

NESIR

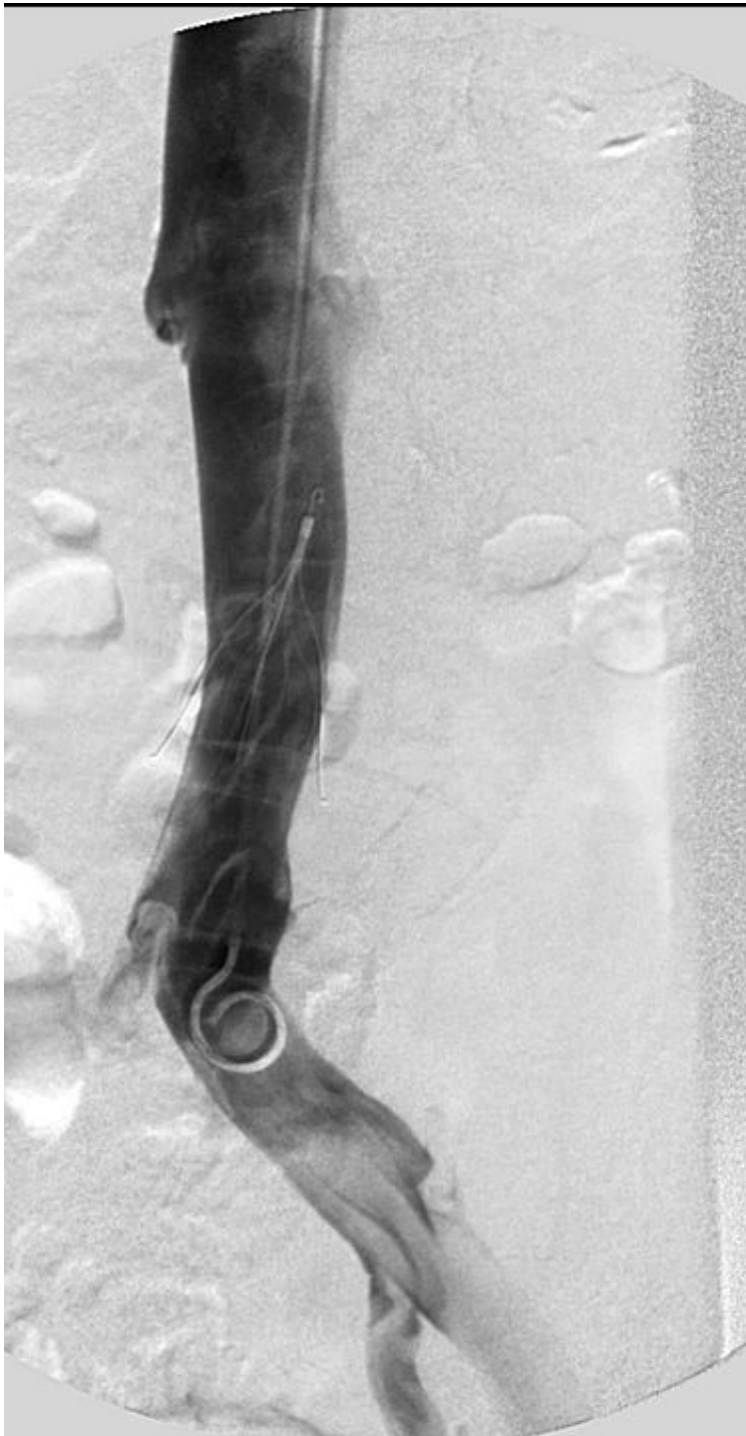
November 4, 2013

Neil J. Halin, D.O.



