

SPECIAL COMMUNICATION

751 State of the Research Enterprise in IR and Recommendations for the Future: Proceedings from the Society of Interventional Radiology Foundation Investigator Development Task Force



Erik N.K. Cressman, Isabel Newton, Andrew C. Larson, David A. Woodrum, Govind Srimathveeravalli, Michael J. Borrelli, Stephen Hunt, Thor Johnson, Charles Y. Kim, Sarah White, Philippe L. Pereira, Konstantinos Katsanos, and Ron C. Gaba

758 Endovascular Removal of Fractured Inferior Vena Cava Filter Fragments: 5-Year Registry Data with Prospective Outcomes on Retained Fragments

Andrew J. Kesselman, Nam Sao Hoang, Alexander Y. Sheu, and William T. Kuo

Percutaneous removal of filter fragments from the inferior vena cava and proximal pulmonary arteries is safe and effective overall, but attempted intracardiac fragment removal carries a higher risk of complication. Most residual filter fragments not amenable to percutaneous removal remain asymptomatic and may be monitored clinically.

765 An Economic Analysis of Stent Grafts for Treatment of Vascular Access Stenosis: Point-of-Care and Medicare Perspectives in the United States

Bart Dolmatch, Andrew Hogan, and Nicole Ferko

The use of stent graft (SG) for treatment of arteriovenous graft (AVG) anastomotic stenosis and arteriovenous fistula/AVG in-stent restenosis appears to be economically favorable for point-of-care providers and Medicare. Further data on reintervention rates are required from other SG trials to validate findings.

774 Contralateral Deep Vein Thrombosis after Iliac Vein Stent Placement in Patients with May-Thurner Syndrome

Trong Binh Le, Taeg Ki Lee, Keun-Myoung Park, Yong Sun Jeon, Kee Chun Hong, and Soon Gu Cho

Contralateral deep vein thrombosis (DVT) after common iliac vein (CIV) stent implantation has a relatively high incidence and often occurs late during follow-up. Overextension of the CIV stent to the inferior vena cava is associated with development of contralateral DVT, and venous intimal hyperplasia should be considered a potential cause.

781 A Comparison of Concomitant Tributary Laser Ablation and Foam Sclerotherapy in Patients Undergoing Truncal Endovenous Laser Ablation for Lower Limb Varicose Veins

Ji-Chang Wang, Yan Li, Guang-Yue Li, Yi Xiao, Wei-Ming Li, Qiang Ma, Jian-Lin Liu, and Shao-Ying Lu

These results confirm the feasibility and safety of simultaneous tributary endovenous laser ablation (EVLA) and foam sclerotherapy (FS). In addition, they indicate better early quality-of-life improvement and a reduced reoperation rate of simultaneously combined truncal EVLA and tributary FS.

790 Anatomic Recanalization of Hepatic Vein and Inferior Vena Cava versus Direct Intrahepatic Portosystemic Shunt Creation in Budd-Chiari Syndrome: Overall Outcome and Midterm Transplant-Free Survival

Amar Mukund, Kartik Mittal, Aniket Mondal, and Shiv Kumar Sarin

Radiologic interventions for Budd-Chiari syndrome lead to remarkable improvement of liver function and a good overall outcome and midterm transplant-free survival. Patients receiving anatomic recanalization show improved liver synthetic functions compared with patients treated with direct intrahepatic portosystemic shunt.

800 Long-Term Outcome of Portal Vein Stent Placement in Pediatric Liver Transplant Recipients: A Comparison with Balloon Angioplasty

Dong Jae Shim, Gi-Young Ko, Kyu-Bo Sung, Dong Il Gwon, and Heung Kyu Ko

No statistically significant difference was observed between the 3 groups in terms of the long-term primary patency rates. Therefore, angioplasty should be considered first to treat portal vein stenosis in pediatric liver transplant recipients.

809 Effectiveness and Safety of Sclerotherapy for Treatment of Low-Flow Vascular Malformations of the Oropharyngeal Region

Patrick Bourgouin, Frédéric Thomas-Chaussé, Patrick Gilbert, Marie-France Giroux, Sébastien Périgny, Louis Guertin, Josée Dubois, and Gilles Soulez

Sclerotherapy using sodium tetradecyl sulfate is an efficient treatment for venous malformations of the buccal and pharyngolaryngeal cavity but can lead to significant complication for posterior lesions. Careful assessment of the airway is needed before treatment, and prophylactic tracheotomy should be considered in patients with posterior lesions.

816 You Are What You Tweet: Navigating Legal Issues in Social Media for Interventional Radiologists

Osman Ahmed, Sana Jilani, Michael Ginsburg, Omar Hadied, Jordan Tasse, Roberto Loanzon, Rana Rabei, and Mohammed Arabi

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819 JVIR Editor's Awards: 2017 Top Papers

Ziv J Haskal

821 JVIR 2017 Reviewer Awards

Ziv J Haskal

826 Translumbal Infusion of *N*-Butyl Cyanoacrylate for the Treatment of Type II Endoleaks

Kostantinos Lagios, Georgios Karaolanis, Theodoros Bazinas, Theodossios Perdikides, and Ioannis Bountouris

This study demonstrates the safety and efficacy of *N*-butyl cyanoacrylate injection for treatment of type II endoleaks. This technique provides another option for the management of type II endoleaks.

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