

# History and Science of CO<sub>2</sub> Digital Subtraction Angiography

**Kyung Cho, MD**

**University of Michigan**



19th Annual Conference

**2018**  
May 30 - June 01

THE PERIPHERAL EVENT OF THE YEAR



# History of CO<sub>2</sub> Angiography



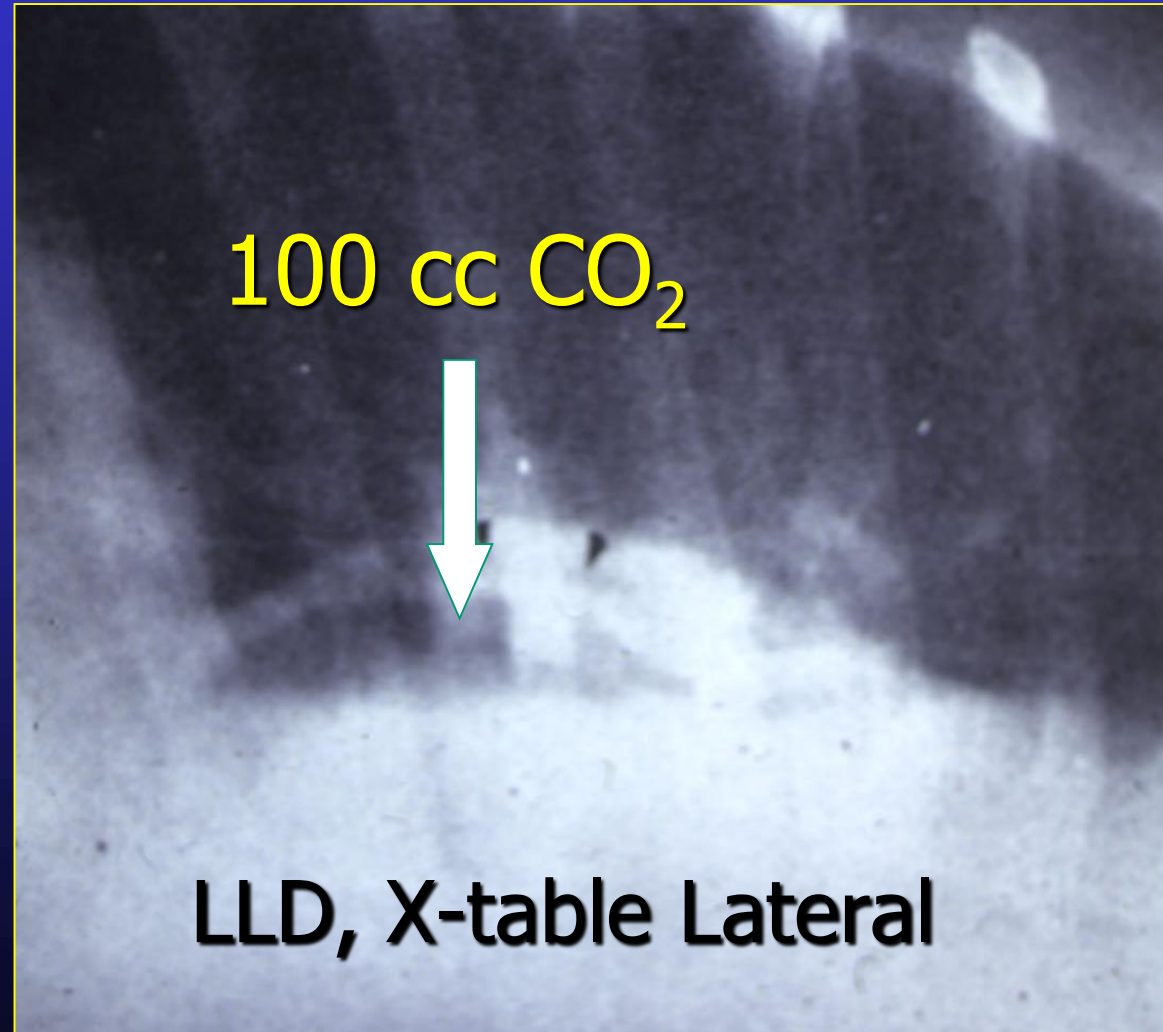
# In 1920s, retroperitoneal pneumography with CO<sub>2</sub>



Carelli HH and Sordelli E. Un Nuevo procedimiento para explorar el ninon  
Rev Assoc Med Argent 34:424-425, 1921



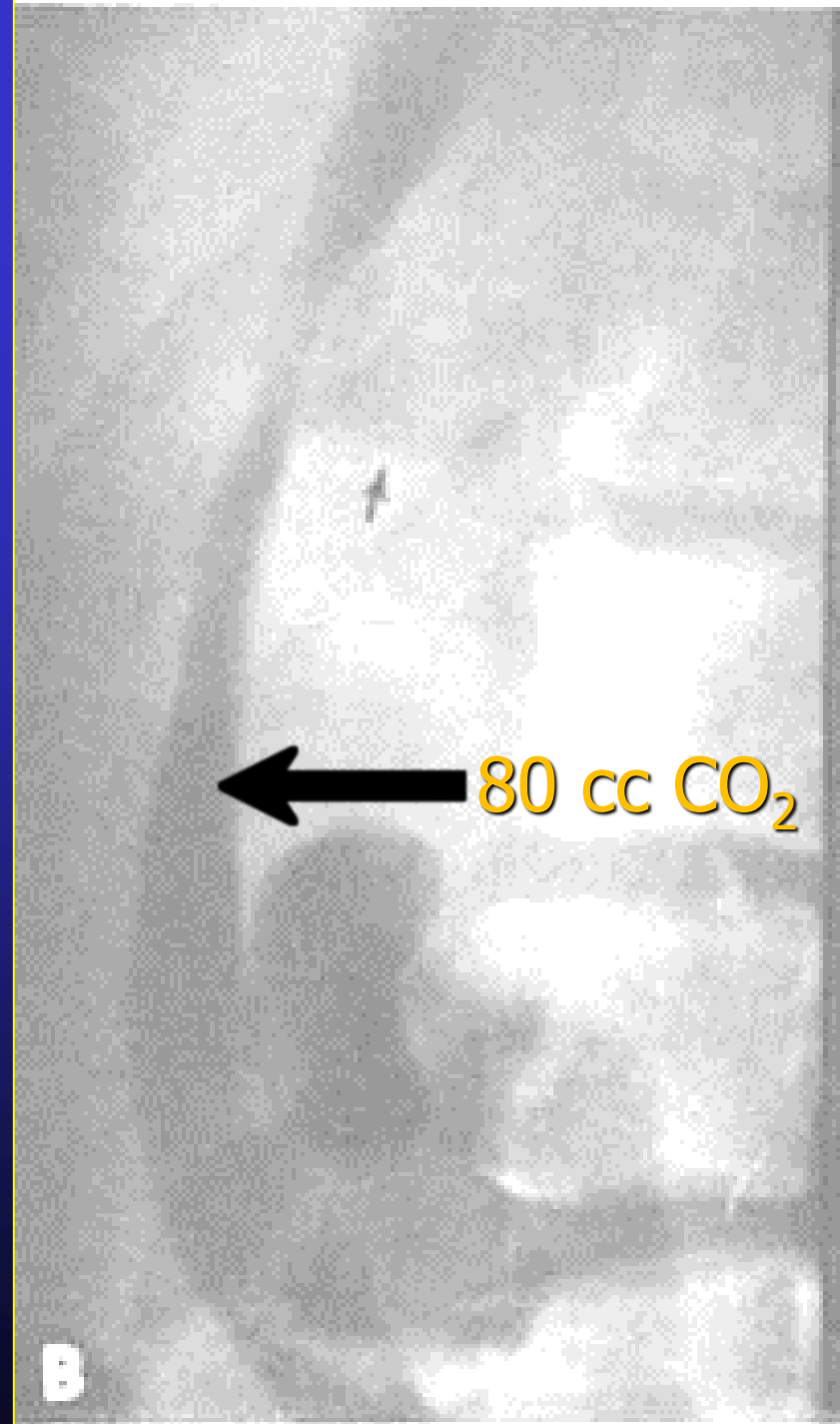
# 1950s - 1970s CO<sub>2</sub> Angiocardiology