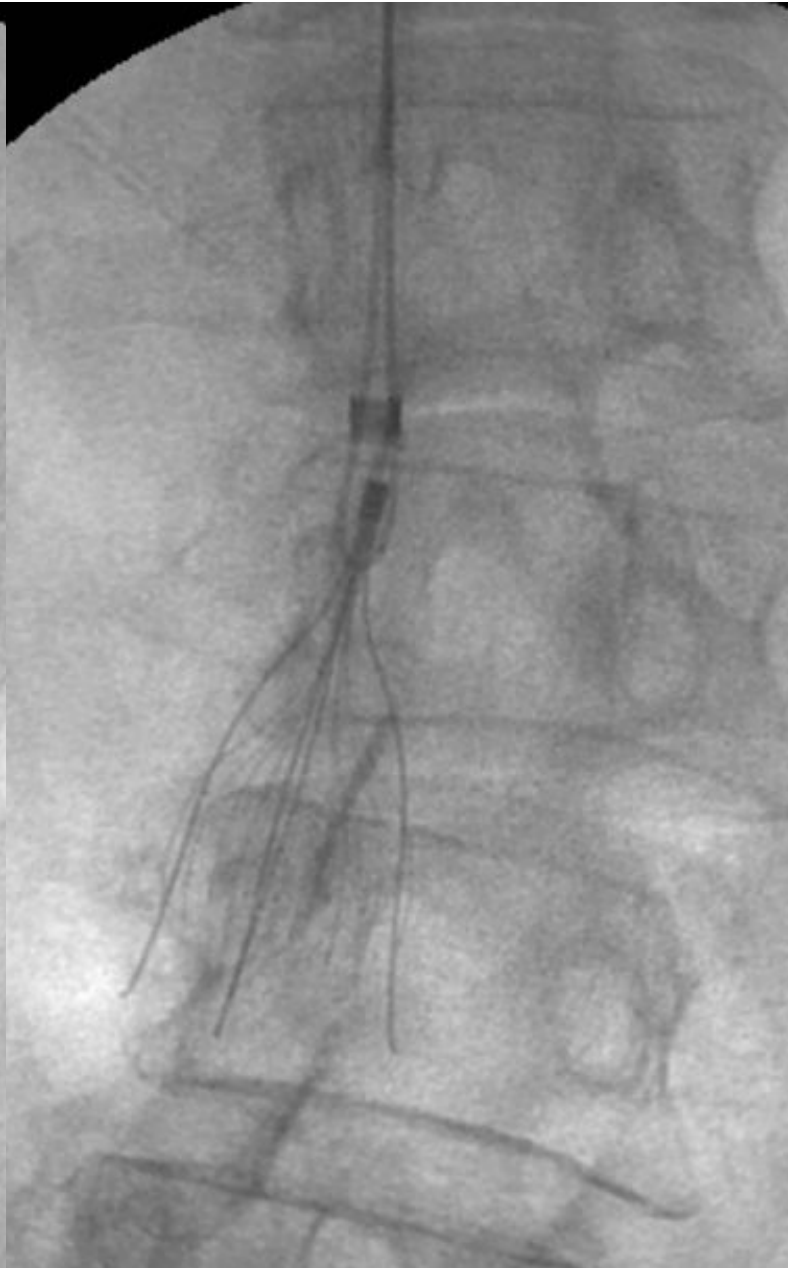
- 86 y.o. female presented in April 2013 with b/l PE and b/l femoral DVT.
- IVC filter was placed at OSH for prevention of further PE
- Presented to clinic for discussion of filter removal
- Recent CPTAgram showed no further PE or DVT.

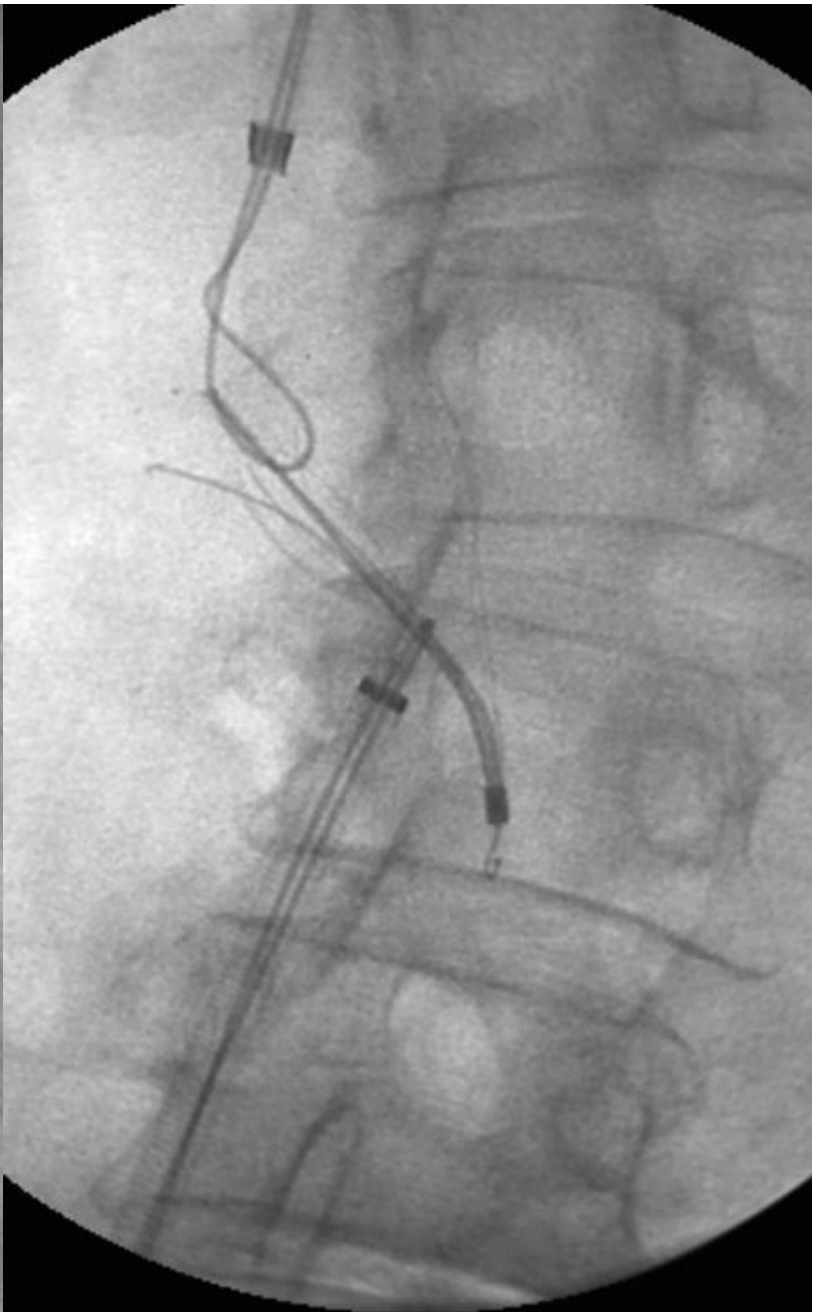
- CT showed legs symmetrically outside of the IVC but did not go up to the tip of the filter.
- Pt scheduled for filter removal.

