

<<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 neuroradiologist to offer a steadily increasing variety of services to clinicians and patients. This progress has been driven by three factors: the need for effective treatment of certain therapeutically challenging diseases, the continuing advancement of technical capabilities, and the corresponding growth in knowledge and skills of those practicing in this field. Originally, interventional neuroradiologic procedures were primarily for treatment (occlusion) of arteriovenous fistulae and intracranial arteriovenous malformations. The role of endovascular therapy in the treatment of intracranial vascular lesions has been expanded by the emerging field of therapy for intracranial aneurysms. Advancements in the therapy for a wide variety of head and neck 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 emphasis on these topics. In-depth discussion of the evolution of these therapies is provided along with their rationales, specific techniques, controversies, and potential complications of these procedures. As with any therapy, optimal outcome is most likely to occur when interventional neurologic procedures are performed in the proper environment by physicians with the knowledge, skills, and experience to accomplish these tasks. To best accomplish this goal, adequate preparation is necessary. We believe that this mandates knowledge of the potential difficulties and complications that can be encountered in these procedures and have stressed this aspect of treatment. Although the acquisition of skill and experience is by necessity a gradual process, it is our goal to make procurement 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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书籍目录

PART IFUNDAMENTALSCHAPTER 1Tools of the TradeRoutine Supplies for Interventional Neuroradiology
Cases · Puncture Systems · Hemostatic Devices · Guidewires · Neuro-Sheaths · Guide Catheters · Flow
Control Catheters · Temporary Test Occlusion Balloon Catheters · Angioplasty Balloon Catheters
· Microcatheters · Atherosclerotic Microangioplasty Catheters · Vasospasm Microangioplasty Catheters
· Venting Catheters · Temporary Stenting Catheters · Snares · Embolectomy Devices · Commercial and
Investiga-tive Metallic Stents · Particulate Embolic Agents · Mechanical Embolic Agents · Liquid Embolic Agents
· Air Filters · Microtubing · Large-Bore Y Connectors · Steamers · Isotonic Iso-Osmolar Nonionic Contrast
· Temporary Pacemakers · Vertebral Body Biopsy Needles · CHAPTER 2Future Devices and ProceduresPaving
· Stents · Spherical Coils and Three-Dimensional Coils · Advanced Embolic Agents · Monitoring Guidewires
· Microminiaturized Tools · Percutaneous Dilation ofAqueductal Stenosis · Alternative Inflation Methods for
Angioplasty Balloons · Beta Radiation Delivery Catheter System · Radioactive Stents · Cutting Balloons
· Infiltrating Angioplasty Balloons · Multiballoon Angioplasty Systems · Excimer Laser Ablation Vascular
Recanalization · CHAPTER 3Tricks of the TradeDiamox Challenge Test · How to Test a Vessel Before
Embolization (Provocative Testing) · How to Mix Particles · How to Mix and Use Avitene · How to Load Silk
for Embolization · How to Use Alcohol · Embolizing With Coils · How to Mount a Detachable Balloon
· Prepping a Balloon · Steering a Detachable Balloon · How to Use a Snare · Preparing a Large-Lumen
Intravascular Withdrawal System for a Foreign Body · How to Steam a Catheter · How to Use the Intime Catheter
· Steering a Flow-Directed Catheter into the Anterior Rather Than the Middle Cerebral Artery · How to
Introduce a Guide Catheter Directly Through the Skin · Dealing With Unwanted Hydrophilic Coating
· Accurate Mea-surement of a Vessel, Stenosis, Aneurysm, or Other Structure · Puncture Through a Graft · Safe
Catheterization of Difficult and/or Tortuous Vessels · Protective Embolization of Vital Vessels · Prevention of
Catheter-Induced Spasm · Spinal Angiography · Carotid Compression Procedure for Carotid-Cavernous
Fistulae · Direct Puncture of the Carotid Artery · Useful Measurements and Conversions · CHAPTER
4Pharmacology in Interventional NeuroradiologyEmbolic Agents · Local Anesthetics · Sedation · Analgesia
· Anticonvulsants · Antiemetics · Antibiotics · Antihyper-tensives · Antiulcer Agents · Neuroprotectants
· Cardiovascular Agents · Drugs for Functional Neurologic Testing · An-ticoagulants and Antiplatelet Drugs
· Vasodilators · Thrombolytic Agents · Miscellaneous Pharmaceuticals · CHAPTER 5Fundamental
Neurovascular AnatomyCHAPTER 6Neurologic Correlates of Cerebrovascular OcclusionsCHAPTER 7General
Preprocedure and Postprocedure OrdersPART EMBOLIZATIONCHAPTER 8General Principles of
EmbolizationCHAPTER 9MeningiomasCHAPTER 10Juvenile Nasopharyngeal AngiofibromasCHAPTER
11ParagangliomasCHAPTER 12Tumors of the Vertebral Bodies and Other BonesCHAPTER
13EpistaxisCHAPTER 14Soft 1issue Tumoral Hemorrhage in the Head and NeckCHAPTER 15Arteriovenous
Fistulae and Traumatic Vascular LesionsCHAPTER 16Endovascular Therapy for Vertebral Artery Arteriovenous
FistulaeCHAPTER 17Embolization of Spinal Vascular MalformationsCHAPTER 18Endovascular Therapy and
Long-Term Results for Intracranial Dural ArteriovenousCHAPTER 19Treatment of Carotid-Cavernous Sinus
FistulaeCHAPTER 20Intracranial Arteriovenous Malformations: General ConsiderationsCHAPTER
21Intracranial Arteriovenous Malformations: The Approachand Technique of Cyanoacrylate
EmbolizationCHAPTER 22Ethanol Endovascular Management of Brain Arteriovenous Malformation:Initial
ExperienceCHAPTER 23The Role of Embolization in Combination with Stereotactic Radiosurgery in the
Management ofPial and Dural Arteriovenous MalformationsCHAPTER 24Intracranial Aneurysms: General
ConsiderationsCHAPTER 25Detachable Coil Embolization of Intracranial AneurysmsPART
MISCELLANEOUS INTERVENTIONAL NEURORADIOLOGIC PROCEDURES

