講演情報

一般演題

静脈/リンパ管

[一般演題14] 静脈/リンパ管

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座長：太田 豊裕（愛知医科大学 放射線医学講座）, 座長：菅原 俊祐（国立がん研究センター中央病院 放射線診断科）

[O-105] 下肢静脈瘤に対する非カテーテル使用NBCA塞栓術の臨床的有用性

◦榊原 直樹[1], 八木 理絵[2], 今井 智浩[3], 梶本 完[2], 天野 篤[2]
(1.江戸川病院　心臓血管外科, 2.順天堂大学　医学部　心臓血管外科, 3.東京血管外科クリニック)

Introduction: Tortuosity or large truncal varicosity would be commonly contraindicated for a catheter-based NBCA embolization (CCAE) for saphenous vein reflux. To overcome this difficulty, a no catheter-based technique; ultrasound guided NBCA embolization (UGCE), would be an alternative method. This study addresses the efficacy of UGCE compared with CCAE in the real world. Methods: This is the retrospective, observation study of NBCA embolization for incompetent saphenous veins (n=292) with CCAE (n=220) or UGCE (n=72). Of the 256 patients, the average age was 64.8, 196 patients (67.1%) were female, and 171 patients (66.8%) were ≧C3 disease. A mean truncal vein diameter of 7.1 mm and the largest vein diameter of 13.3 mm (max. 33.1) were measured. All legs were treated mainly with adhesive NBCAs; 220 legs by CCAE and 72 legs by UGCE. Patients were observed over a period up to one year. Results: Several NBCAs were used for 262 of GSV/ASVs and 31 of SSVs; VariClose for 260 legs, VenaBlock for 15 legs, VenaSeal for 4 legs, Endosealer/Veinoff for 2 legs. A mean NBCA volumes per session were 2.0±1.5 mL with CCAE and 2.4±1.1 mL with UGCE. Superficial phlebitis was recorded in 27 legs (12.3%) and 4 legs (5.1%) respectively, while other adverse effects were minimal. The largest diameters were reduced with both procedures. Anatomical failure was observed in 19 legs (8.6 %) and 4 legs (5.1%) respectively, however VCSS was significantly improved with both procedures. Conclusions: UGCE showed no inferiority to CCAE in the real world. UGCE would be recommended for unaccessible veins.