

SINGLE PASS TICI 3 WITH NEVA NET IN AN MCA-M1 OCCLUSION

NeVa™ NET 5.5 x 37 mm



Dr Vladimir KALOUSEK

UHC Sisters of Charity, Zagreb, CROATIA

PRESENTATION

86 year old female patient presenting with a NIHSS of 12 was referred with an IV-tPA (drip & ship) from primary care centre.

Time of symptom onset is unknown.

The stroke alert was received at 18:30. At 19:40, when the patient was admitted to Sisters Charity Stroke Unit, her neurological status had further deteriorated.

PRESENTATION

Imaging confirmed an occlusion in the right-MCA territory.



THE PROCEDURE

Dr Kalousek and team decided to proceed to thrombectomy, which **was done under distal** aspiration with a NeVa NET 5.5 x 37 mm

ANGIO SHOWING THE Right-M1 OCCLUSION





Angiographic imaging at the beginning of the case confirmed the occlussion of the right-M1 branch.

NeVa NET 5.5 x 37 mm was deployed across the M1 SEGMENT

NeVa NET 5.5 x 37 mm was taken partially into the DAC during retrieval



ANGIO SHOWING RECANALIZATION AFTER THE PASS WITH NEVA NET 5.5 X 37 MM

Before

After





Thrombectomy of the Right-M1 lesion was done using a NeVa NET 5.5 x 37 mm, delivered within a 0.027" microcatheter under coaspiration with a 0.071" ID-DAC.

Full recanalization (TICI 3) was achieved in the first pass and thrombus was observed within the device.

NeVa NET 5.5 x 37 mm



POST-OP CT



A demarcation of the ischemic lesion was observed in the right peri-insular region and the basal ganglia on the postop CT.

No ICH was observed on the control CT.

PROCEDURAL STATISTICS

Symptom Onset	Unknown, must be after 14:00
IV-tPA	Assumed at 18:30, when the stroke call was received
Door (admission)	19:40
Femoral puncture	20:30
Recanalization	20:45

		Onset-to-Becan
Door-to-Puncture: 50 minutes	Door-to-Recan: 65 minutes	Onset-to-Recan: Estimated to be less than 6 hrs 45 min
Puncture-to-Recan:		

CLINICAL OUTCOME

The patient was discharged with an NIHSS of 3.

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

Thank you Zagreb sister's Charity stroke team: Dr Kalousek, all the lab technicians and nurses as well as the anesthesiology team supporting this case.

DR VLADIMIR KALOUSEK Croatia

I really appreciated the pushability and deliverability of NeVa NET and although it is very early to draw conclusions, we feel that our M1 and proximal cases could benefit from this particular design, especially when the case is done without a balloon quide catheter."