



DUAL STENT RETRIEVER TECHNIQUE WITH NEVA FOR FIRST PASS SUCCESS

NeVa 5.5 x 37 mm

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PRESENTATION

87 YO male patient presented with a NIHSS of 24.

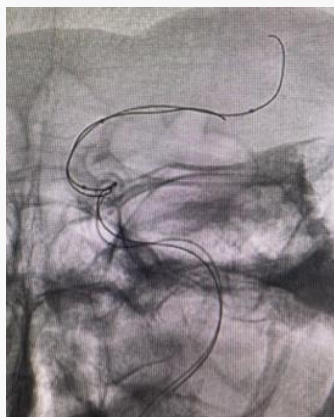
The patient was last time seen well 7 hours ago.

The patient had a history of congestive heart failure and atrial fibrillation. He had discontinued Eliquis for 24 hours.

Imaging confirmed a massive embolus occluding the distal cervical ICA extending toward the ICA bifurcation and the MCA stem.

THE PROCEDURE

Dr Cohen chose to perform thrombectomy using dual stent-retriever technique with two NeVa 5.5 x 37 mm units. A balloon guide catheter was used for flow control. TICI 3 level recanalization was obtained in a single pass.



Navigation to the lesion with two microcatheters (MCs) placed at the post-bulbar ICA



Microcatheter #1 was placed at the distal M1



Microcatheter #2 was placed at the cavernous ICA

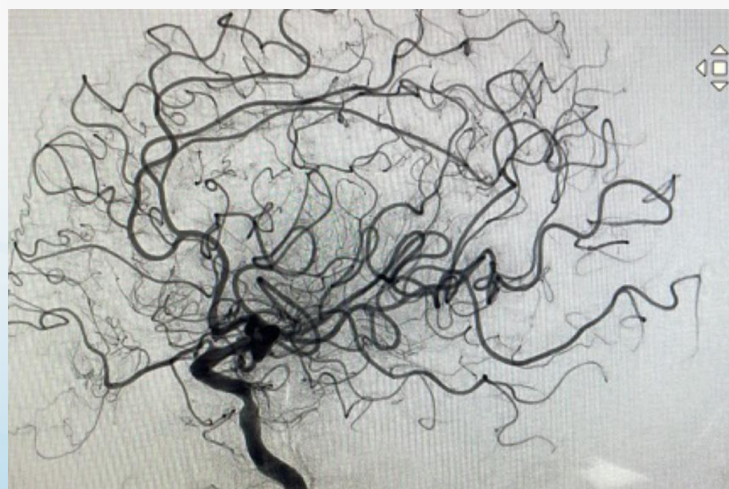


Initial flow restoration observed during the deployment

Two 5.5 x 37 mm NeVa units were deployed across the M1-supraclinoid-cavernous-petrous ICA segments, leaving the proximal tail of the clot unstented

ANGIO SHOWING TICI 3 RECANALIZATION AFTER THE FIRST PASS

TICI 3 level recanalization was obtained in a single pass.



CLINICAL OUTCOME

3-hour NIHSS of the patient was 7