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MeVO SAVE technique: initial experience with the 167 cm long NeuroSlider 17 for a combined approach in medium vessel occlusions (MeVOs)

Carlos Pérez-García ¹, Santiago Rosati,¹ Carlos Gómez-Escalonilla,² Alfonso López-Frías,¹ Juan Arrazola,³ Manuel Moreu ¹

¹Interventional Neuroradiology, Hospital Clínico Universitario San Carlos, Madrid, Spain
²Neurology, Hospital Clínico Universitario San Carlos, Madrid, Spain
³Radiology, Hospital Clínico Universitario San Carlos, Madrid, Spain

Correspondence to

Dr Carlos Pérez-García, Interventional Neuroradiology, Hospital Clínico Universitario San Carlos, Madrid, Spain; cperezgarcia.med@gmail.com

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ABSTRACT

Goyal *et al* described occlusions in M2/3, A2/3 and P2/3 as medium vessel occlusions (MeVOs); the only available controlled data of mechanical thrombectomy (MT) in MeVOs is limited to the middle cerebral artery M2 segment, suggesting that MT may be effective and safe with high functional independence and recanalization rates. The Stent retriever Assisted Vacuum-locked Extraction (SAVE) technique in mechanical thrombectomy consists of the simultaneous use of a stent retriever and a distal aspiration catheter (DAC), with the removal of both as a unit when performing the thrombectomy pass; however, so far the low-profile (0.035 inch distal inner diameter) DACs were longer (160 cm) than conventional 0.017 inch microcatheters for MeVOs. We present a case of a combined approach MT in MeVO with the use of the new 167 cm long NeuroSlider 17 (Acandis, Pforzheim, Germany) 0.0165 inch microcatheter and 3MAX (Penumbra, Alameda, CA) through the SAVE technique—the MeVO SAVE technique. (video 1).

Twitter Carlos Pérez-García @Justcharly9 and Manuel Moreu @manumoreu

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ORCID iDs

Carlos Pérez-García <http://orcid.org/0000-0002-5450-148X>
 Manuel Moreu <http://orcid.org/0000-0002-9001-0661>

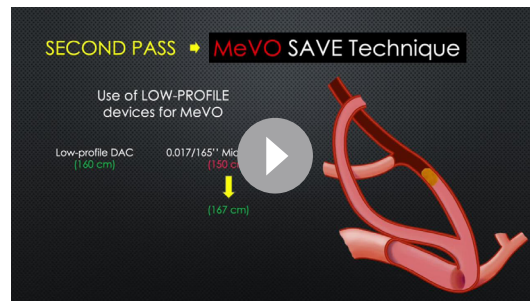
REFERENCES

- 1 Goyal M, Ospel JM, Menon BK, *et al*. MeVO: the next frontier? *J Neurointerv Surg* 2020;12:545–7.
- 2 Sarraj A, Sangha N, Hussain MS, *et al*. Endovascular therapy for acute ischemic stroke with occlusion of the middle cerebral artery M2 segment. *JAMA Neurol* 2016;73:1291–6.
- 3 Saber H, Narayanan S, Palla M, *et al*. Mechanical thrombectomy for acute ischemic stroke with occlusion of the M2 segment of the middle cerebral artery: a meta-analysis. *J Neurointerv Surg* 2018;10:620–4.
- 4 Maus V, Behme D, Kabbasch C, *et al*. Maximizing first-pass complete reperfusion with SAVE. *Clin Neuroradiol* 2018;28:327–38.
- 5 Haussen DC, Al-Bayati AR, Eby B, *et al*. Blind exchange with mini-pinning technique for distal occlusion thrombectomy. *J Neurointerv Surg* 2020;12:392–5.



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video 1. 1–5