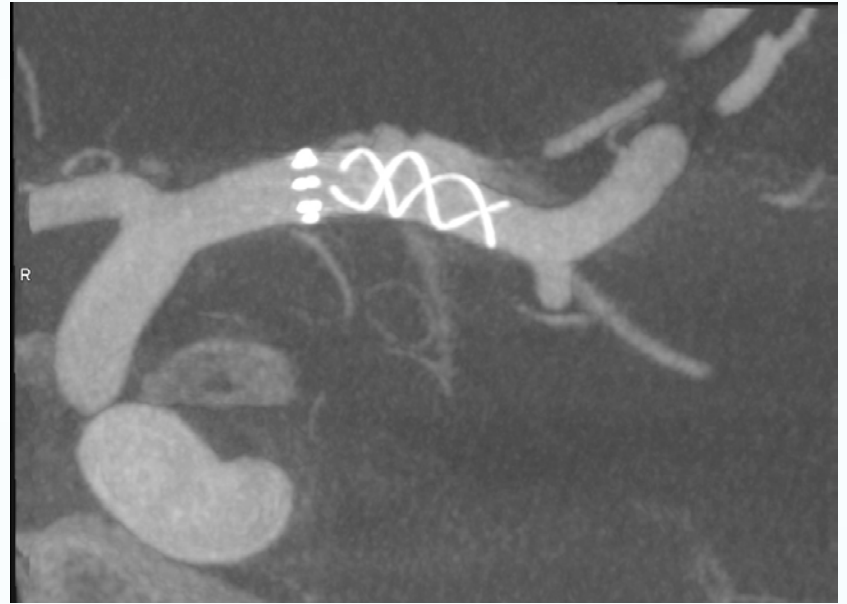
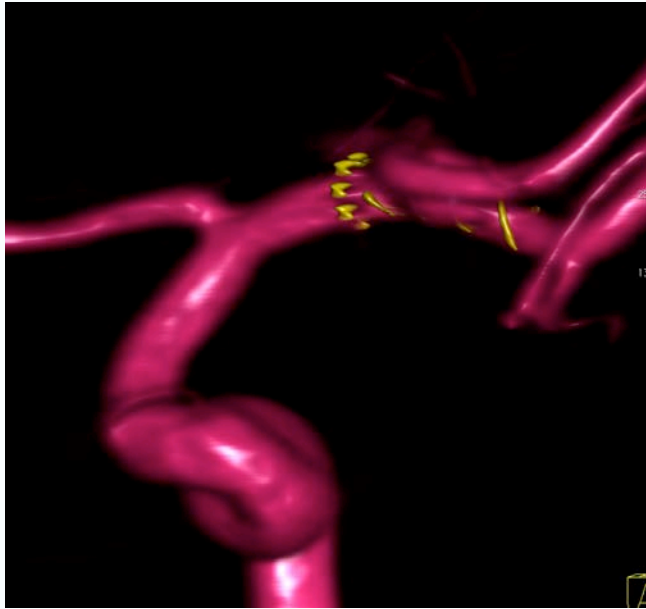




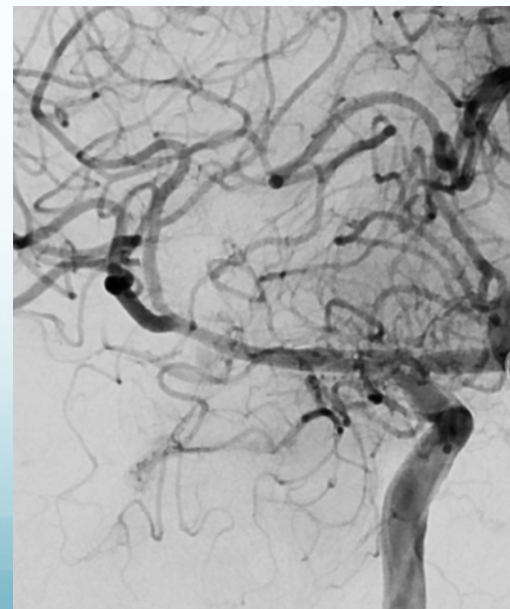
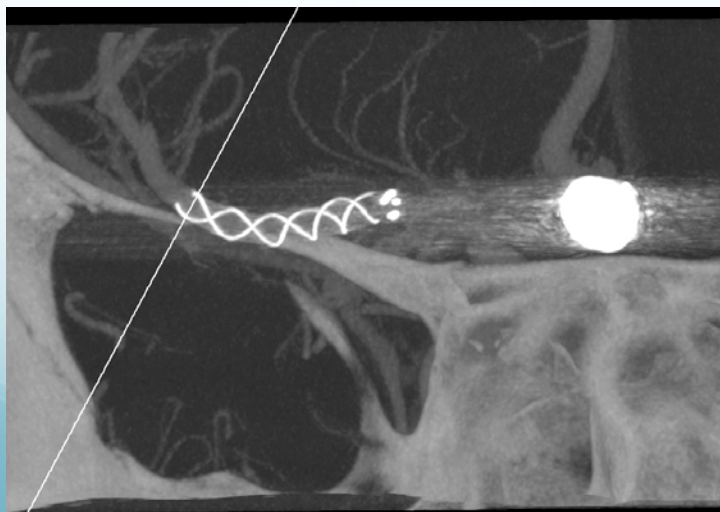
