



1st Pass Success with the 3 Drop Zone NeVa in a left M1 Occlusion

with the 3 Drop Zone NeVa™ T-3S
(4.5 x 29 mm)

Presentation

92 year old female patient living alone and fully independently presented with a NIHSS of 21.

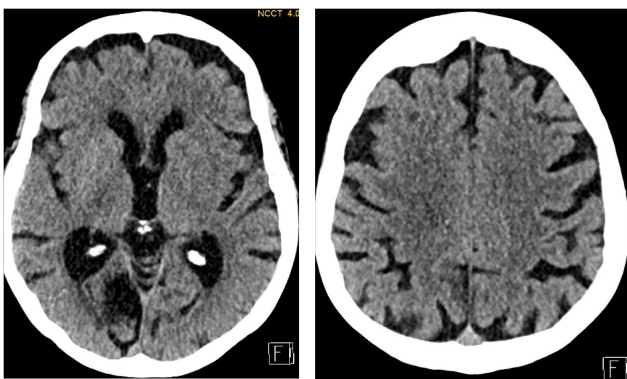
The patient had right hemiplegia, global aphasia and was somnolent.

Imaging confirmed a Left MCA occlusion.



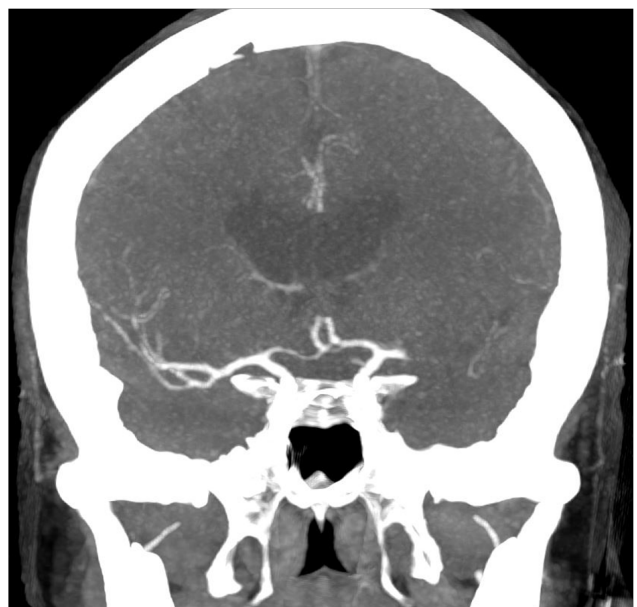
Dr. Christoph Maurer,
Senior Physician
University Hospital Augsburg,
Germany

Pre-Op CT



The CTA confirmed a left M1 occlusion.

On un-enhanced CCT only mild early ischemic signs were observed in the left basal ganglia.