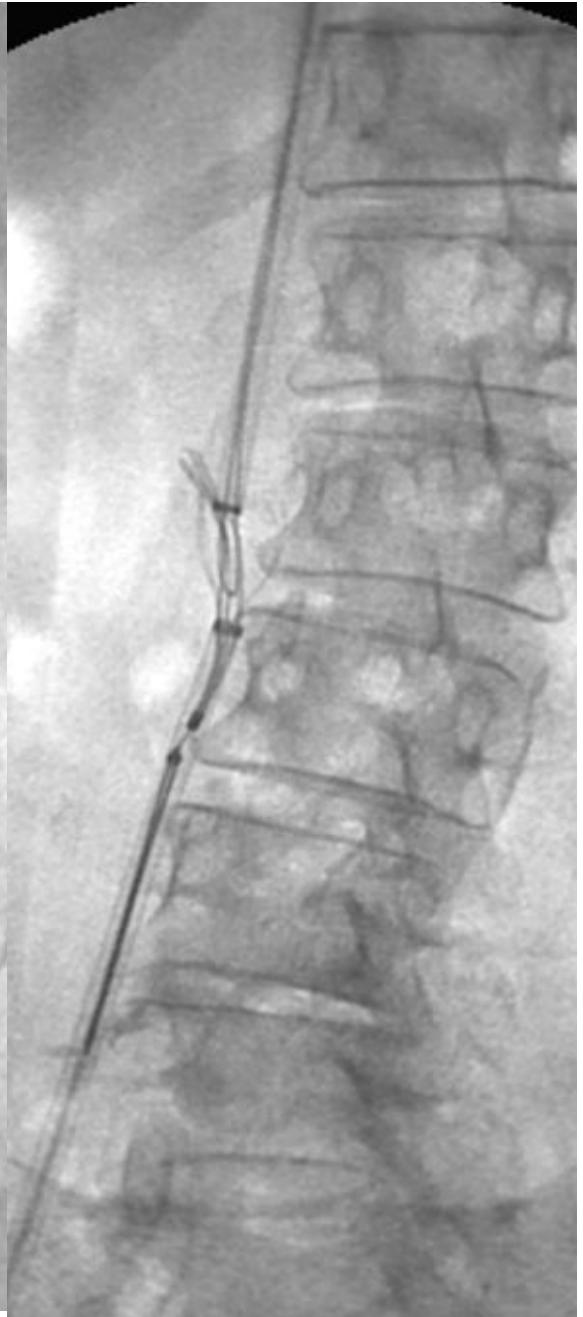
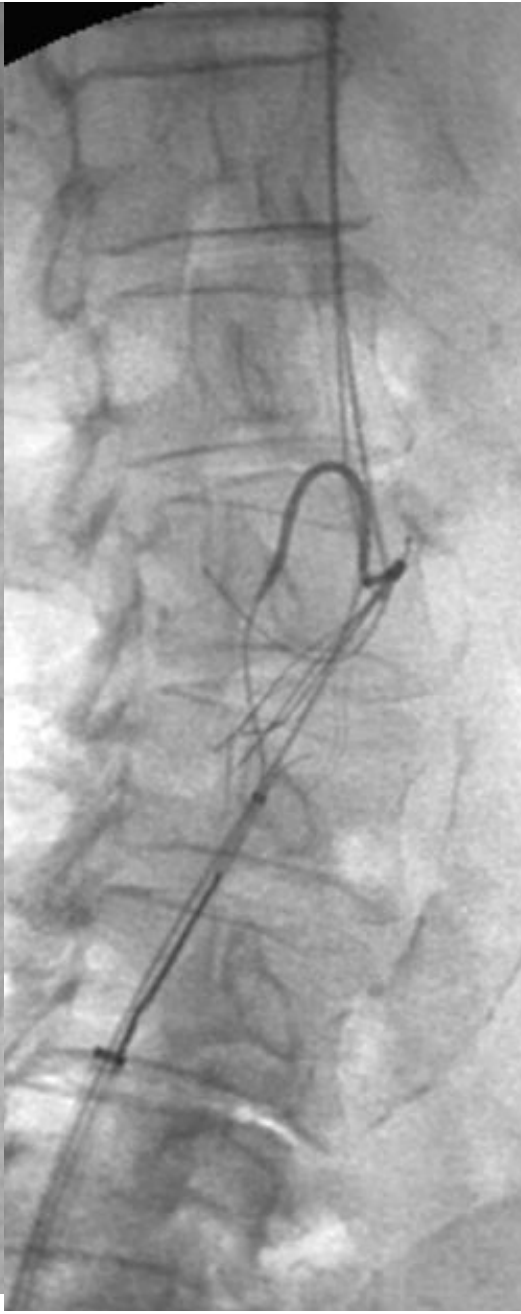


IVCgram from right IJV showed no clot in the filter.

