<<神经介入放射学>>

图书基本信息

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前言

Improvements in diagnostic and therapeutic capability have allowed the interventional neuroradiol-ogist to offer a steadily increasing variety of services to clinicians and patients. This progress hasbeen driven by three factors: the need for effective treatment of certain therapeutically challengingdiseases, the continuing advancement of technical capabilities, and the corresponding growth inknowledge and skills of those practicing in this field. Originally, interventional neuroradiologic procedures were primarily for treatment （occlusion） ofarteriovenous fistulae and intracranial arteriovenous malformations. The role of endovasculartherapy in the treatment of intracranial vascular lesions has been expanded by the emerging fieldof therapy for intracranial aneurysms. Advancements in the therapy for a wide variety of head andneck pathologies are being made as well. An area of great potential is that of brachiocephalic revascularization, encompassing both extra-cranial and intracranial angioplasty and stenting and the emergent endovascular therapy of stroke.Because of the lack of organized information currently available, we have placed special emphasison these topics. In-depth discussion of the evolution of these therapies is provided along with therationa}es, specific techniques, controversies, and potential complications of these procedures. As with any therapy, optimal outcome is most likely to occur when interventional neurologicprocedures are performed in the proper environment by physicians with the knowledge, skills, andexperience to accomplish these tasks. To best accomplish this goal, adequate preparation is neces-sary. We believe that this mandates knowledge of the potential difficulties and complications thatcan be encountered in these procedures and have stressed this aspect of treatment. Although theacquisition of skill and experience is by necessity a gradual process, it is our goal to makeprocurement of the necessary knowledge less arduous than it has been in the past.

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内容概要

《神经介入放射学（英文影印版）》由美国路易斯安娜州立大学医学中心神经介入放射科主任J.J.ONNORS教授和JOAN C.WOJAK教授联合主编，有来自美国、法车、瑞典、德国、阿根廷的71位知名专家参加编写。

《神经介入放射学（英文影印版）》内容详实，包括了神经介入领域的最新进展，如栓塞，动脉瘤治疗，脑肿瘤紧急药物治疗、头颈血管成型术、卒中治疗等。

《神经介入放射学（英文影印版）》的特点是一步一步地告诉读者操作的具体步骤，并对实用的手术技巧进行了相当详尽的阐明。

《神经介入放射学（英文影印版）》适合神经内科、神经外科、放射科医师学习、参考。

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章节摘录

The self-expanding Wallstent （Schneider, Inc.） iscomposed of 20 filaments （surgical-grade, stainlesssteel alloy）, each 100 microns in diameter, woven ina crisscross pattern to form a tubular braid configu-ration （Fig. 1-29）. The 77% macroporosity of the de-vice permits rapid endothelialization and good pat-ency of collateral vessels bridged by the stent. Thefilament crossing points are not fixed but are free toslide or pivot over each other. Its unique design ren-ders the stent self-expanding, pliable, and highly lon-gitudinally flexible. Therefore, the stent can be mod-erately stretched to a smaller diameter andspontaneously recovers its original diameter whenreleased into the vascular lumen, owing to the springcharacteristics of the individual filaments. This alsomakes the stent resistant to collapse when subjectedto extrinsic compression because the cylindrical braidsprings back. The constant expansile force againstthe vessel wall, however, has been thought to resultin the increased neointimal reaction within thestented segment.4, 5 This theory has been challengedby the results of Vorwerk and colleagues' animalstudy,6 which indicated that the self-expandingWallstent does not induce additional neointimalgrowth in the dog model and that less radial forcedoes not necessarily reduce the thickness of neointi-mal build-up. When mounted on the 7-Fr. delivery catheter, thestent is constrained by a double-over rolling mem-brane that is progressively retracted by the operator.The Wallstent originally was deployed by a deliverysystem that required lubrication in the space be-tween catheter and membrane by hand injection ofdiluted contrast medium before deployment. Themanufacturer has changed its design to the Unistepsystem, which eliminates lubrication. While themembrane is being unrolled, the stent expands radi-ally, molding itself to the vessel wall; its longitudinalflexibility allows perfect adaptation to vessel curva-ture. As long as the stent is partially within themembrane, the membrane can be readvanced, andthe stent then repositioned as needed. The stent isloaded at the distal end of the delivery catheter. ……

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