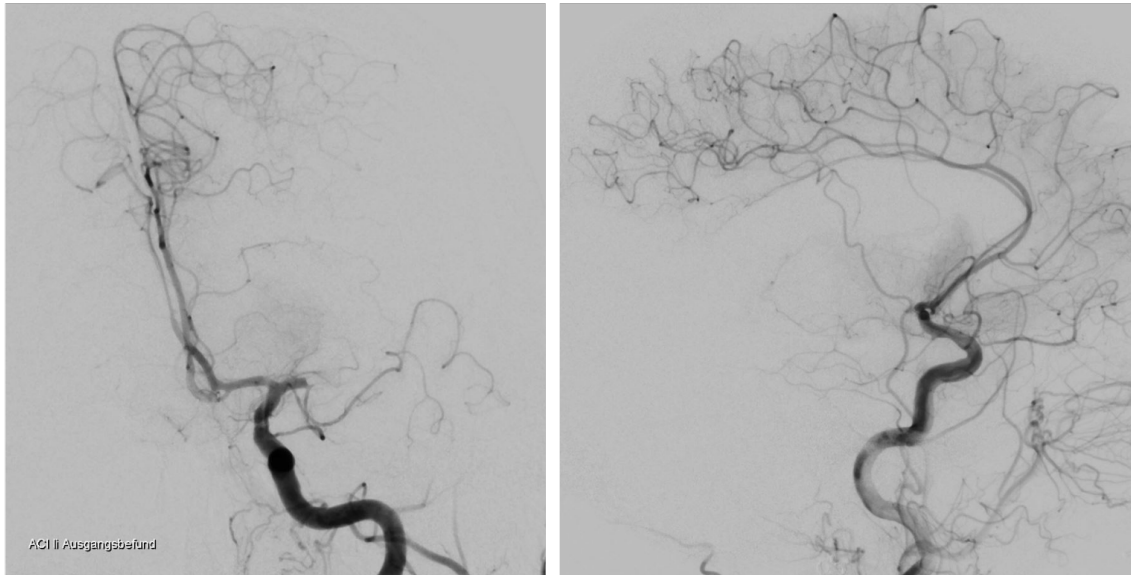
The Procedure

54 mg IV-tPA was administered to this patient.

Dr. Maurer and the Augsburg stroke team decided to treat the patient with thrombectomy using a NeVa T-3S (4.5 mm x 29 mm) using simultaneous proximal aspiration.

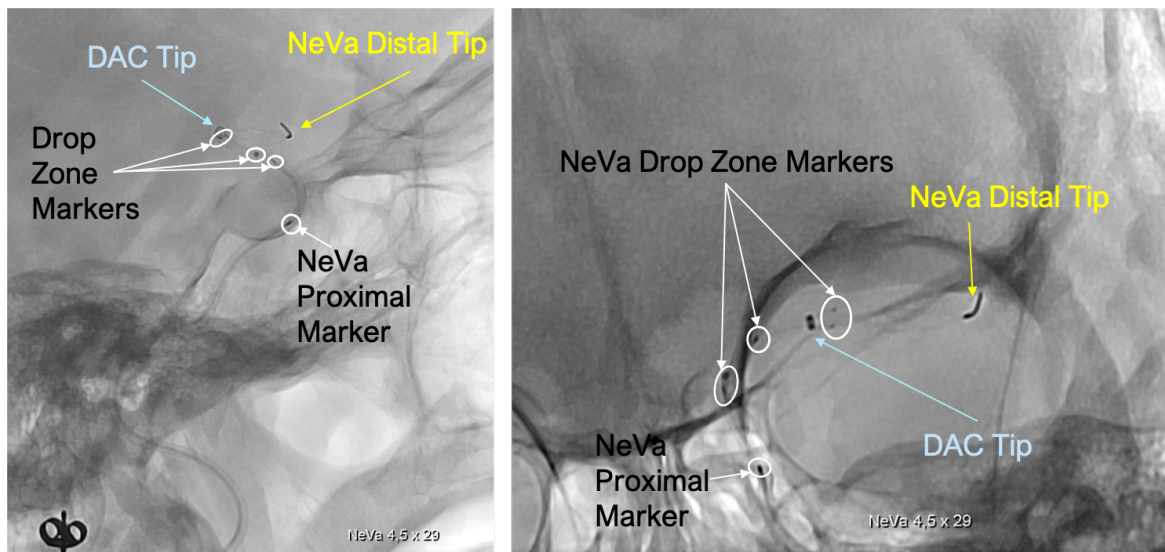
Full recanalization was achieved in a single pass.

AP and Lateral View of the Left M1 Occlusion



Full recanalization (TICI 3) was possible with a single NeVa pass using SAVE technique.