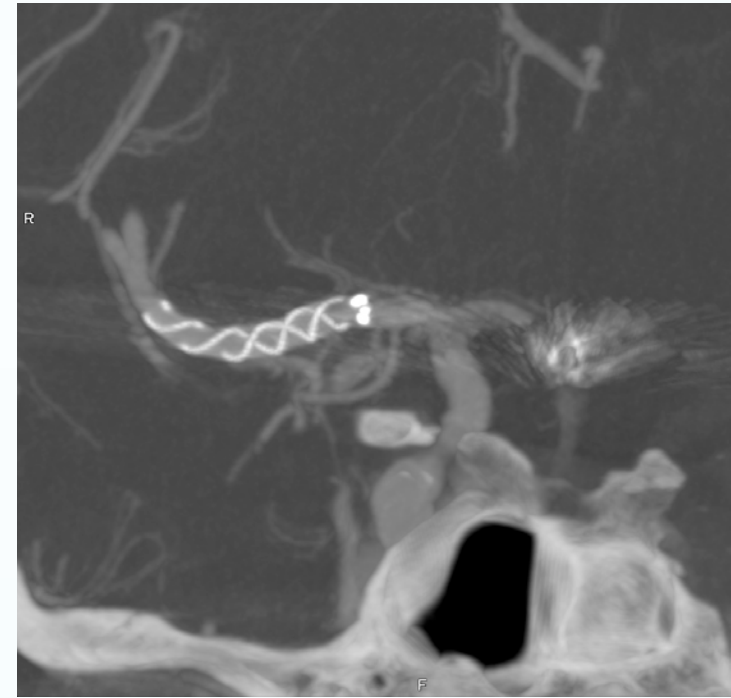
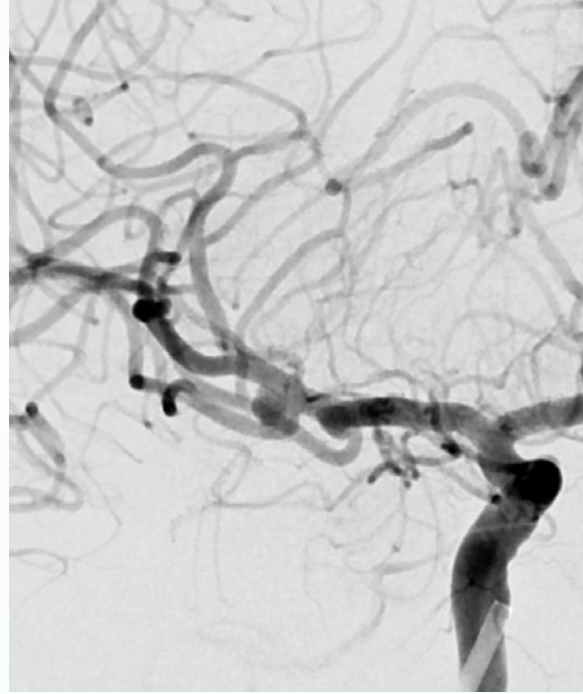
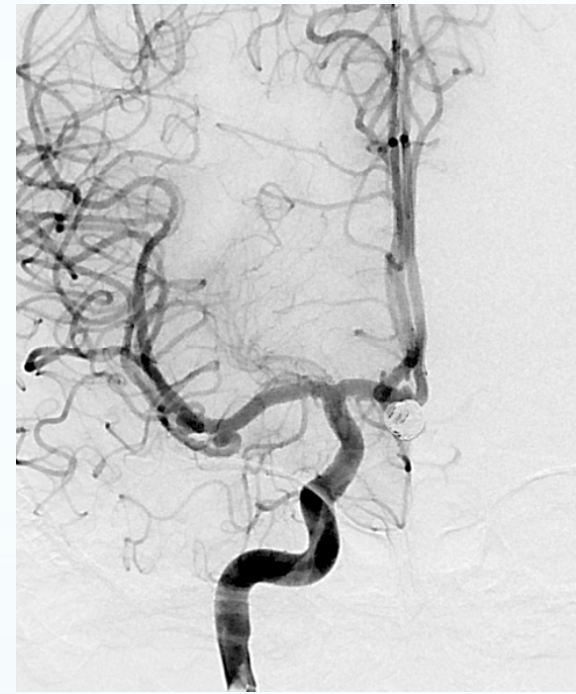


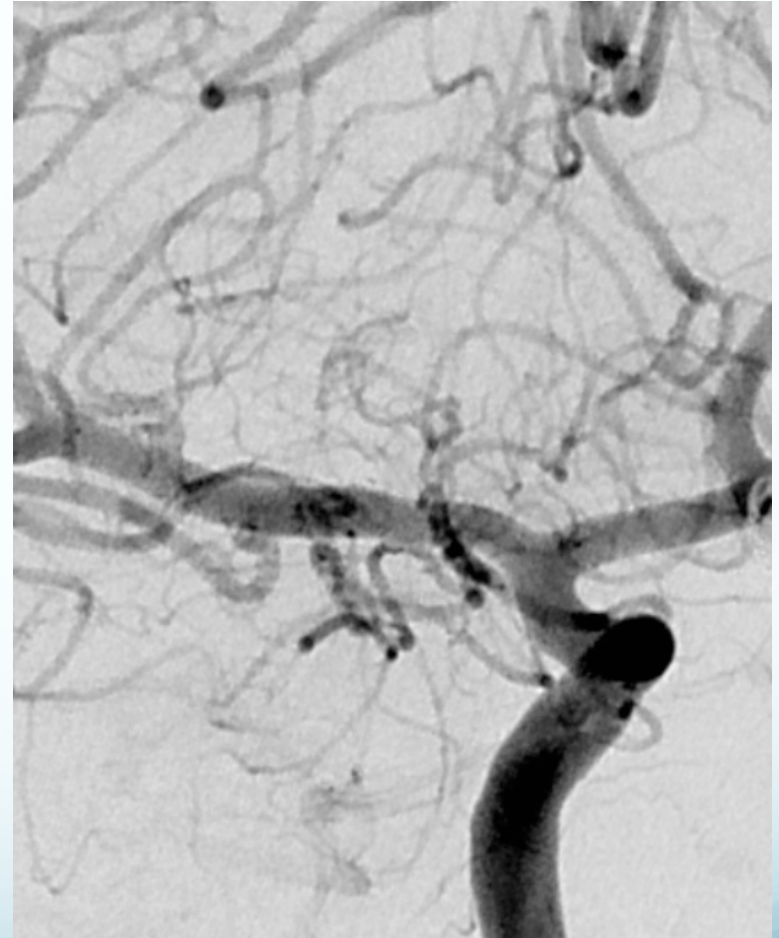
