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TRANS ARTERIAL TREATMENT WITH ONYX OF BRAIN DURAL ARTERIO VE- NOUS FISTULA - 4 YEARS OF EXPERIENCE

Tel Aviv medical center, Israel.

In the last 4 years we have shifted from using glue to treat dAVF to Onyx.

This is due to Onyx properties and our large experience with it in the treatment of other lesions like brain avm and tumor.

In the last 4 years 16 patients with brain dAVF Borden type 2 and 3 (with cortical drainage) have been treated trans arterially with Onyx in Tel Aviv medical center.

In 15 patients (93%) we could get complete occlusion of the lesion, include the arterial side and proximal venous part.

In 14 patients we get this closure in one session. In one we needed two session, he had 2 different fistula one near the other. Every one was treated in different session. In that patient the second fistula, due to anatomical location, were treated trans venous with coils.

Only in one case of a big and complex d.AVF of the Lt Petrosal sinus we couldn't get complete closure. In that patient we performed 3 treatment sessions to get at the end small remnants.

This is the only case were we also have mild clinical complication- Transient 4 cranial nerve palsy

and also a technical complication. Emboli at the end of second session to MCA branch that respond quick to Integrilin. This patient was operated at the end .

So in 16 patients we have only one mild transient complication means 6.3% morbidity and 0% mortality.

In the 19 treatment session we had only one technical complication – 5.2% that respond well to anti thrombolytic material.

We have clinical and radiological follow up (MRI+MRA and/or Angiography) in nearly our entire group of patient. Those with closed fistula are cured.

We would present some of the cases with emphasis on technical and radiological point, material and concepts.

According to our personal experience and some new publication its seen that with Onyx in the trans arterial route most of the dangerous brain d.AVF could be cured with very high rate of success and low rate of morbidity.

Today, in our opinion, this type of treatment has to be the first to be chosen.