



Proven performance

Visibly different

Pre-op Devascularisation of an Intraventricular Haemangioblastoma

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Patient History

- 22-year-old male with history of two-week diplopia
- MRI revealed coincidental finding of large densely hypervascular mass in the fourth ventricle supplied by multiple distal branches of the right posterior-inferior cerebellar artery (PICA)
- No other focal neurological findings apparent, other than mild divergent gaze after sedation

Procedure

- Tumor embolised using Bead Block™ 100-300µm through a microcatheter, advanced distally through a 4Fr vertebral catheter into the left posterior cerebellar artery
- Infusion discontinued when normal distal left PICA arterial anatomy was visualised
- After embolisation a small residual trunk of vessel was satisfactorily coiled with two .010" liquid platinum microcoils
- Post-embolisation angiography showed significant reduction of approximately 80% in tumour neovascularity from each of the PICAs
- No change to neurologic examination or dysconjugate gaze post-embolisation

Outcome

- Satisfactory embolisation of bilateral PICA supply to an intra-fourth ventricular hypervascular mass



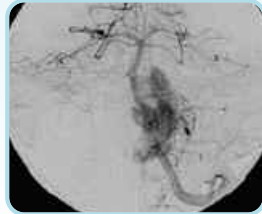
Coronal post-gadolinium



Sagittal pre-gadolinium



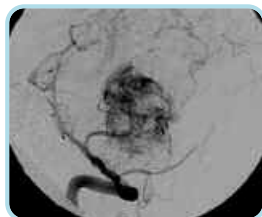
Pre-embolisation:
right vertebral artery



Pre-embolisation:
left vertebral artery



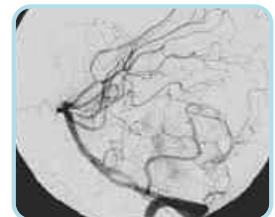
Pre-embolisation, lateral
view: right vertebral artery



Pre-embolisation, lateral
view: left vertebral artery



Post-embolisation:
left vertebral artery



Post-embolisation, lateral
view: left vertebral artery

Ordering Information

2ml Bead Block is suspended in 5ml physiological buffered saline in 20ml syringe and is packed singly.

Size Range μm	Colour Code	2ml Product Code
100 – 300	Yellow	EB2S103
300 – 500	Blue	EB2S305
500 – 700	Red	EB2S507
700 – 900	Green	EB2S709
900 – 1200	Purple	EB2S912

For more information, please contact:

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Important Information

Indications:

Bead Block™ is intended to be used for the embolisation of hypervascular tumours, including uterine fibroids and arteriovenous malformations (AVMs).

Potential Complications:

- Undesirable reflux or passage of Bead Block into normal arteries adjacent to the targeted lesion or through the lesion into other arteries or arterial beds
- Non-target embolisation
- Pulmonary embolisation
- Ischaemia at an undesirable location
- Capillary bed saturation and tissue damage
- Ischaemic stroke or ischaemic infarction
- Vessel or lesion rupture and haemorrhage
- Neurological deficits including cranial nerve palsies
- Vasospasm
- Death
- Recanalisation
- Foreign body reactions necessitating medical intervention
- Infection necessitating medical intervention
- Clot formation at the tip of the catheter and subsequent dislodgement

UFE-Specific Potential Complications:

Potential post-procedure complications include:

- Abdominal pain
- Discomfort
- Fever
- Nausea
- Constipation
- Premature ovarian failure (ie menopause)
- Amenorrhoea
- Infection of the pelvic region
- Uterine/ovarian necrosis
- Phlebitis
- Deep vein thrombosis with or without pulmonary embolism
- Vaginal discharge
- Tissue passage, fibroid sloughing, or fibroid expulsion post UFE
- Post-UFE intervention to remove necrotic fibroid tissue
- Vagal reaction
- Transient hypertensive episode
- Hysterectomy

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