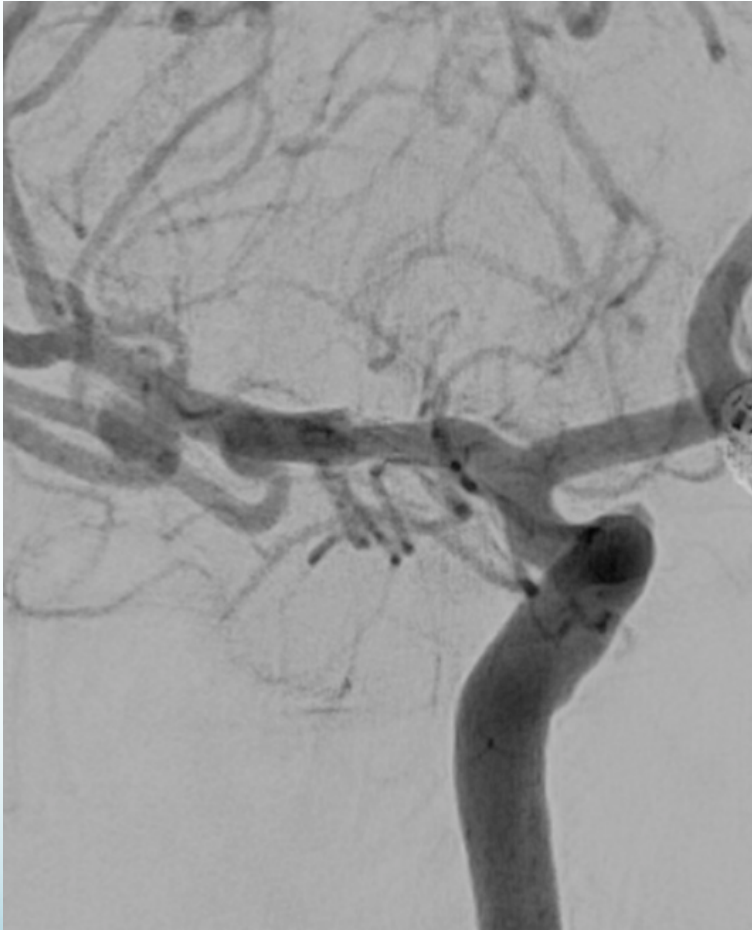






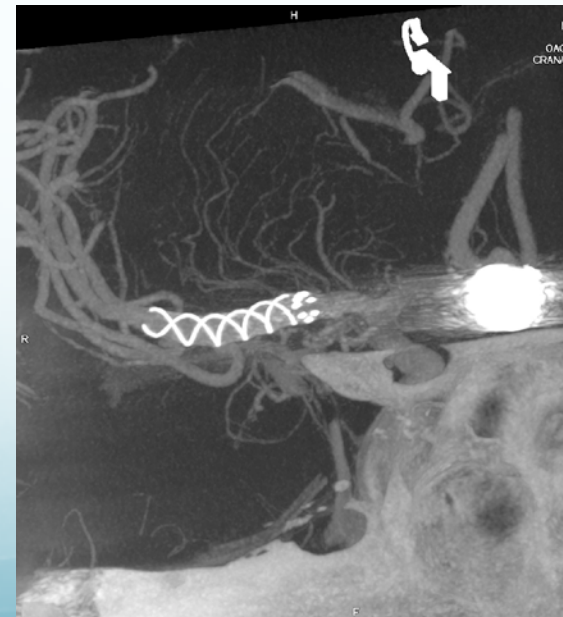
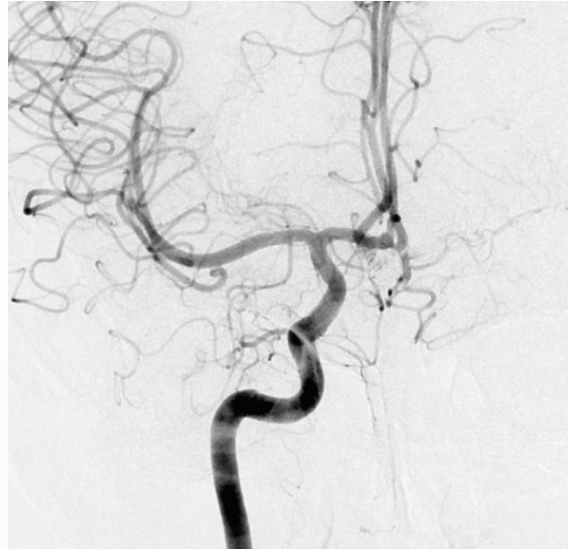
# F, 43 y – rupt. Acom aneur., an. familial