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Per trovarlo dare come riferimento V10-1

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The **58th** International Congress of the European Society of Cardiovascular Surgery (**ESCVS**). Congress: April 30 - May 2, 2009 in Warsaw, Poland.

V10-1 PERCUTANEOUS GLUE INJECTION FOR THE TREAMENT OF PSEUDOANEURYSM AFTER CATHETERIZATION

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Objective: In the last few years, coronarography and arteriography have been increasingly employed, permitting, thanks to the introduction of new devices, the **percutaneous** treatment of a large number of pathologies which previously would have received only surgical treatment. At the same time, complications like haematomas or pseudoaneurysms (PSA), which may occur during sheath removal, have become more frequent, ranging from 3.2 to 8%, because antiplatelet therapy or anticoagulation has become more common, often necessitating the employment of larger sheaths. The most employed technique used to resolve PSA remains surgery; although complications like nerve injury, lymphocele and haematoma are of common occurrence. Non-surgical alternatives, like ultrasound-guided PSA compression repair, coil embolisation, or the more popular **percutaneous** thrombin **injection**, cannot be used in all cases. Furthermore, in cases of large PSA, such treatment transforms it into a non-pulsating mass, leaving in place nerve and vein compression.

Methods: We fixed as our primary objective the occlusion of the PSA arterial hole, independent of the neck length and of the arterial hole and PSA diameter, and, as a secondary objective, the suctioning of the PSA at the end of arterial whole occlusion in cases of large PSA.

Results: We report our experience in 37 PSAs using N-butyl-2-Cyanoacrilate (Glubran 2). This technique has also been highly efficacious in three cases of acute PSA rupture. No complications occur.

Conclusions: N-Butyl-2-Cyanoacrilate is rarely used for peripheral pseudoaneurysms but our experience, even if limited to a small number of patients, has shown how it could be employed with success in all types of PSAs, independent of the diameter, neck length and arterial whole diameter. In the three cases of broken PSA, the **glue** permitted the stoppage of the bleeding without the necessity of surgery. One other important aspect is the

possibility of suctioning the PSA after the **glue** has closed the arterial hole, immediately reducing nerve and vein compression. N-Butyl-2-Cyanoacrilate revelled really effective in **percutaneous** PSA treatment. However, it is necessary that this procedure be performed in a large number of cases of PSA before it is possible to make any real comparison with thrombin treatment, especially regarding the incidence of complications, kinds of treatable PSA and the cost of treatment.