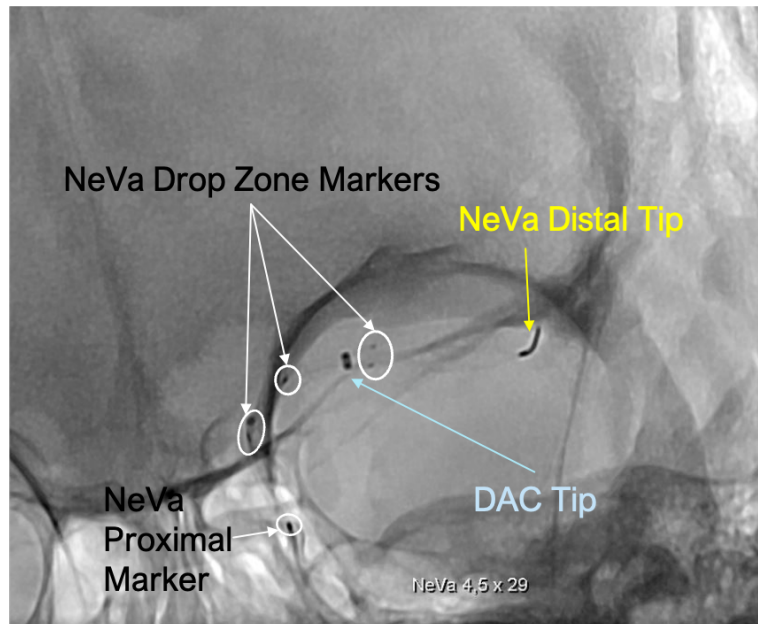
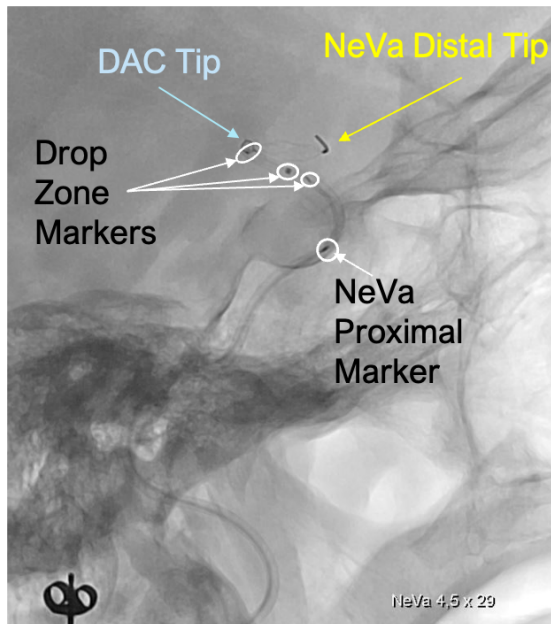
The size of the DAC used for co-aspiration during the pass was 0.071".