Filter tipped to left with feet outside of cava similar to recent CT.







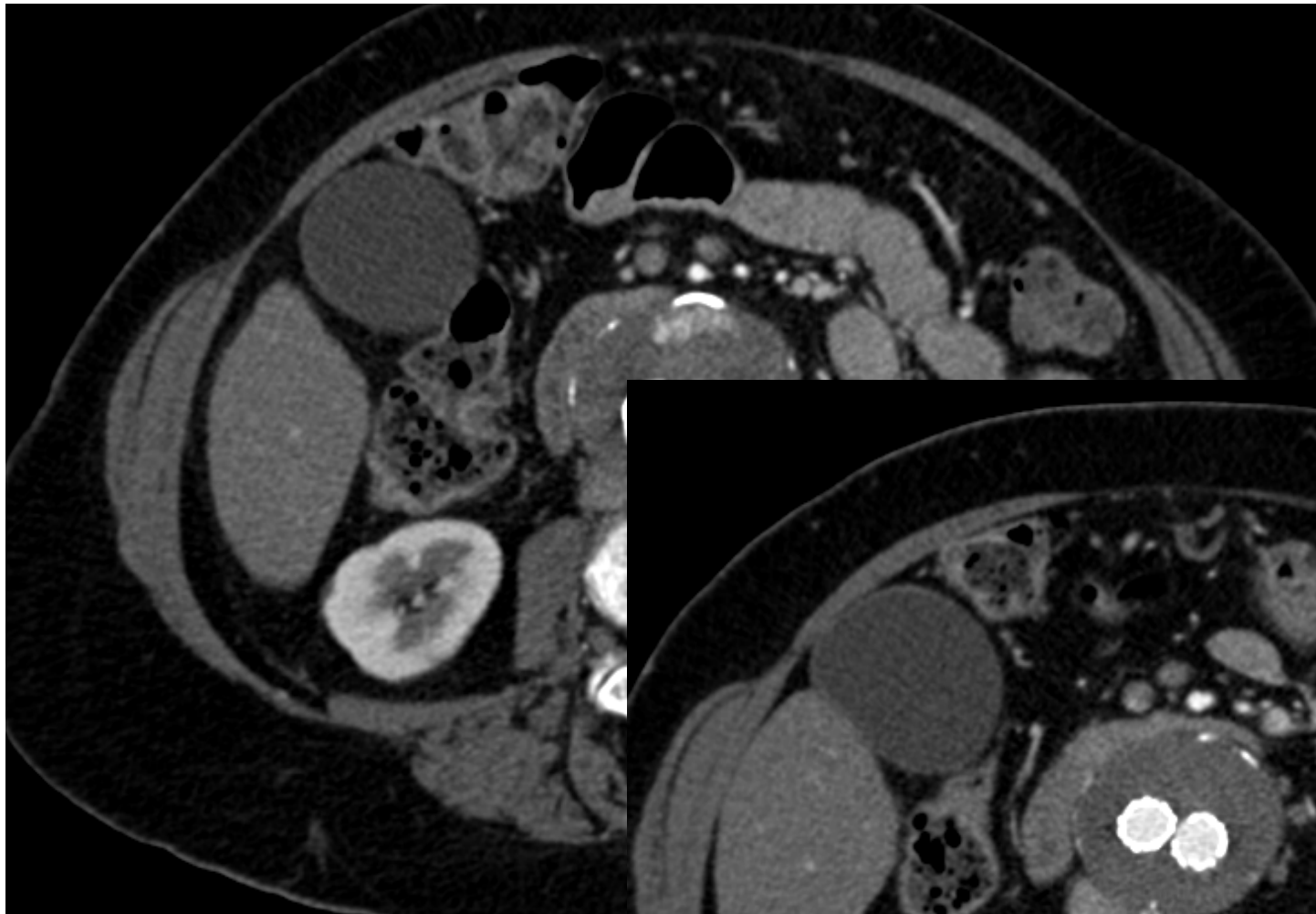


Voila!