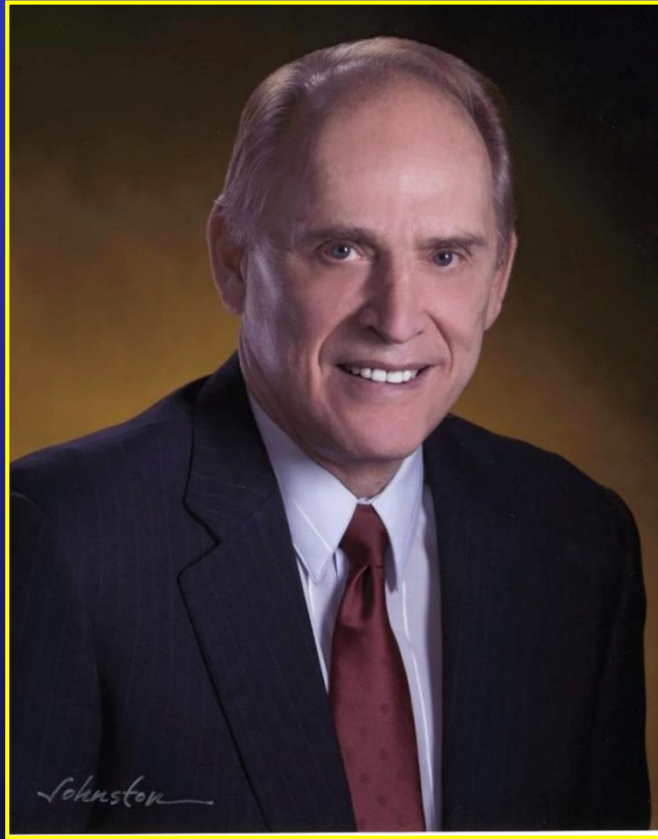
1969  
Capnocavography:

Hippona  
Radiology 92:606, 1969



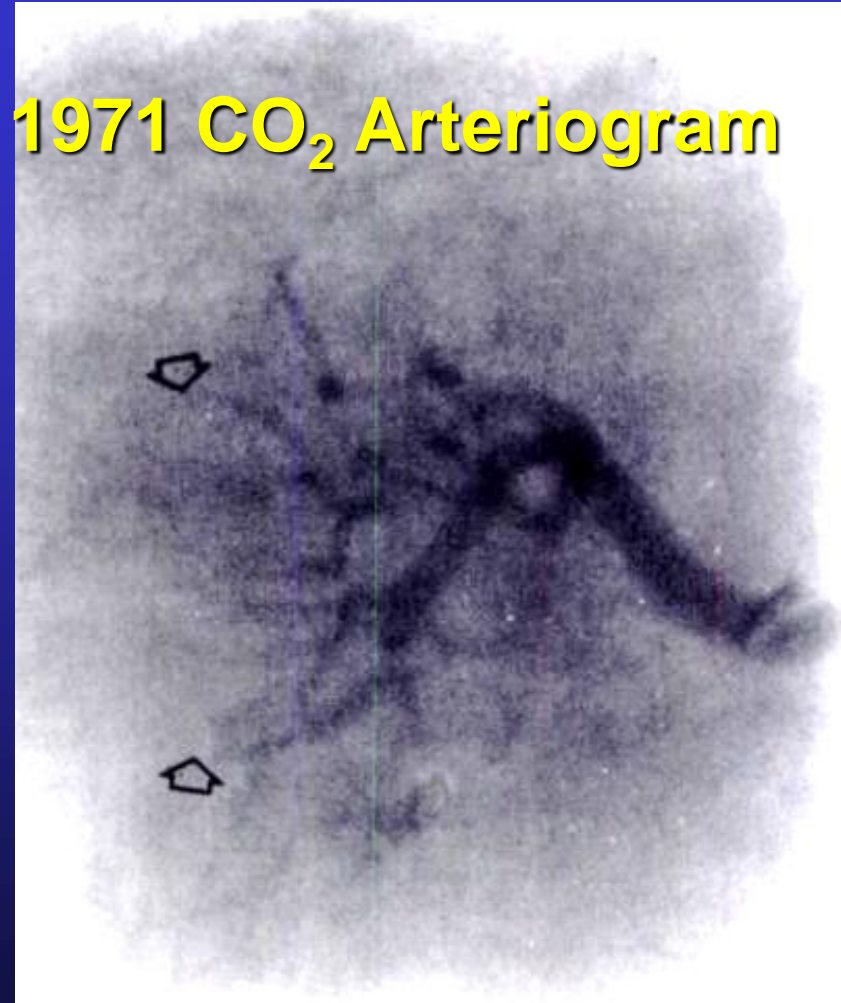
# Pioneer of CO<sub>2</sub> Angiography

Dick Hawkins, M.D.



1936-2011

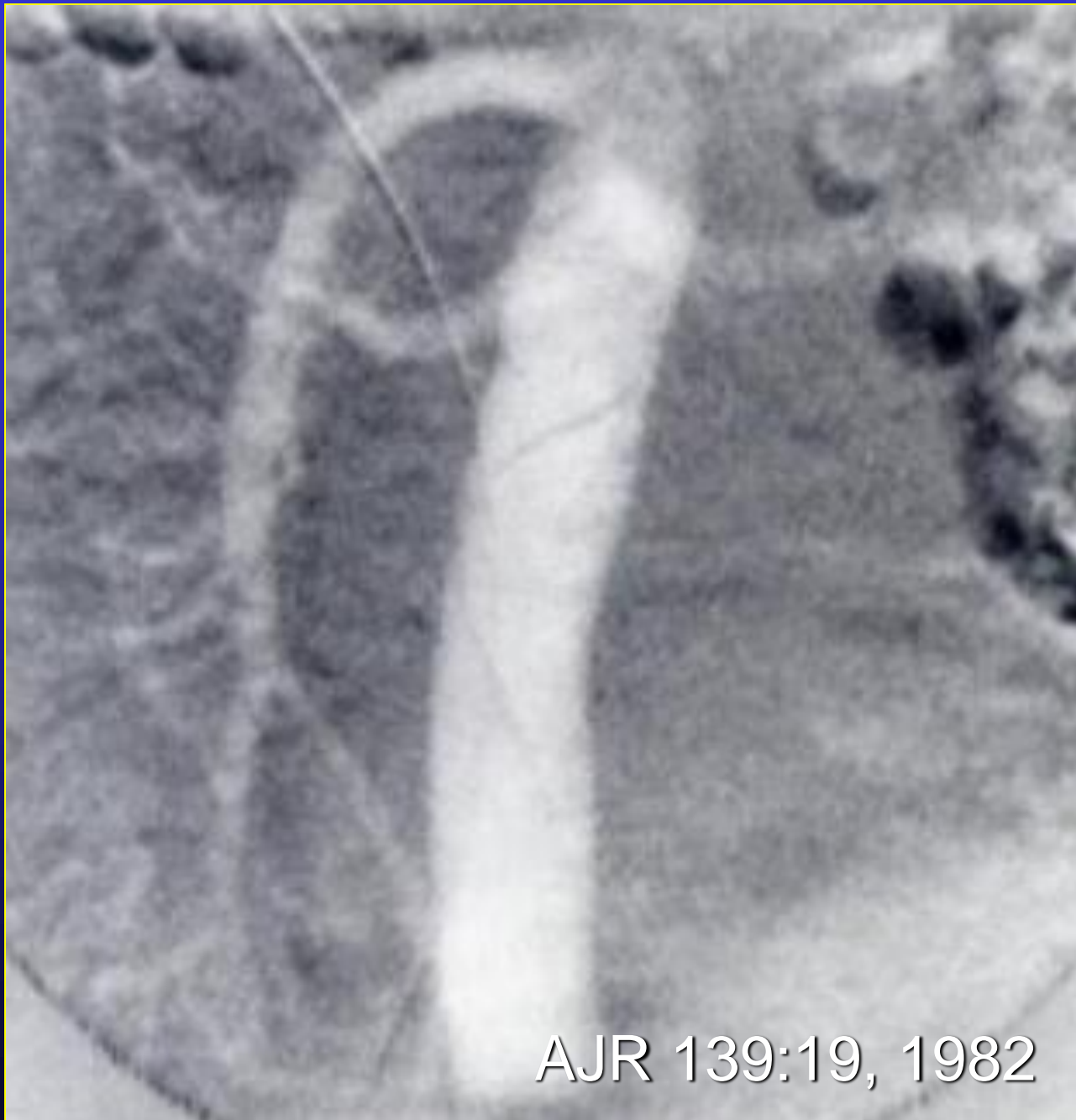
1971 CO<sub>2</sub> Arteriogram



AJR139:19,1982



# 1980 DSA



AJR 139:19, 1982





CO<sub>2</sub> Angiography Society  
Annual Conference

# Science of CO<sub>2</sub> Angiography

# CO<sub>2</sub> Unique Properties

- Negative contrast
- High solubility
- Low viscosity
- Buoyancy
- Compressibility