1st Pass: NeVa 4.5 x 29 mm + Co-Aspiration in Left MCA

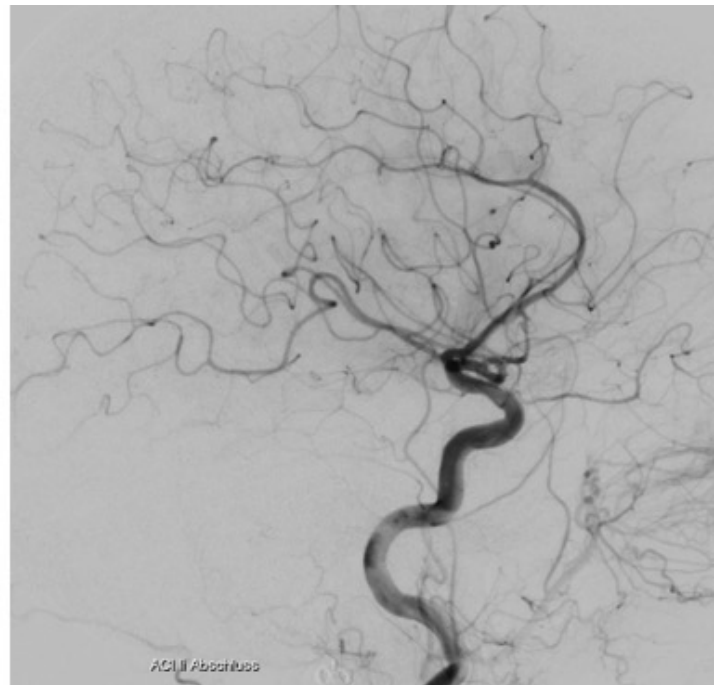
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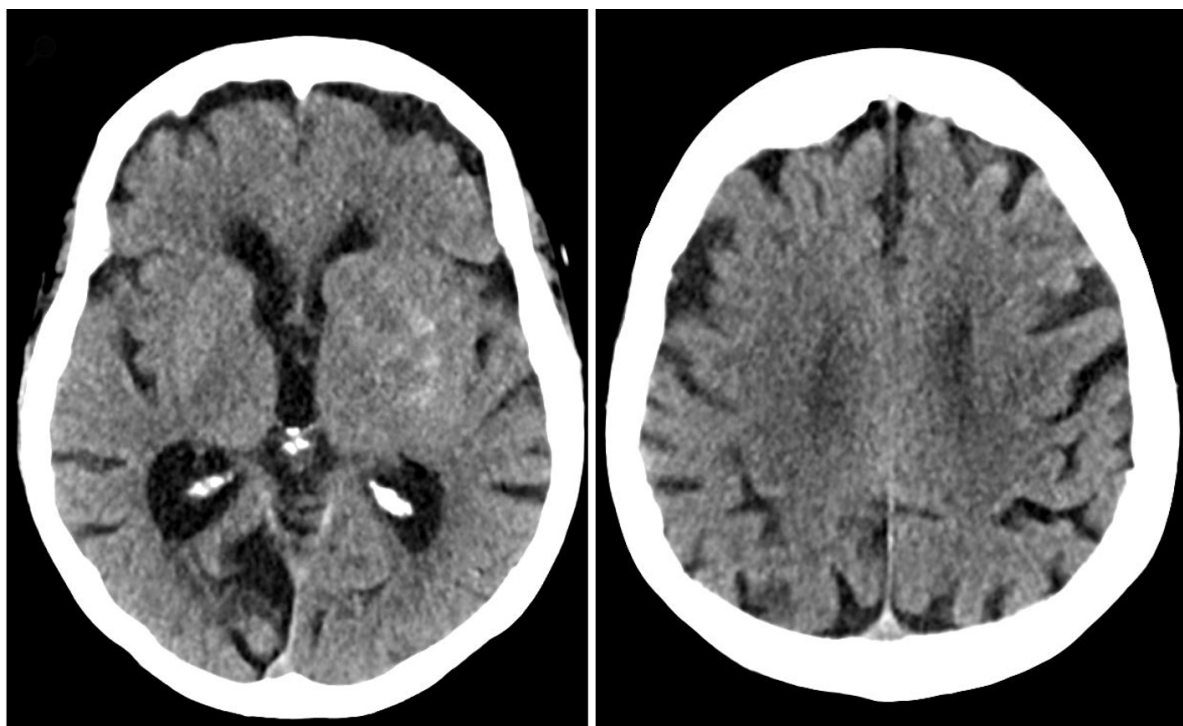


Angio Showing the 1st Pass Recanalization

A TICI 3 level recanalization was possible with a single pass.



Post-Op CT



Procedural Statistics

Onset of symptoms	10:30
CTA at referring hospital	14:38
IV-TPA at referring hospital	14:50
→ Drip & Ship to Augsburg!	
Arrival to Augsburg Angio suite	15:10
Femoral puncture	15:35
Recanalization	15:59

Symptom Onset-
to-Puncture:
5 hrs 5 minutes

Symptom Onset-
to-Recan:

5 hrs 29 minutes

Puncture-to-
Recan:
24 minutes

Clinical Success

24 hour NIHSS of the patient was 12.

At VESALIO, we feel blessed to be part of the stroke field where together with these dedicated physicians, we can make an incredible impact on people's lives.

Thank you Augsburg!