



Patient from overseas selects UCLA Interventional Neuroradiology to treat him – dangerous fistula successfully cured

DIVISION OF INTERVENTIONAL NEURORADIOLOGY

Presents a patient case treated by the team members of the division and physicians and staff of the UCLA Comprehensive Stroke Center

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PATIENT PRESENTATION

- 60-year-old man from overseas reported sudden onset of very severe 20/10 headache (HA) few months prior his visit with us.
- HA subsided to 6/10, but persisted almost every day.
- His primary care MD ordered MRI (Fig 1.), which showed unusually dilated veins in the area of the left tentorium, suspicious for vascular malformation.
- He decided to seek treatment in the US and contacted our UCLA Interventional Neuroradiology service for consultation.

EVALUATION AND IMAGING

- Our conventional catheter angiogram confirmed transverse sinus dural Arterio-Venous Fistula (dAVF) with dangerously dilated cortical veins, Cognard grade IV, with high risk of sudden brain hemorrhage (Fig. 2).

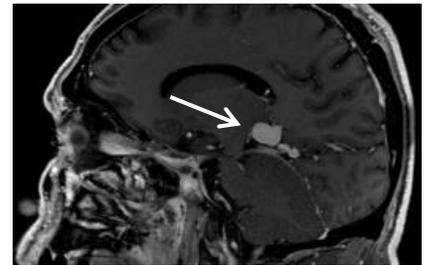


Figure 1: MRI of brain with contrast shows abnormally dilated veins (arrow).

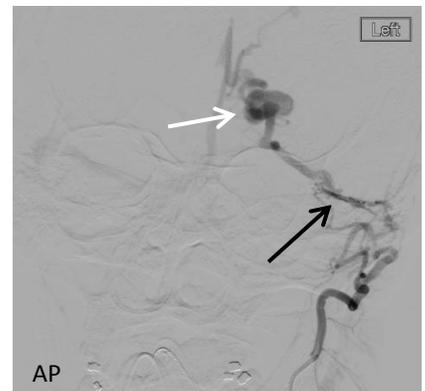


Figure 2. Catheter angiogram lateral/side (Lat) view and antero-posterior/frontal (AP) view shows abnormal connection of the arteries and veins, fistula, (black arrow) and the abnormally dilated cortical veins (white arrow).

(over)

INTERVENTIONAL NEURORADIOLOGY



Procedures provided by DINR for adult and pediatric patients

Acute Ischemic Stroke

Acute Thrombectomy/Thrombolysis
Extra/Intracranial Angioplasty/Stenting

Brain Hemorrhage, Aneurysm/AVM/fistulae

Aneurysm coiling
Stent/balloon assisted aneurysm coiling
Flow diverter stent device embolization
AVM/Dural fistulae embolization
Venous Sinus Thrombectomy/Thrombolysis
Direct transcatheter embolization

Chronic Occlusive Cerebrovascular Disease

Extra/Intracranial Angioplasty/Stenting
Venous Sinus Angioplasty/Stenting

Head/neck/orbit tumors & vascular malformations, epistaxis

Endovascular embolization
Direct percutaneous embolization



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INTERVENTION PERFORMED

- We performed successful minimally invasive endovascular embolization using liquid embolic material Onyx to close off the site of dAVF (Fig. 3).
- Our final control angiogram showed complete blockage of the dAVF and therefore cure of his lesion (3B.)

PATIENT OUTCOME

- The patient tolerated the procedure very well.
- He was discharged home the next day.
- 6 months follow-up angiogram confirmed complete occlusion of the dAVF.
- He reports significant decrease on his HA frequency and severity. He is back to his regular activities.

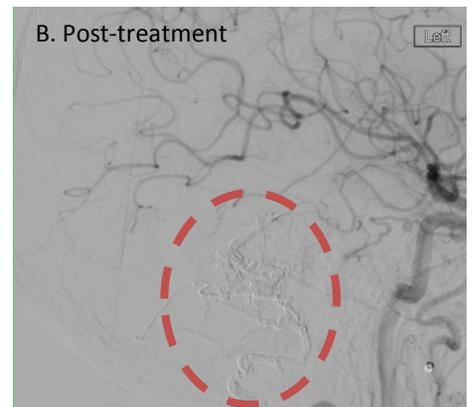
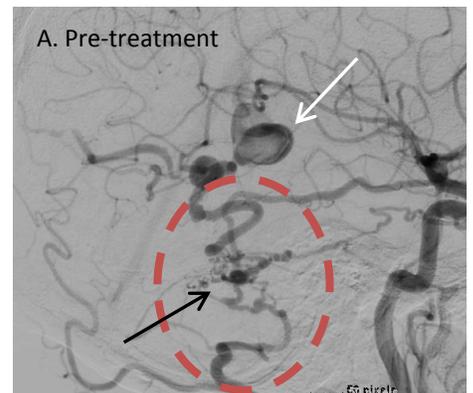


Figure 3. A. Pre-treatment angiogram, Lateral/side view shows the area of dural fistula (red dashed circle) with feeding arteries (black arrow) and dilated cortical veins (white arrow).

B. Post-treatment angiogram, Lateral/side view shows completely occluded area of dural fistula (red dashed circle).

Division of Interventional Neuroradiology – A Leader in Neurovascular Care and Research

- Invented the Merci retriever – the 1st endovascular device for acute stroke therapy
- Invented GDC and Matrix coils – the leading tool for aneurysm treatment around the world
- Developed Onyx liquid embolic material – the leading therapy for brain vascular malformations



**American Heart Association
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CERTIFICATION**
Meets standards for
Comprehensive Stroke Center