# Properties of CO<sub>2</sub>, O<sub>2</sub>, N<sub>2</sub>, Iodine and Gd

	CO2	O2	N2
<b>Molecular wt</b>	<b>44</b>	<b>32</b>	<b>28</b>
<b>solubility</b>	<b>0.87</b>	<b>0.03</b>	<b>0.016</b>

## Atomic Number

CO<sub>2</sub>

C = 6, O = 8

Iodine

53

Gd

64



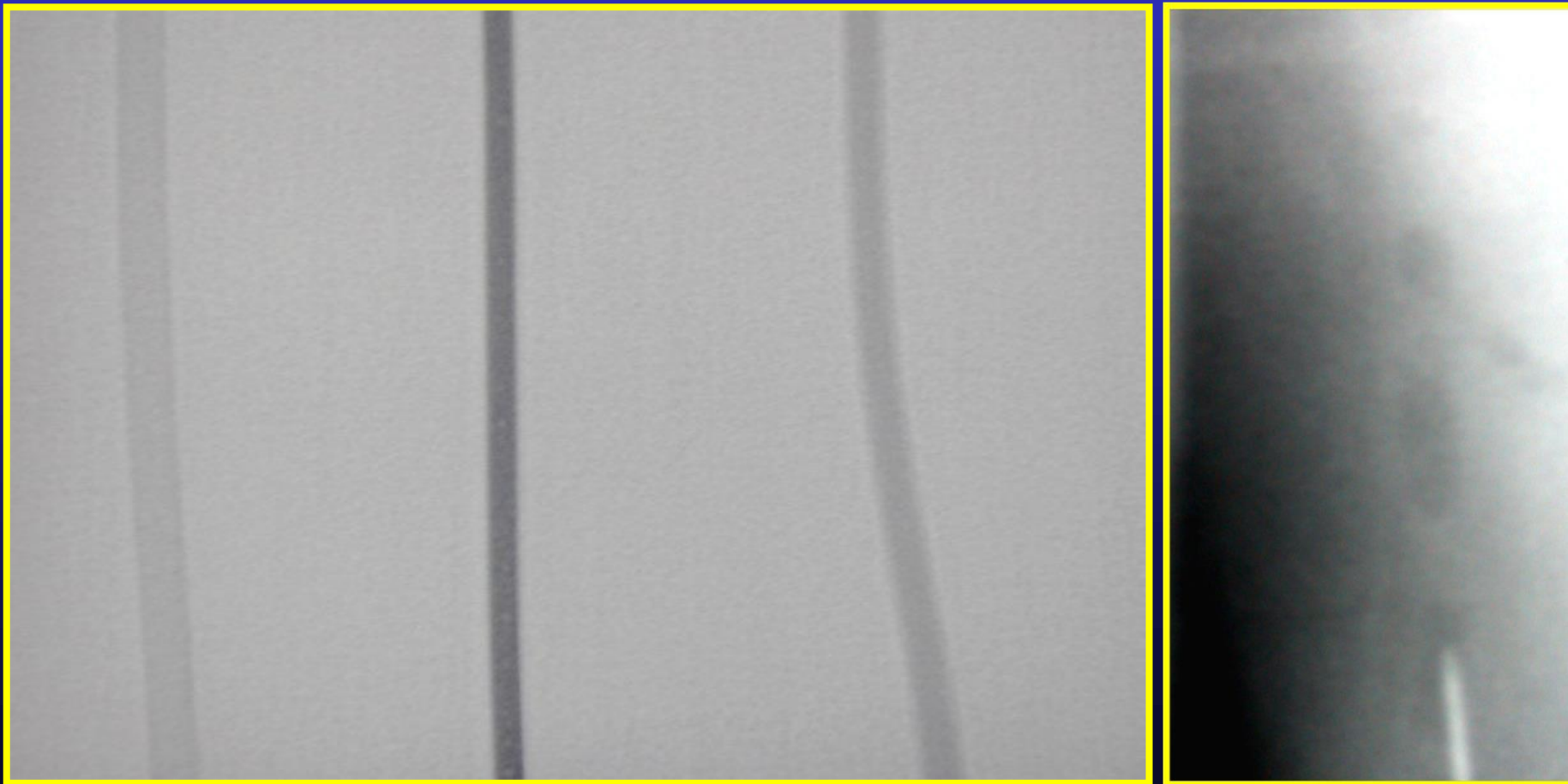
# Comparative Radiopacity of Saline, Iodine, Gd and CO<sub>2</sub>

Saline

Omnipaque 240

Gd

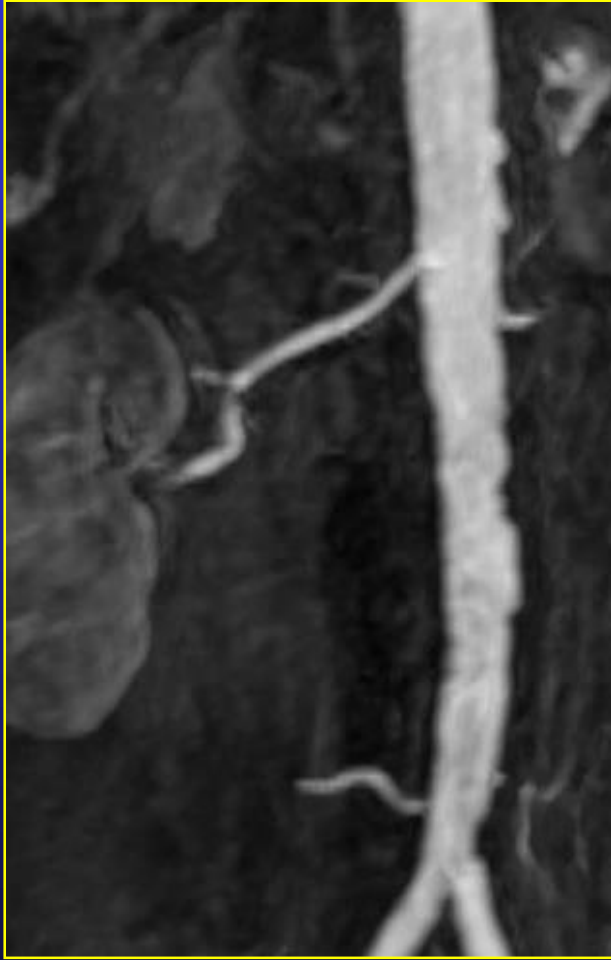
CO<sub>2</sub> in arm vein



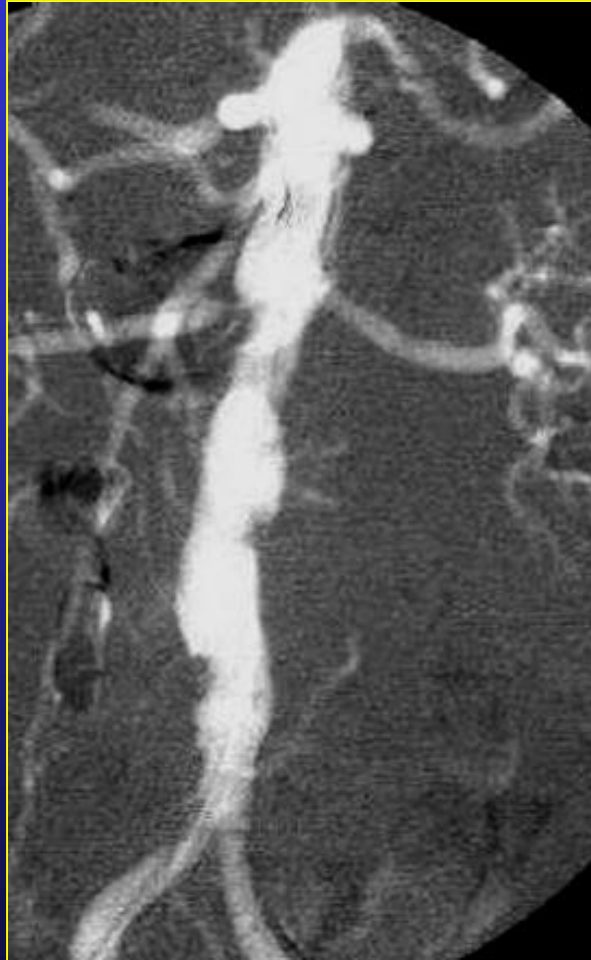
# IVC thrombus in CO<sub>2</sub> vena cavogram



