

10201 Lee Highway
Suite 500
Fairfax, Virginia
22030
703.691.1805
703.691.1855 fax
www.sirweb.org
info@sirweb.org

News Highlights from December's *Journal of Vascular and Interventional Radiology*

Superselective Microcoil Embolization for the Treatment of Lower Gastrointestinal Hemorrhage is a Safe and Effective Treatment *Study Results Show a Far Lower Complication Rate than Surgery*

Acute lower gastrointestinal hemorrhage (LGI) is a potentially life threatening condition. Most cases can be managed medically, but 10 – 15 percent require intervention to control the bleeding. The treatment of LGI hemorrhage has traditionally been surgical and the high morbidity and mortality from bowel resection is well-documented -- as high as 15–30 percent in emergent operations. These patients are usually an older population at higher surgical risk. Other treatment options also have limitations. Vasopressin infusion, a drug that constricts the blood vessels, is associated with high rates of rebleeding and multiple side effects. In massive hemorrhage, endoscopy is limited because the presence of blood and stool may prevent visualization of the source of bleeding. However, embolization offers a highly effective and minimally invasive treatment to control the hemorrhage. Because interventional radiologists utilize X-ray imaging to guide the catheter inside the body to the site of bleeding, visualization in massive bleeding is not an issue.

Superselective embolization involves mechanically blocking the blood flow to the hemorrhage area through the deployment of tiny coils delivered via a catheter. Interventional radiologists use embolization in many areas of the body to block blood flow to tumors or to treat traumatic or postpartum hemorrhage. The adjacent blood supply from non-target vessels continues to provide sufficient blood flow to the affected organ. However, the weaker blood supply of the LGI tract may predispose the colon to an increased risk of ischemia.

Advances in microcatheter technology such as microcatheters and finer guidewires, coupled with advances in digital fluoroscopic imaging, have resulted in vast improvements in this technique, allowing for superselective -- more precise -- catheterization while preserving the adjacent blood flow to the bowel.

The study reports the authors' experience with superselective embolization and a review of the literature. A combined meta-analysis of 144 superselective microcoil embolizations showed a minimal risk of significant ischemic complication when a modern transcatheter technique is used. The post-embolic infarction rate was estimated as zero percent. In light of these results, and until further studies demonstrate a superior alternative treatment, massive LGI hemorrhage should be treated with attempted superselective microcoil embolization to control bleeding.

Changing Trends in Gynecologists Opinions of Uterine Artery Embolization for Fibroids: The Patients Perspective

Interventional radiologists at the Yale University School of Medicine surveyed their uterine artery embolization patients' to determine their gynecologist's opinion of uterine artery embolization (UAE), a relatively new treatment option for uterine fibroids.

Traditionally gynecologists have been the providers of treatment for uterine fibroids, however interventional radiologists perform uterine artery embolization, a minimally invasive procedure that blocks the blood flow to the fibroid, causing it to shrink.

Twenty-one women who underwent UAE between September 1998 and July 2000 and 21 between July 2000 and April 2002 completed questionnaires. Each woman was asked what her gynecologist's initial opinion was toward UAE, what treatment options were offered, who initiated the discussion of UAE, and whether she continued to use the same gynecologist after UAE.

As of 2002, more gynecologists had a favorable opinion of UAE and were offering it versus in the first survey time period. In the second survey period, 38 percent were offering UAE as a treatment option, compared with 5 percent in the first survey. Despite this progress, 62 percent of gynecologists still did not offer UAE as a treatment option for fibroids. This is disconcerting because informed consent dictates discussion of all treatment options. The majority of patients whose gynecologists initially opposed UAE did not continue to use that gynecologist, reflecting a similar trend noted two years earlier.

See jvir.org for abstracts. For media inquiries, contact Diane Shnitzler (703) 691-1805 or shnitzler@virweb.org