DUAL STENT RETRIEVER TECHNIQUE WITH NEVA IN A CENTENARIAN PATIENT

NeVa 4.5 x 29 mm

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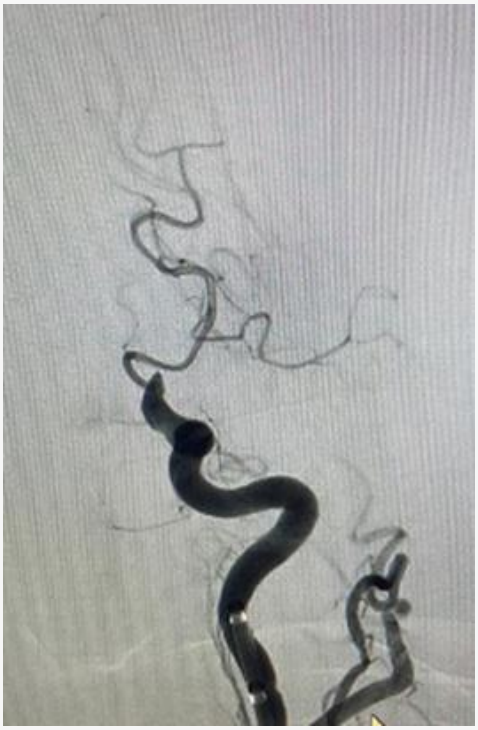

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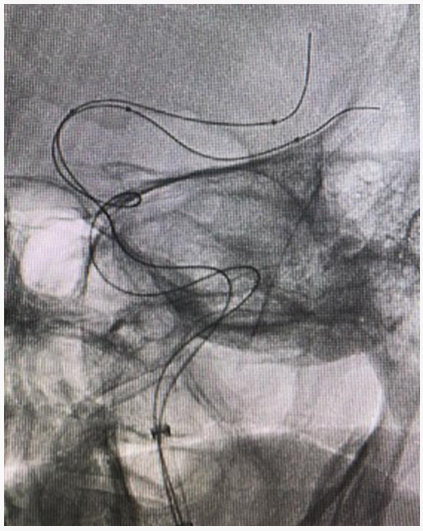
PRESENTATION

Centenarian female patient (105 YO) presented with a NIHSS of 19, five hours after symptom onset

Imaging confirmed occlusion of the distal left internal carotid artery, carotid-T and the MCA branches.

THE PROCEDURE

Prof Cohen decided to do thrombectomy using dual stent-retriever technique and employed two NeVa 4.5 x 29 mm units to pinch the clot. A large bore balloon guide catheter was used for flow control. The procedure duration from groin puncture to recanalization was only 9 minutes and a TICI 3 level recanalization was obtained in a single pass.



Navigation to the lesion with two 0.021 inch microcatheters and their placement in MCA branches

Deployment of two NeVa 4.5×29 mm units into the MCA branches with the proximal 1/3rd of the first NeVa and the proximal 2/3rds of the second NeVa overlapping at the proximal section of the MCA bifurcation

Significant clot retrieved within the NeVa structure

ANGIO SHOWING TICI 3 RECANALIZATION AFTER THE FIRST PASS

After a mere 9 minutes from groin puncture, a TICI 3 level recanalization was obtained in a single pass.

CLINICAL OUTCOME

48-hour NIHSS: 4

PROF JOSE COHEN

"In cases like this, most of the clot is usually located at the distal ICA and proximal MCA. To enhance the efficacy of the stent retriever technique and minimize the number of passes needed, the dual stent retriever option was chosen. Two NeVa stent retrievers were used, each placed in one of the bifurcation trunks, with partial overlap in their proximal and mid-third sections. This approach effectively optimizes clot capture in long and distinct segments while simultaneously forming a pinching structure at the MCA bifurcation."