history



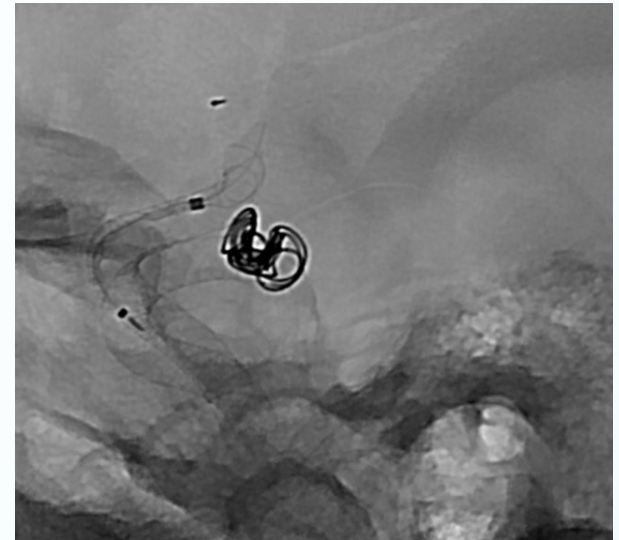


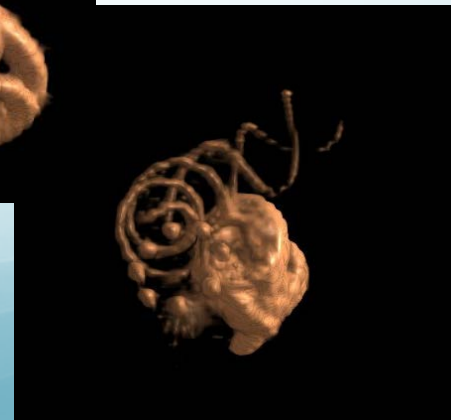
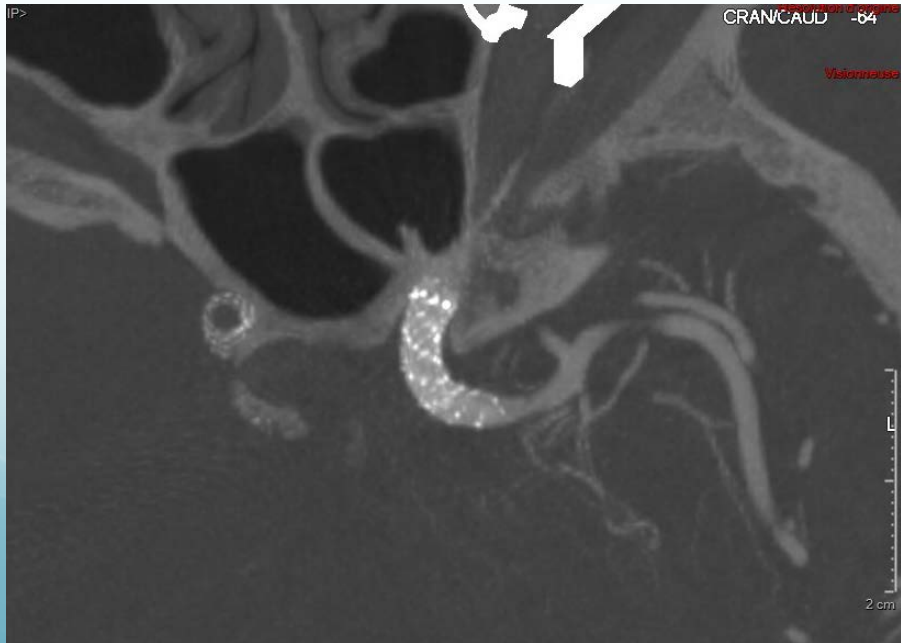