# Comparison of MRA, CTA and CO<sub>2</sub> DSA of the Aorta



MRA



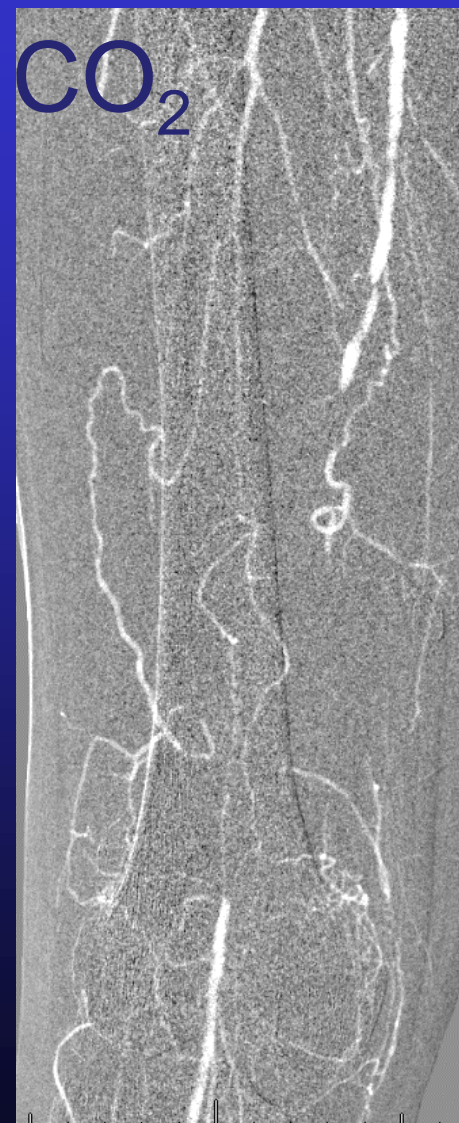
CO<sub>2</sub> DSA



CTA



# SFA DSA: Comparison of Contrast and CO<sub>2</sub>





# Plastic Bag System for CO<sub>2</sub> delivery

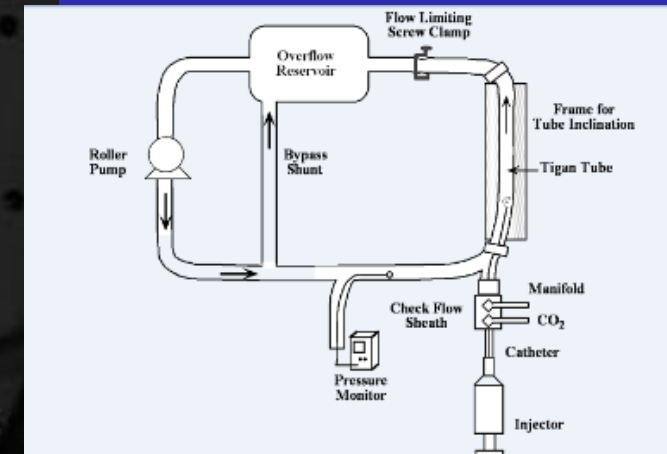
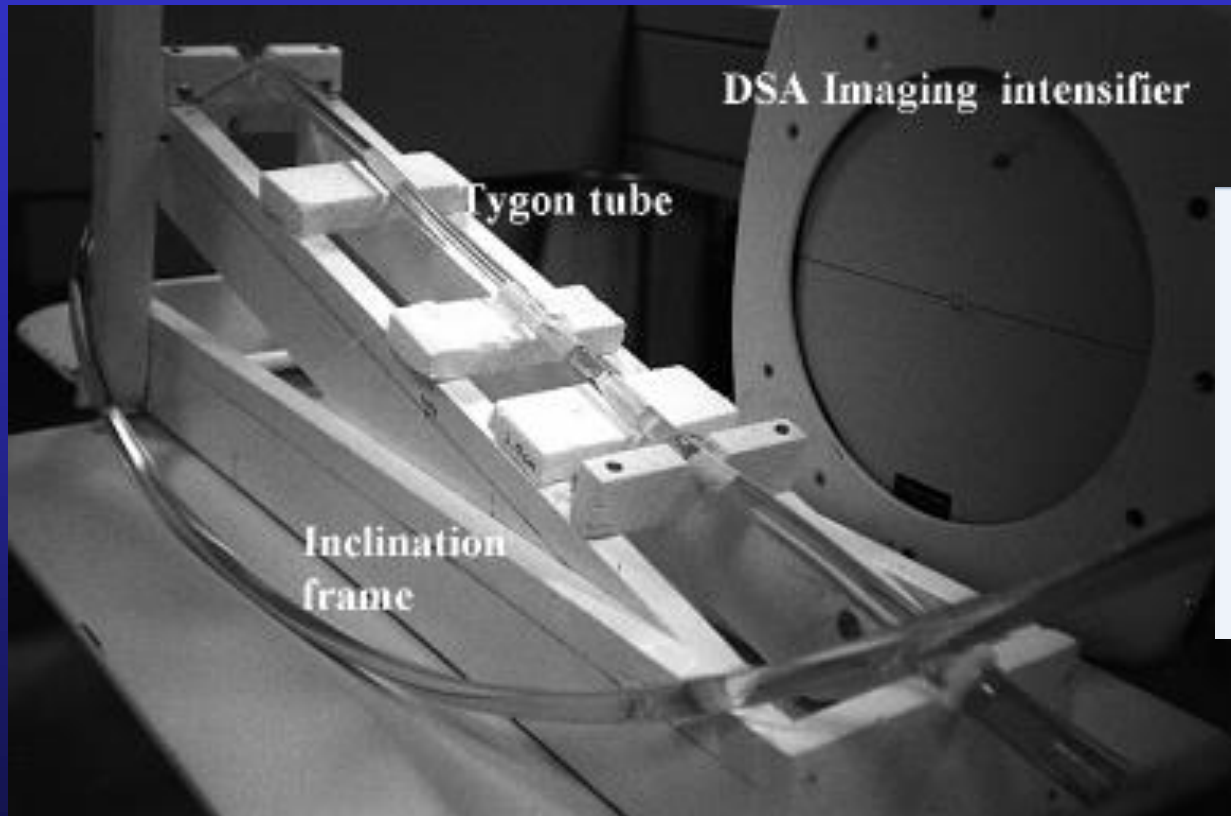