章节摘录

The self-expanding Wallstent (Schneider, Inc.) is composed of 20 filaments (surgical-grade, stainless steel alloy), each 100 microns in diameter, woven in a crisscross pattern to form a tubular braid configuration (Fig. 1-29). The 77% macroporosity of the device permits rapid endothelialization and good patency of collateral vessels bridged by the stent. The filament crossing points are not fixed but are free to slide or pivot over each other. Its unique design renders the stent self-expanding, pliable, and highly longitudinally flexible. Therefore, the stent can be moderately stretched to a smaller diameter and spontaneously recovers its original diameter when released into the vascular lumen, owing to the spring characteristics of the individual filaments. This also makes the stent resistant to collapse when subjected to extrinsic compression because the cylindrical braids springs back. The constant expansile force against the vessel wall, however, has been thought to result in the increased neointimal reaction within the stented segment.^{4, 5} This theory has been challenged by the results of Vorwerk and colleagues' animal study,⁶ which indicated that the self-expanding Wallstent does not induce additional neointimal growth in the dog model and that less radial force does not necessarily reduce the thickness of neointimal build-up. When mounted on the 7-Fr. delivery catheter, the stent is constrained by a double-over rolling membrane that is progressively retracted by the operator. The Wallstent originally was deployed by a delivery system that required lubrication in the space between catheter and membrane by hand injection of diluted contrast medium before deployment. The manufacturer has changed its design to the Unistep system, which eliminates lubrication. While the membrane is being unrolled, the stent expands radially, molding itself to the vessel wall; its longitudinal flexibility allows perfect adaptation to vessel curvature. As long as the stent is partially within the membrane, the membrane can be readvanced, and the stent then repositioned as needed. The stent is loaded at the distal end of the delivery catheter.

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