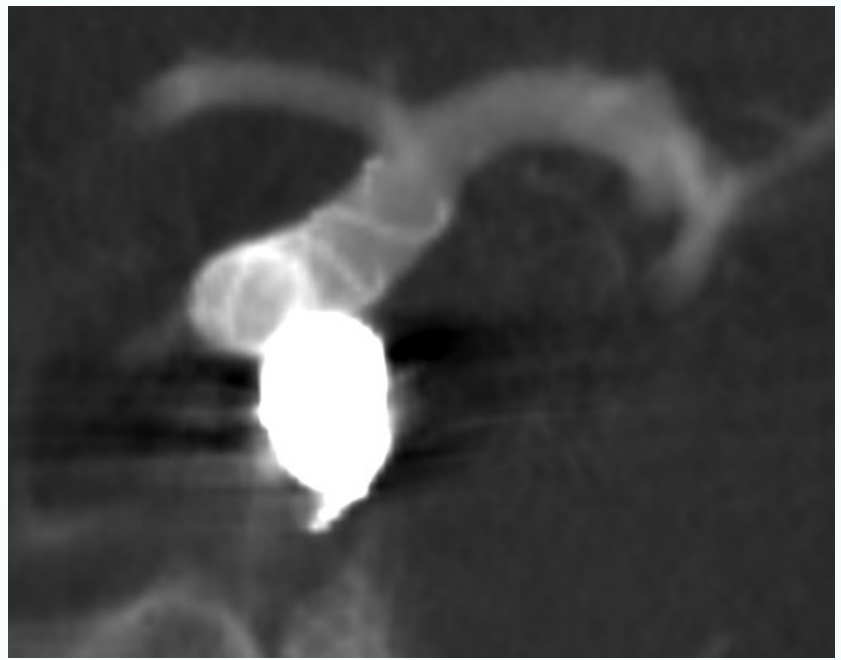
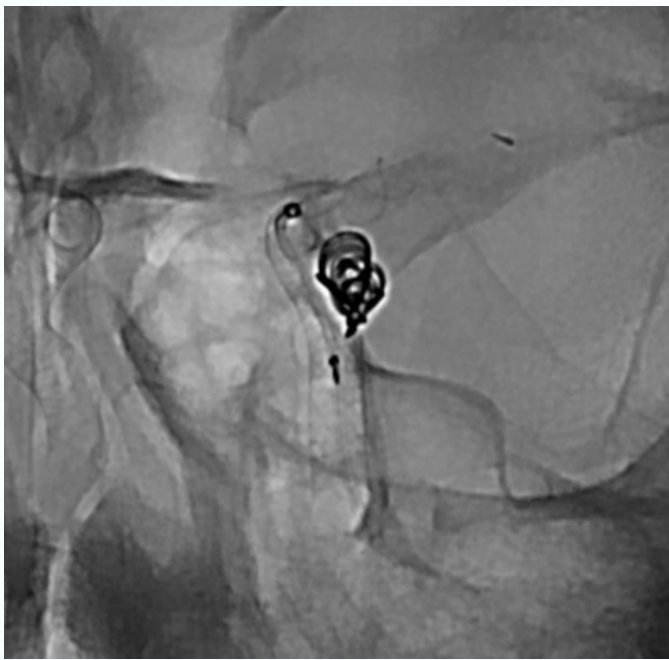
@ 24 h

# 1 y Follow-Up

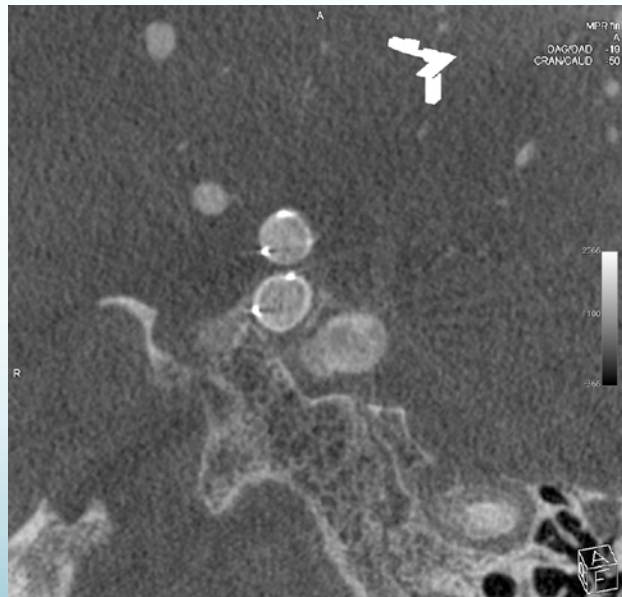
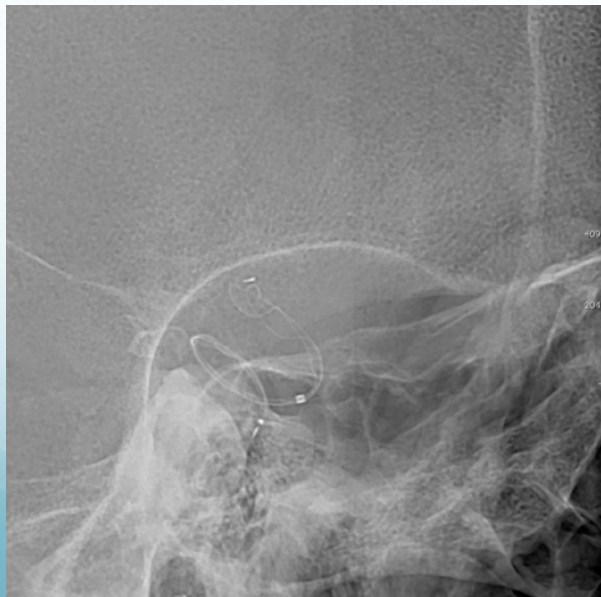