# CO<sub>2</sub>mmander and AngiAssist Delivery system





# CO<sub>2</sub> Flow Dynamics in Vessel



## Pulsatile Flow Model

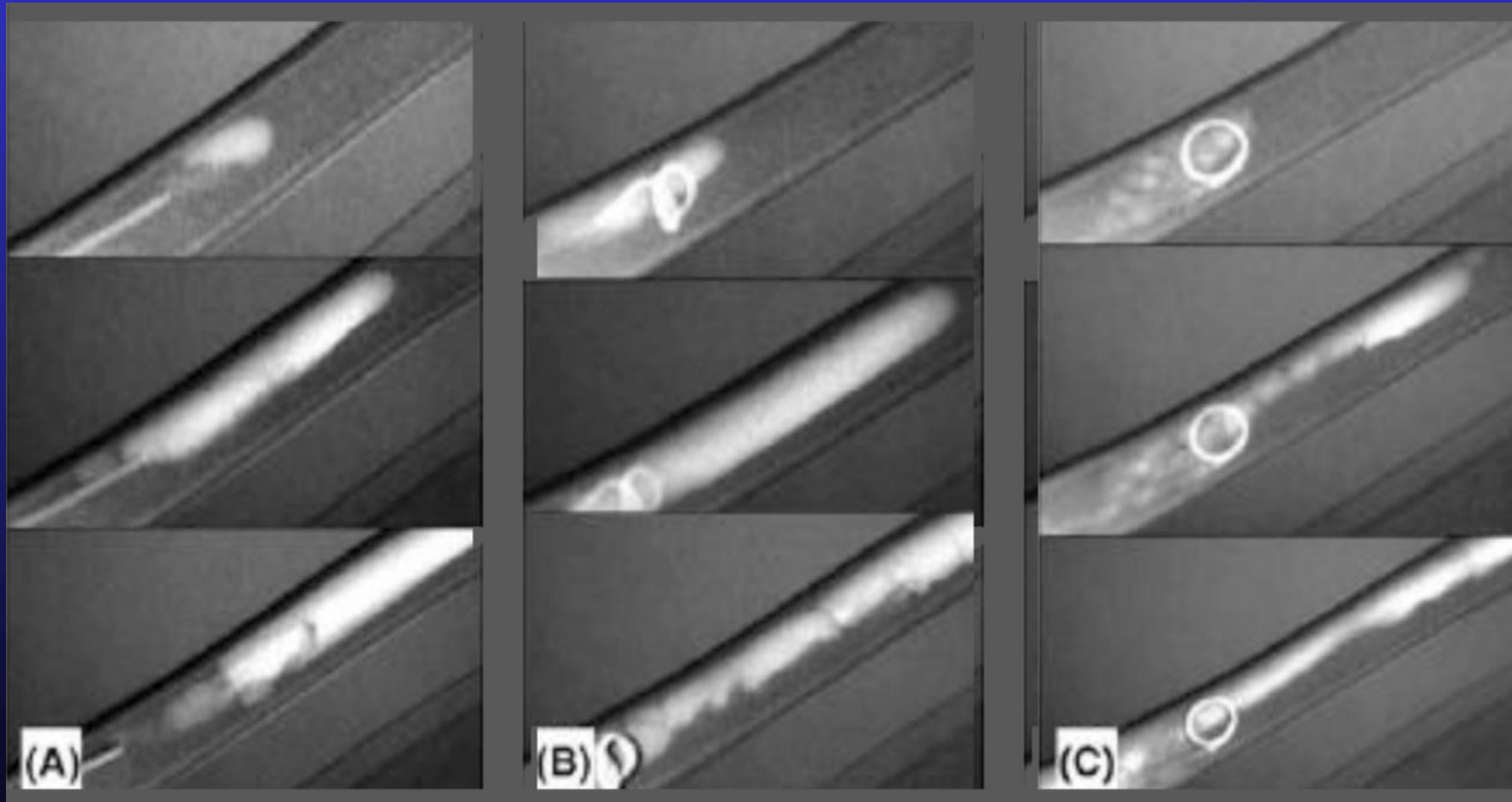


# CO<sub>2</sub> Dispersal from Different Catheters

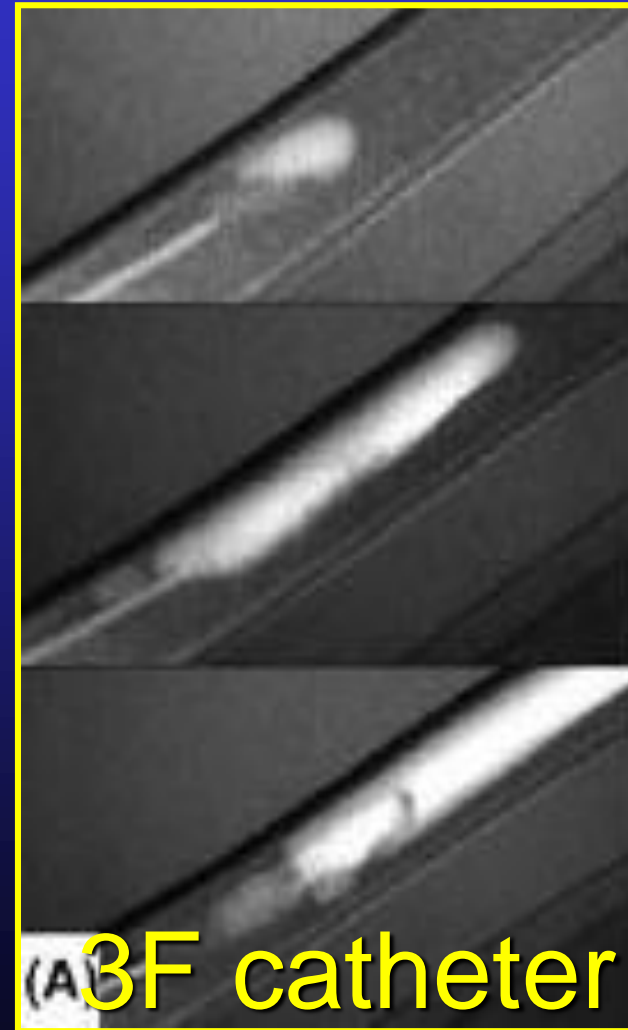
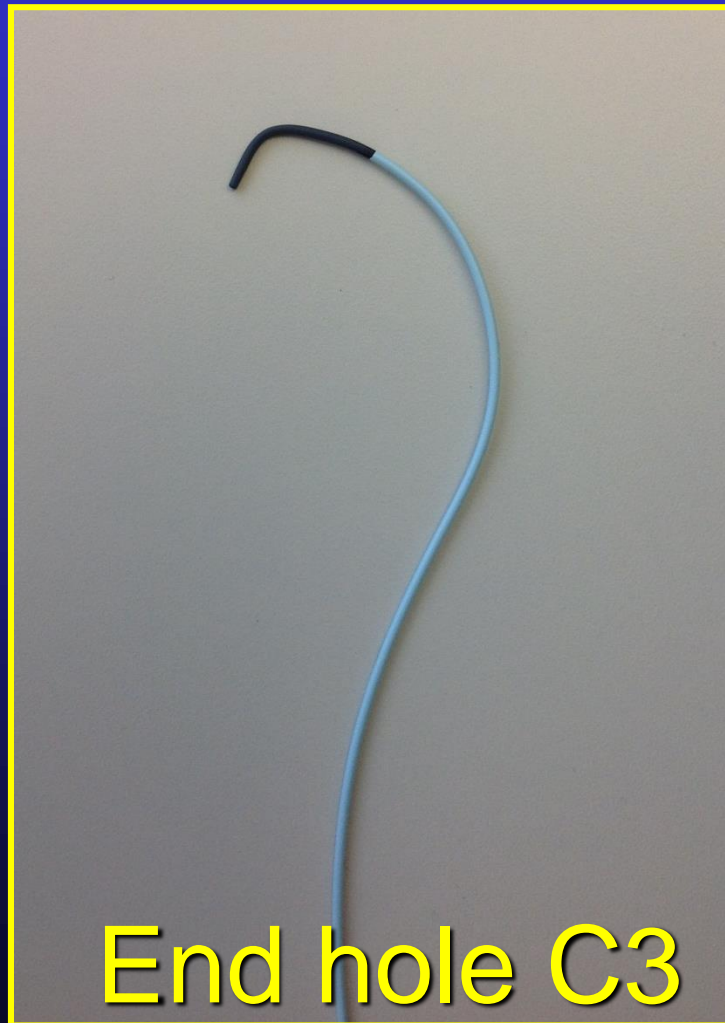
Endhole