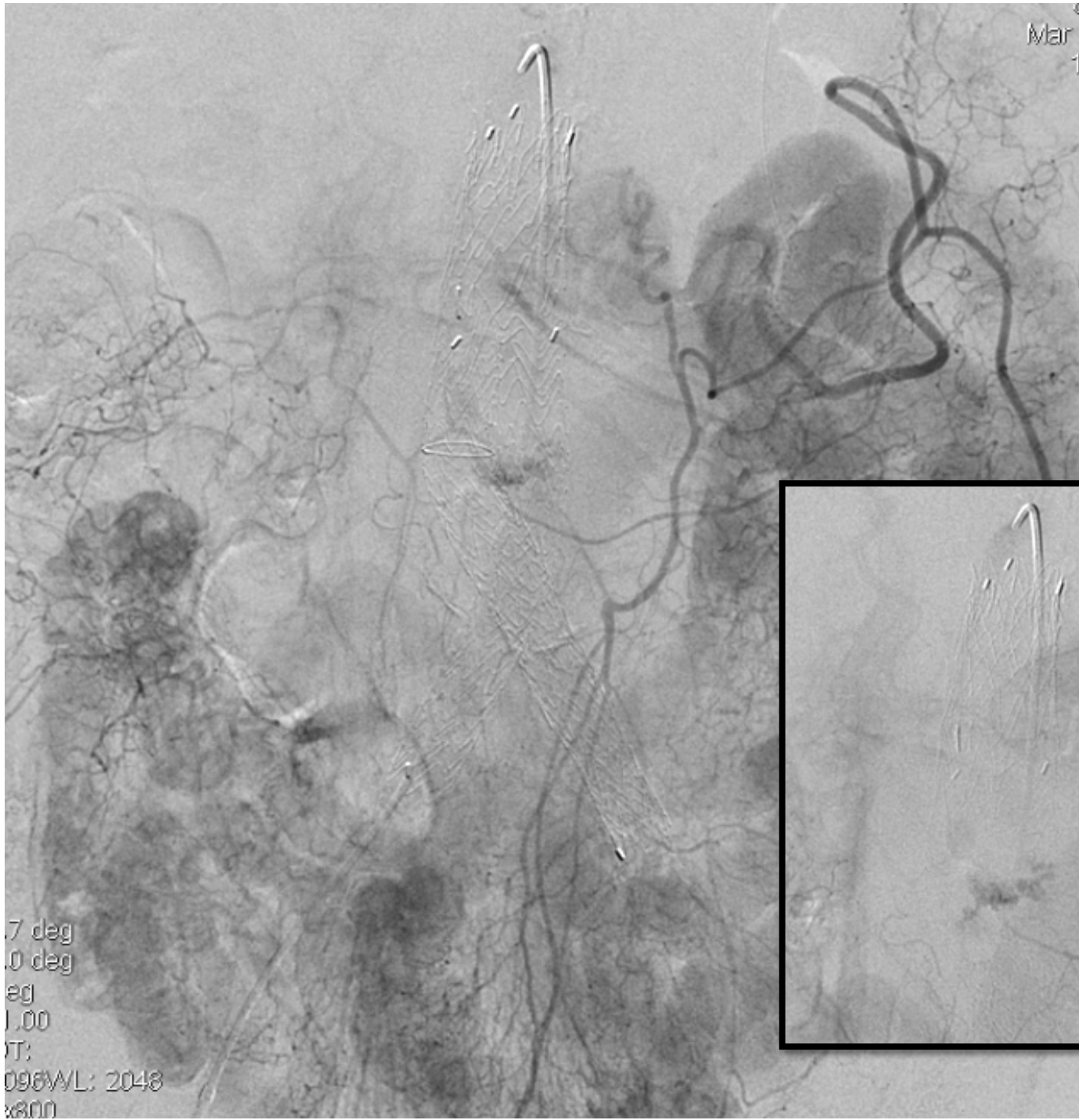


Case 2

- 76 y.o. female presented with diagnosis of AAA for endograft placement



- Underwent a Gore endograft placement.
- No endoleak seen at completion of case.
- Returned for followup CT
- Type II endoleak seen with enlargement of aneurysm sac.
- Referred to Tufts for treatment.

