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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)

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Received 14 August 2020
Revised 30 September 2020
Accepted 19 October 2020

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 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).

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Acknowledgements The open access fees for this technical video were sponsored by Angionautix SL

Contributors Project development: CP-G, MM, JA. Interventional procedure performance: MM, CP-G, SR. Data collection and management: CP-G, CG-E. Video writing/editing: CP-G, MM. Drawings: CP-G. Revising the work critically for important intellectual content: CP-G, MM, SR, CG-E, JA, AL-F. Video final approval: CP-G, MM, SR, CG-E, JA, AL-F. Agreement to be accountable for all aspects of the work: CP-G, MM, SR, CG-E, JA, AL-F.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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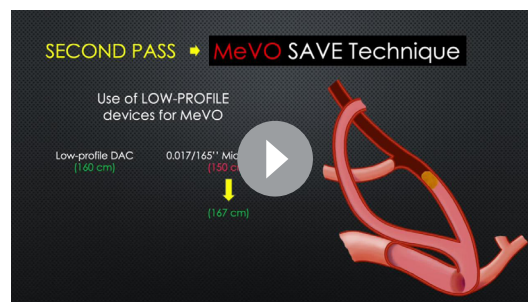
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To cite: Pérez-García C, Rosati S, Gómez-Escalonilla C, *et al*. *J NeuroIntervent Surg* Epub ahead of print: [please include Day Month Year]. doi:10.1136/neurintsurg-2020-016763



video 1. 1–5