Halo

Pigtail

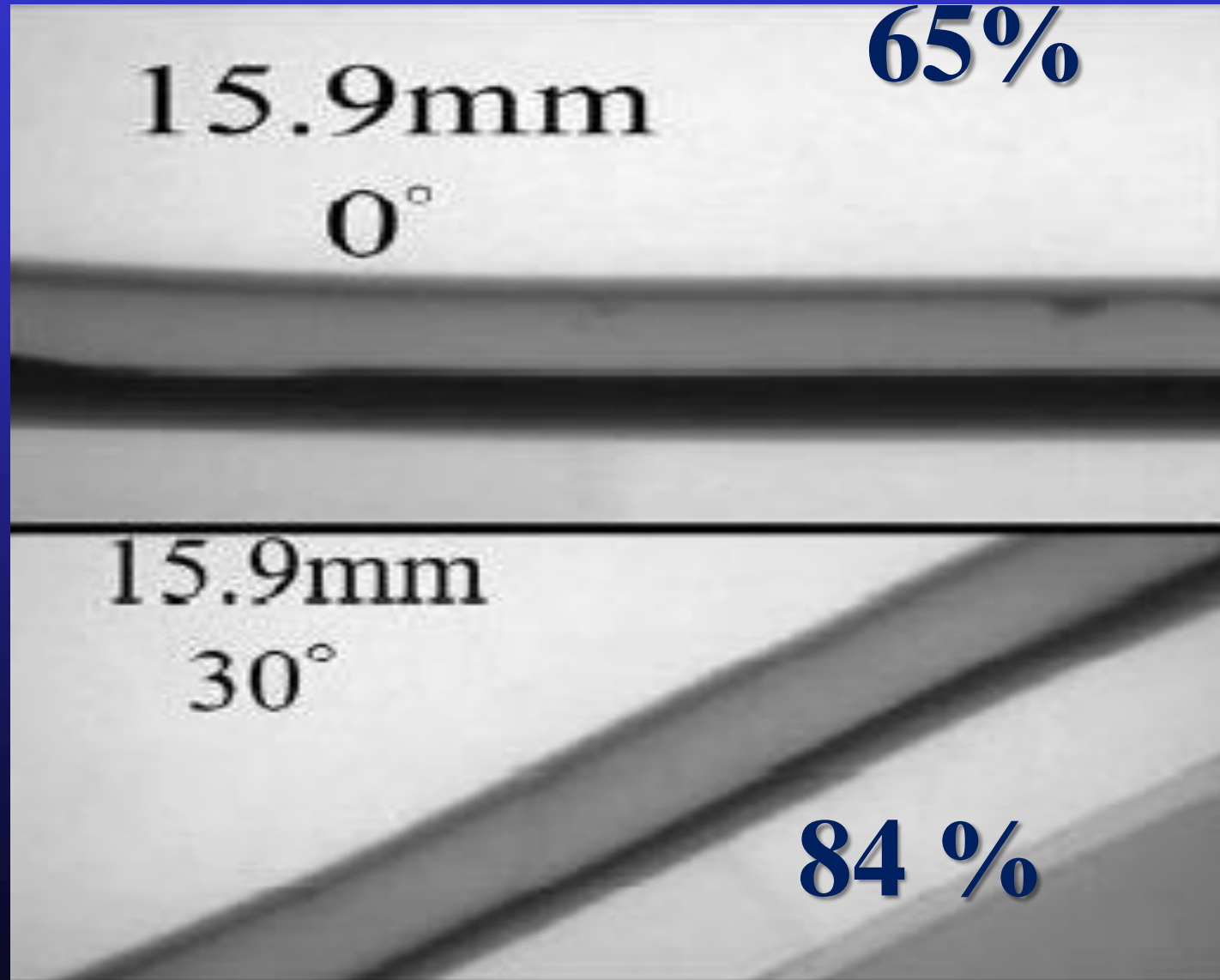


# Endhole Catheter for CO<sub>2</sub> Angiography

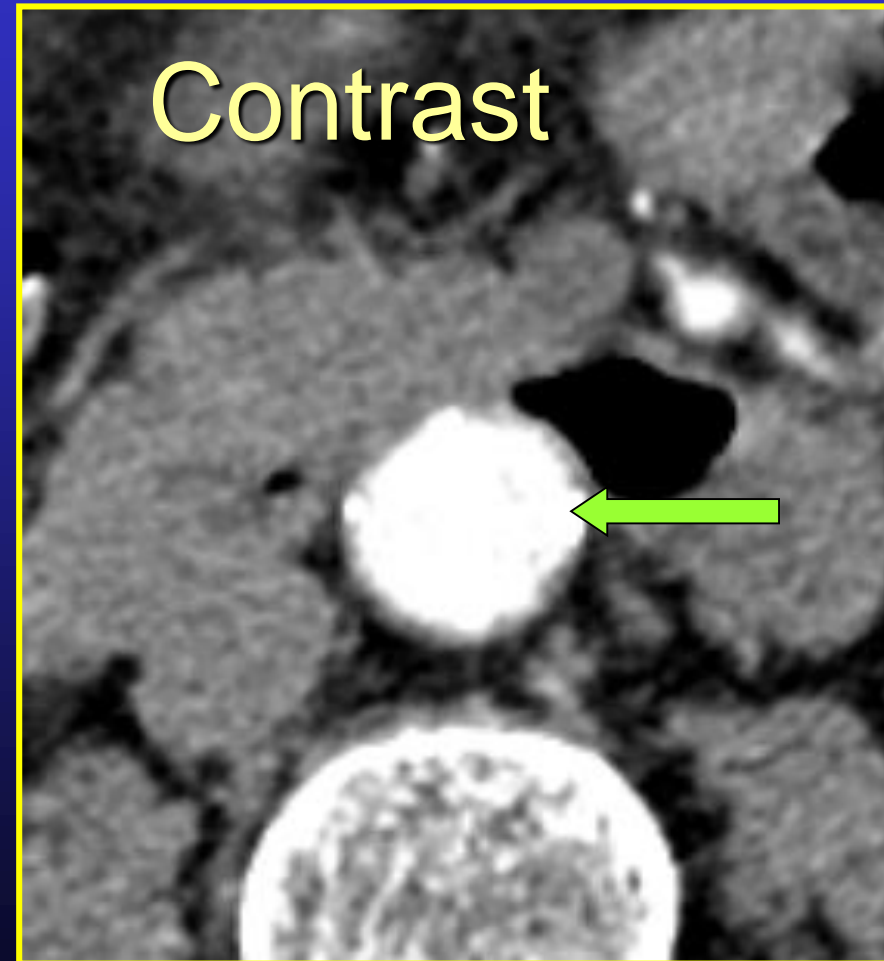
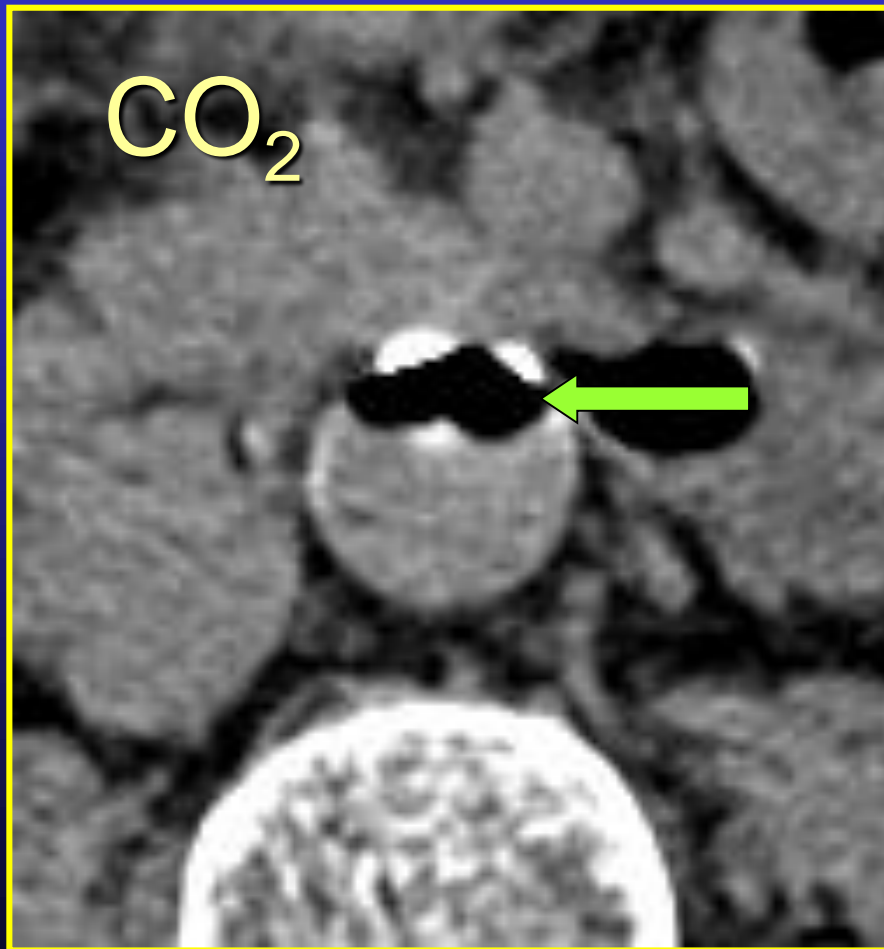