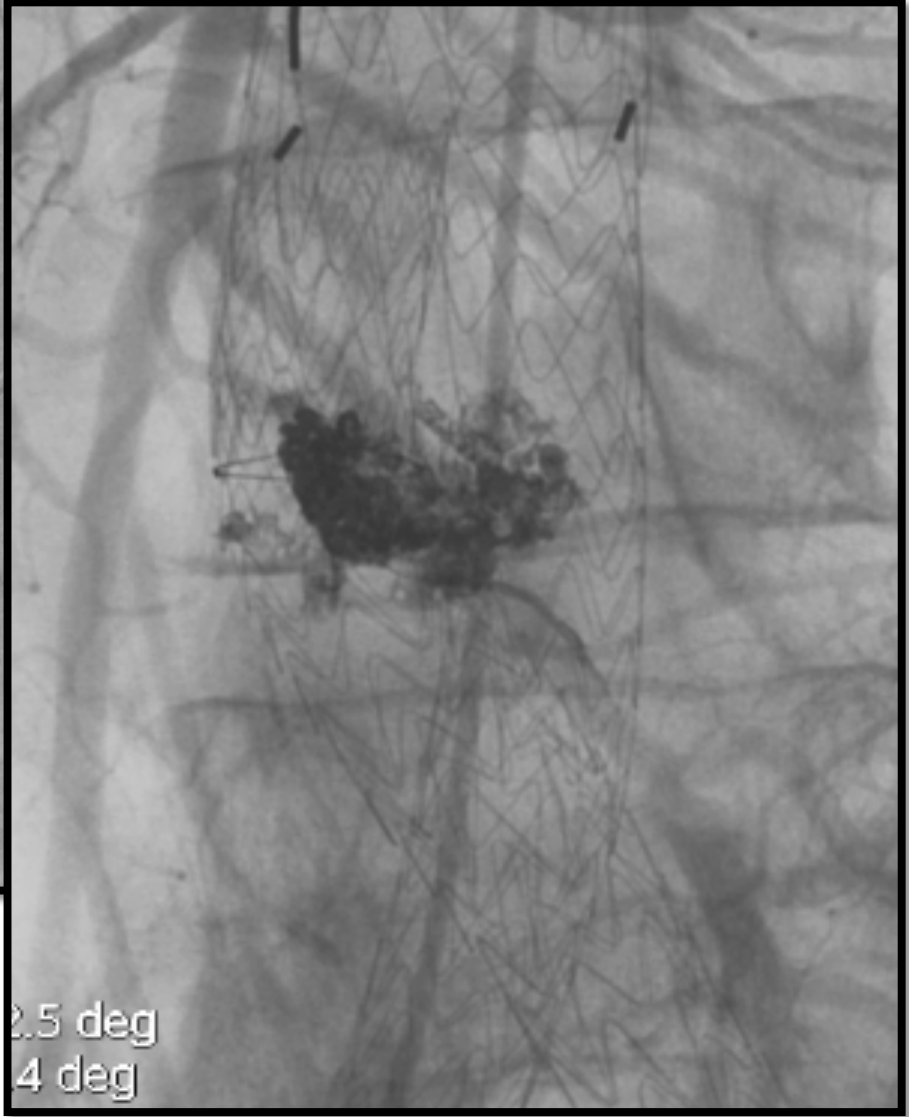


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eg
1.00
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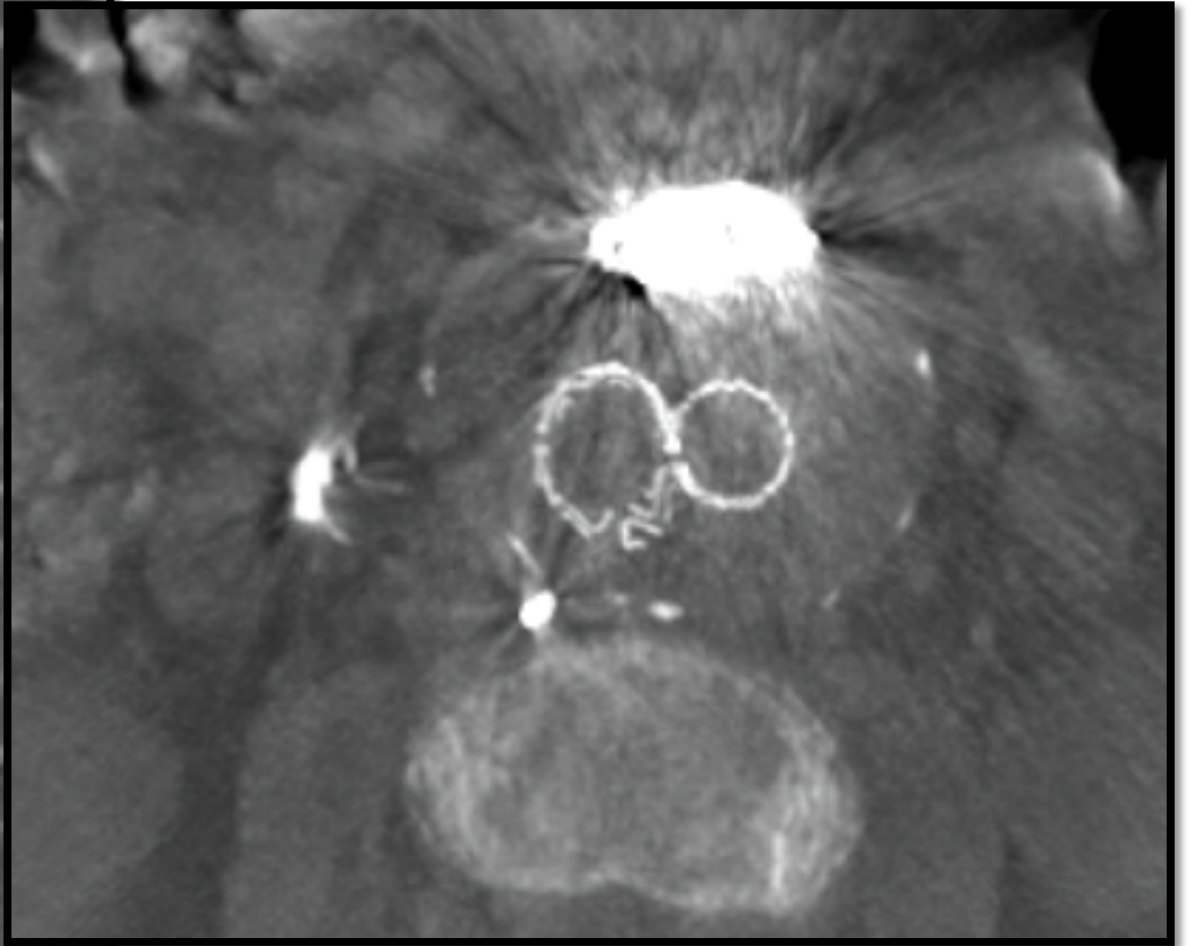
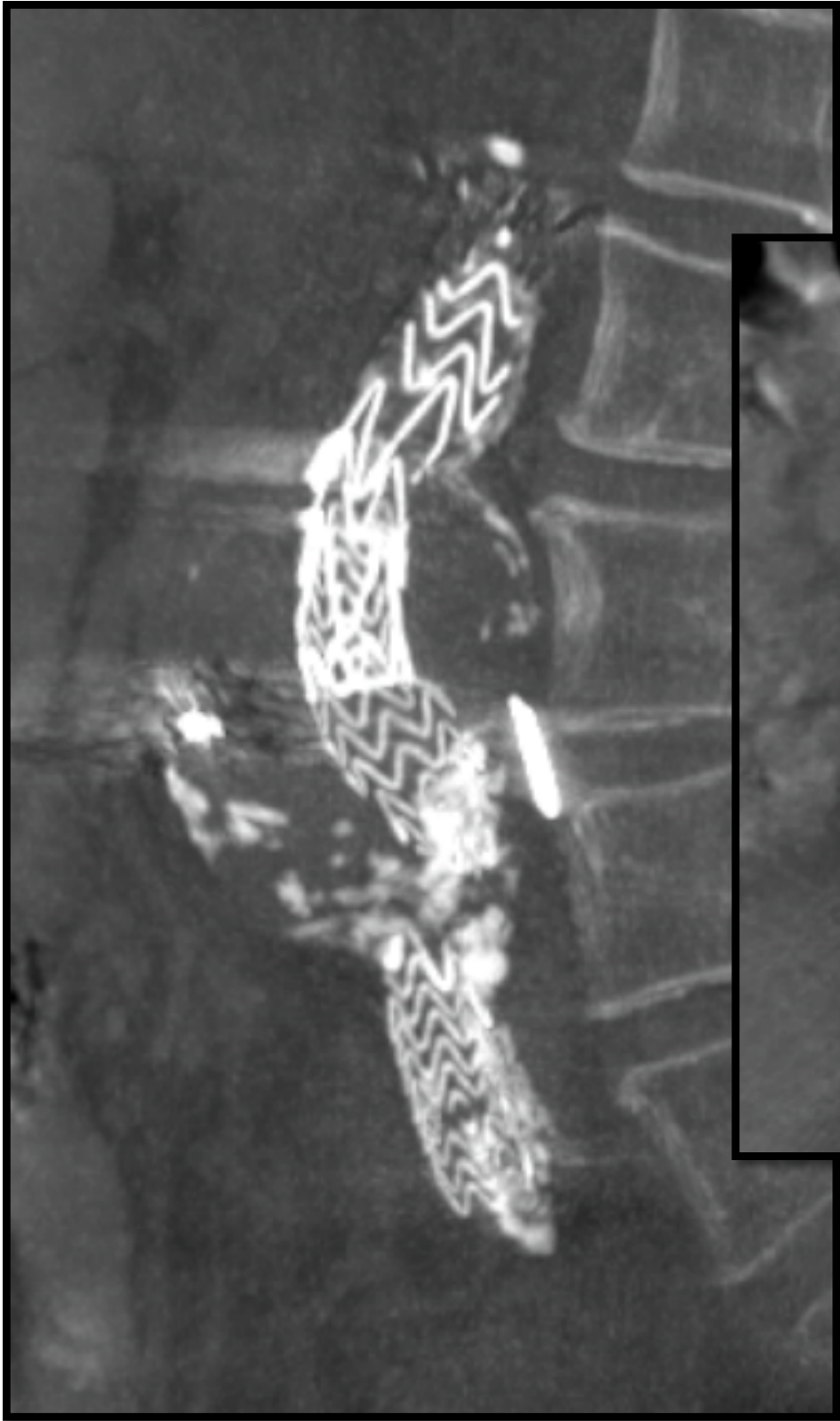