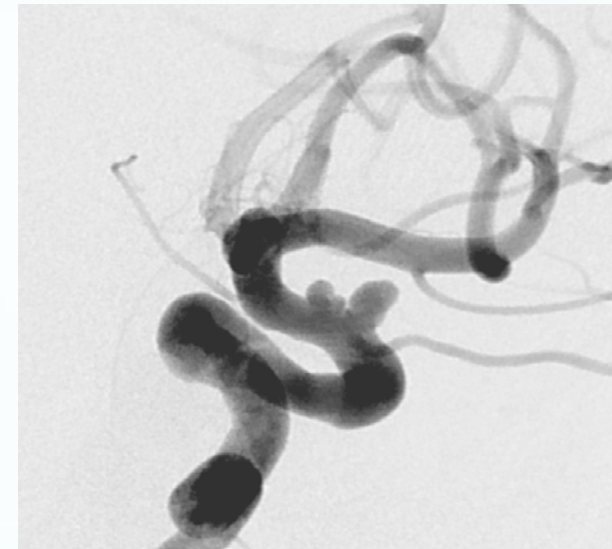
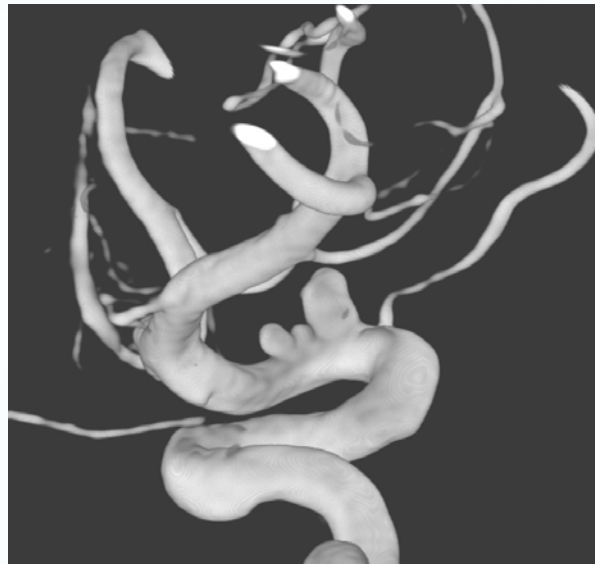


# PED: 3 right aneurysms & 3 left aneurysms Ruptured & recurrent Pcom persistent

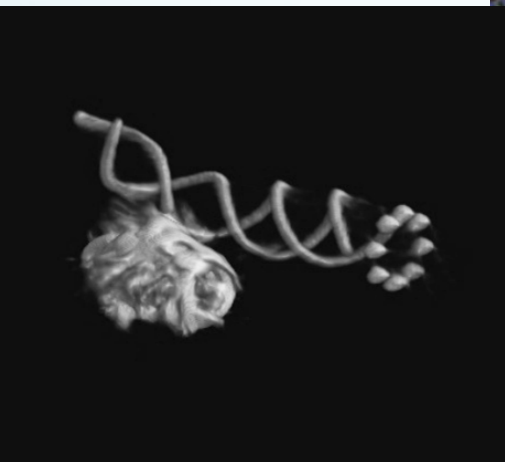




# M, 59 – 3 small aneurysms, an. familial history



Merci !



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