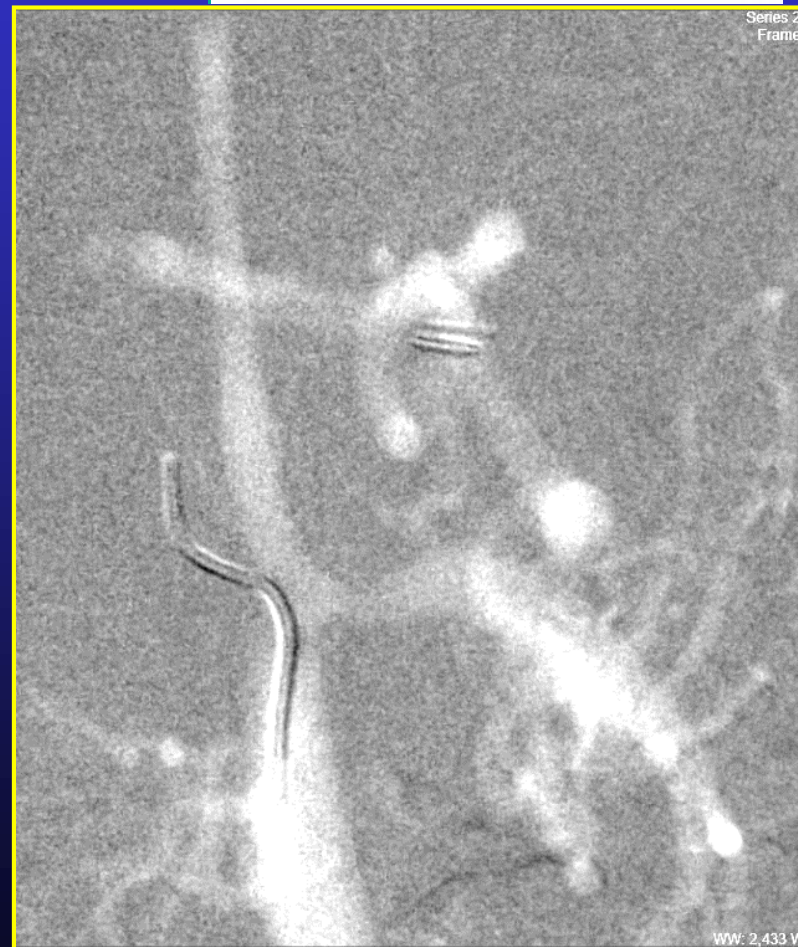
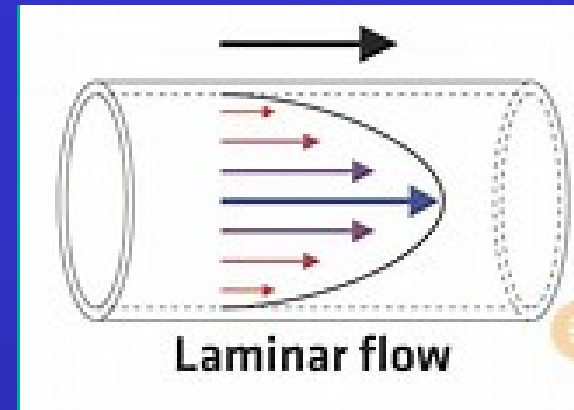
# CO<sub>2</sub> Filling of 15.9 mm Tube in Supine vs 30° elevation



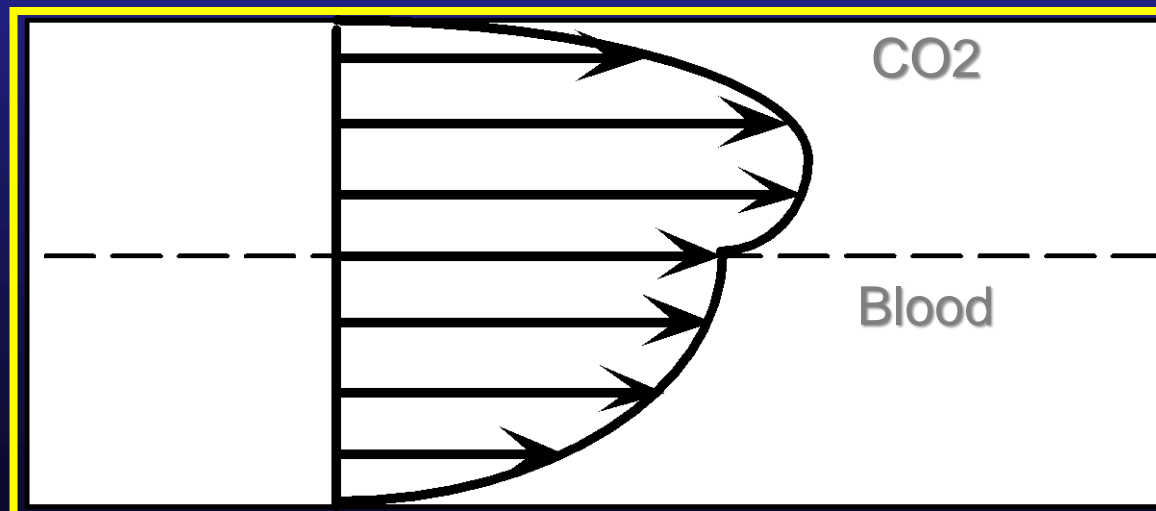
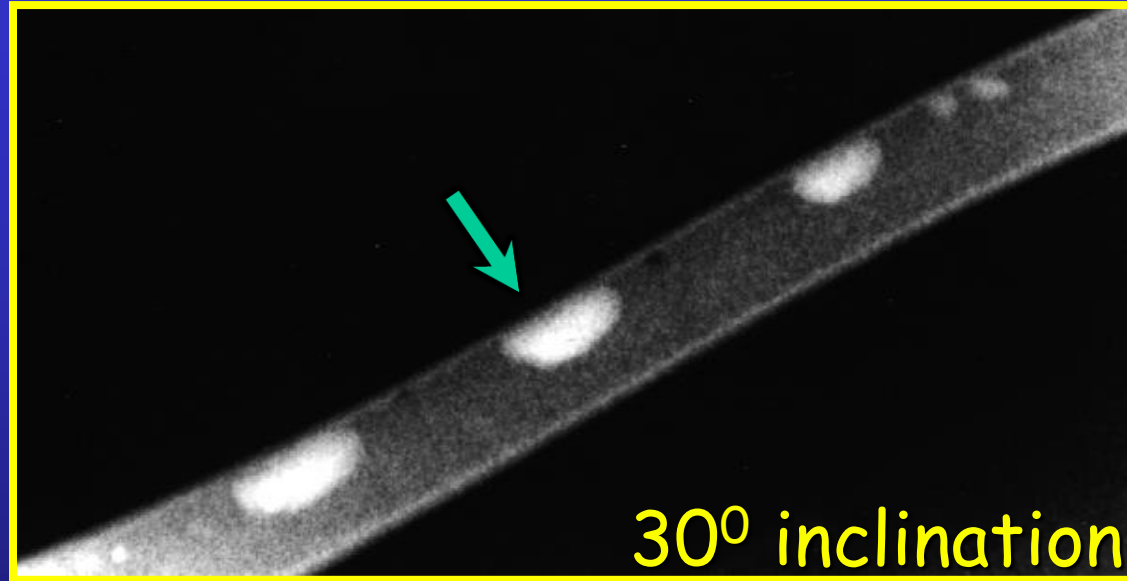
CT with intra-aortic injection of CO<sub>2</sub> and contrast medium: CO<sub>2</sub> displaces blood whereas contrast is mixed with blood