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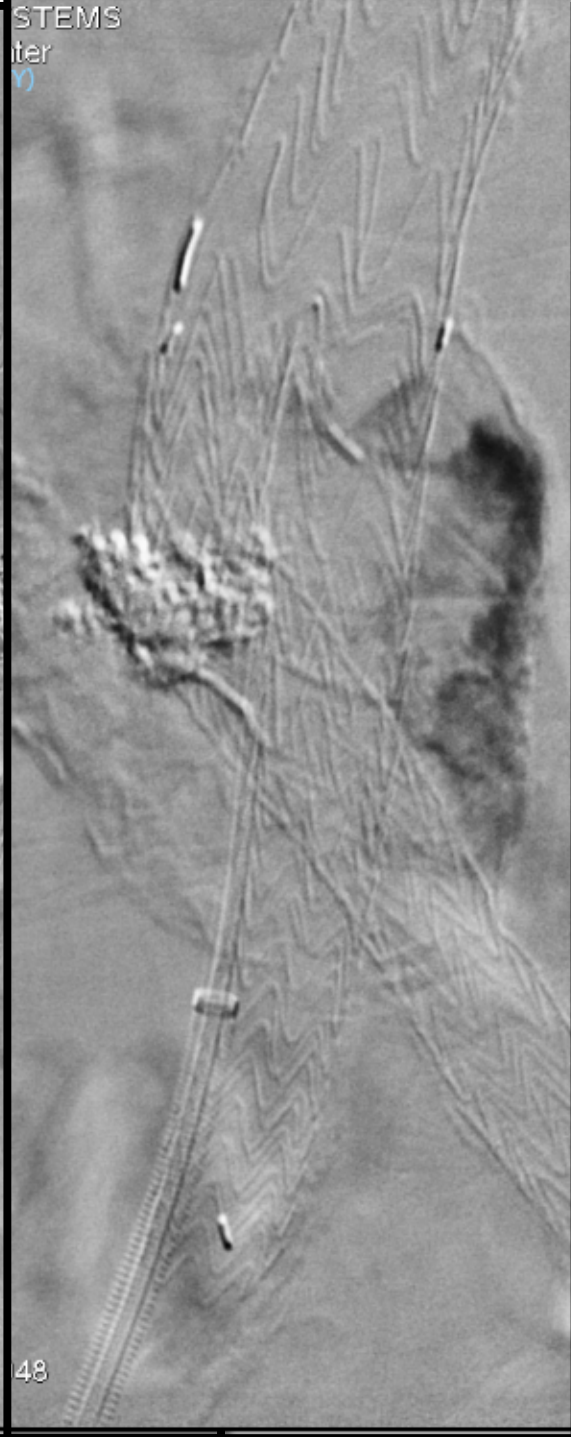
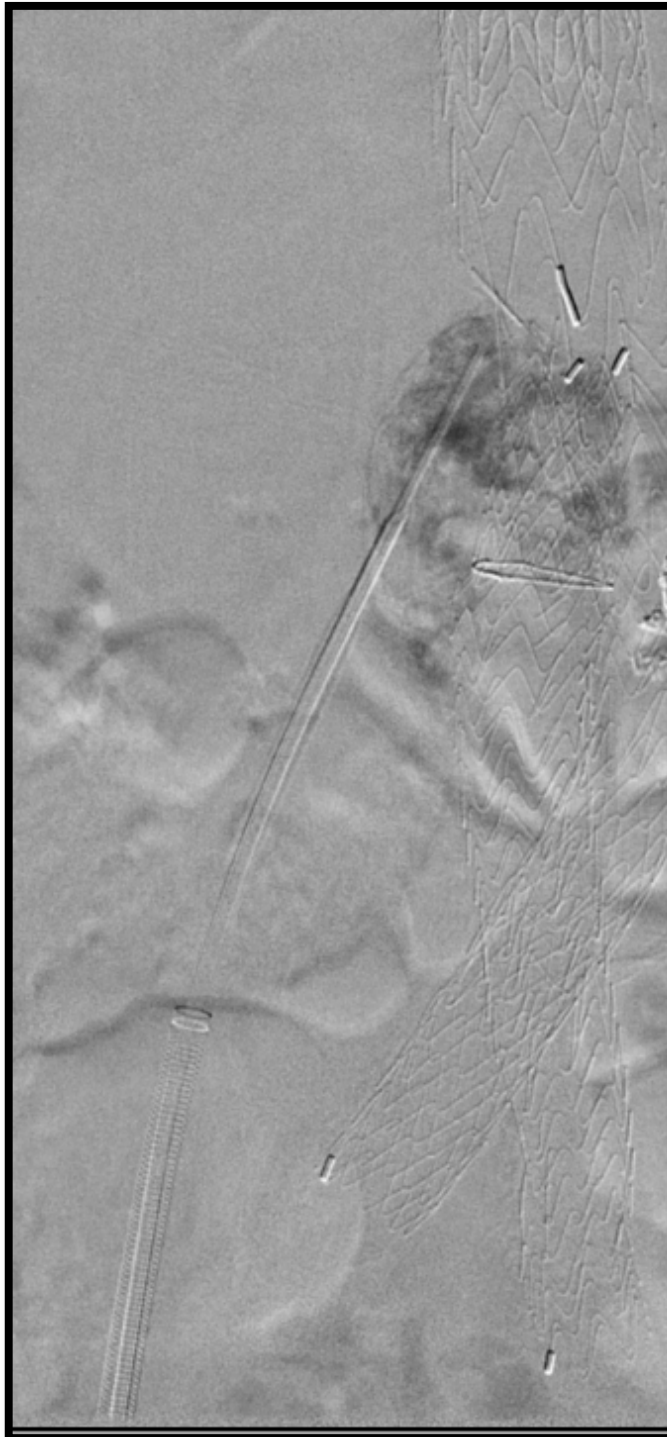


- Next surveillance CT showed continued endoleak.
- Referred back for re-embolization.



- Treatment approach options:
 - IMA : already treated with Onxy
 - Hypogastric : already imaged, no usable connection
 - Translumbar : aorta exactly midline, no easy approach
 - Trans-IVC : Maybe...





- Repeat surveillance imaging....
 - Endoleak!
- Returning for repeat embo tomorrow
 - Likely translumbar.