



## 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

2019年5月31日(金) 09:00 ~ 10:12 第6会場 (4F 413+414)

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-104] 接着型NBCA不成功例に対する充填型NBCAの応用：蛇行または径拡大のある下肢静脈瘤塞栓術への新術式

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Introduction: Tortuous and segmentally large saphenous veins are not usually treated by the catheter-based NBCA embolization (CAE). On the other hand, the ultrasound guided CAE (UGCE) with needle injections could be an alternative method for those patients. Thus, this study addresses the efficacy of secondary filler NBCA embolization after unsuccessful adhesive NBCA. Methods: This is a retrospective observation study of UGCE with the filler NBCA (Histoacryl and Lipiodol by mixing ratio of 1:3) for large or tortuous saphenous veins. 45 patients (GSV/ASV 42, SSV 3) were treated with adhesive NBCA (VariClose/VenaBlock); 9 of them by CAE and 36 of them by UGCE. UGCE was performed in patients with vein diameter >8mm and/or segmentally large varicose sized>15mm after or in the same session of adhesive CAE. An average age was 64.9, 24 patients (55.8%) of them were female, and 32 patients (71.1%) were >C3 disease. Mean truncal vein diameters of 7.7 mm and mean maximum vein diameters of 15.7 mm (max. 33.1) were measured. Patients were observed for three months and assessed by anatomical/clinical success and adverse effects. Results: After the secondary filler NBCA injection, all veins were completely occluded for three months. 6 patients showed superficial phlebitis but self-limited, while other adverse effects were not recorded. Clinical success was obtained by improving results from 4.5 to 2.8 with AVVQ ( $p<0.001$ ), and from 5.0 to 1.8 with VCSS ( $p<0.001$ ). Conclusions: Filler NBCA provided a positive effect on recanalization after adhesive NBCA failure.



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#### [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

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Introduction: Tortuosity or large truncal varicosity would be commonly contraindicated for a catheter-based NBCA embolization (CCAЕ) 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 CCAЕ in the real world. Methods: This is the retrospective, observation study of NBCA embolization for incompetent saphenous veins (n=292) with CCAЕ (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  $\geq$ 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 CCAЕ 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  $2.0 \pm 1.5$  mL with CCAЕ and  $2.4 \pm 1.1$  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 CCAЕ in the real world. UGCE would be recommended for inaccessible veins.