# Laminar Flow of CO<sub>2</sub> in the Aorta



# CO<sub>2</sub> Bubble Flow in a 9.5 mm Tube in Pulsatile Flow Model



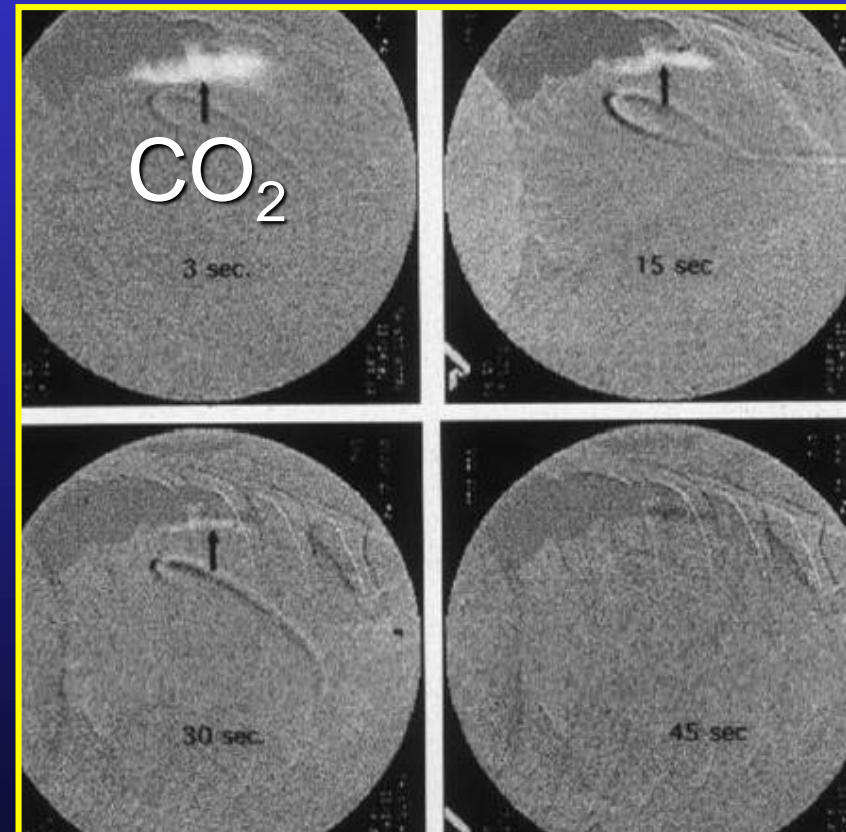


# CO<sub>2</sub> Solubility

5 cc of CO<sub>2</sub> injected into IVC in L lateral decubitus

Cross-table lateral DSA of CO<sub>2</sub> trapped in right atrium

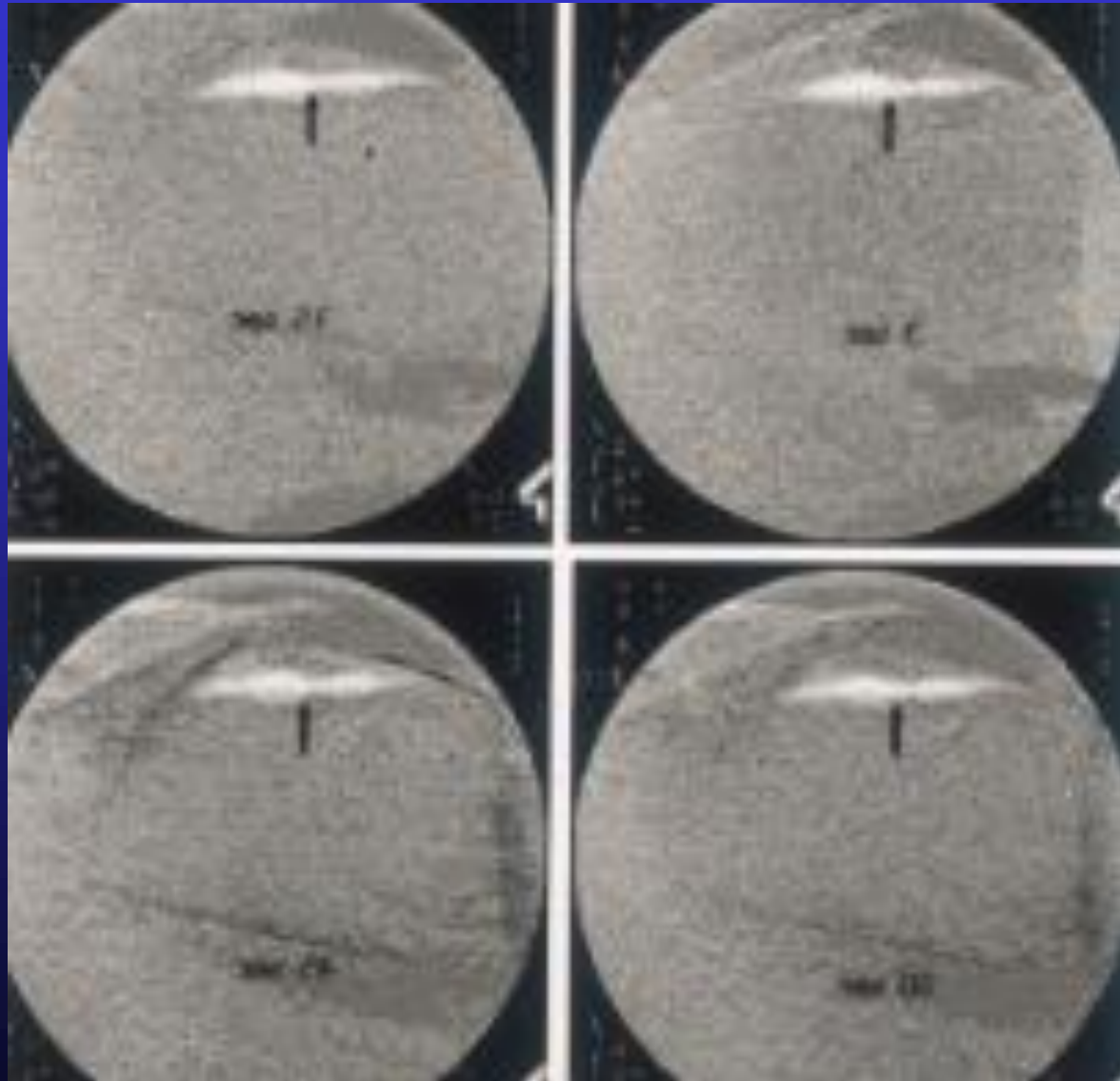
Complete gas absorption in 45 sec





# Air Insolubility

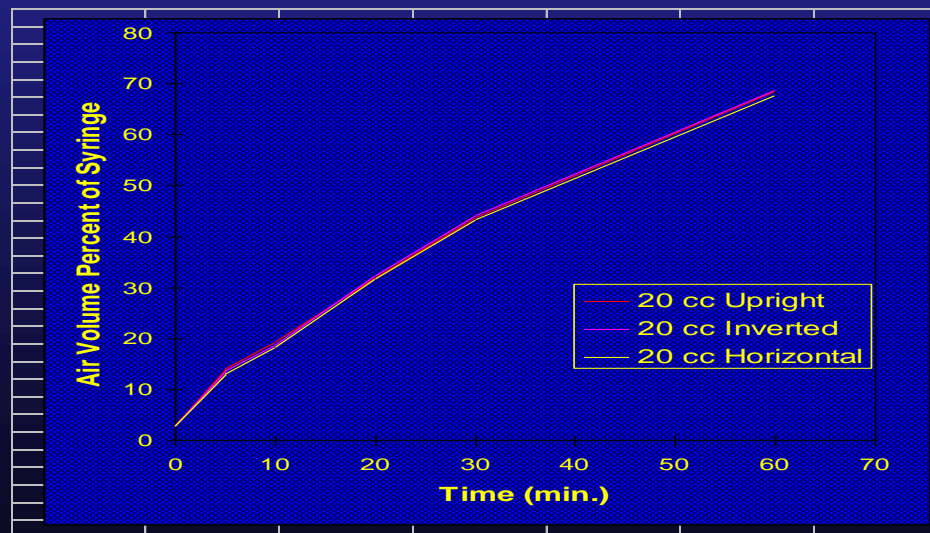
5cc air  
into  
IVC



# Air contamination of open-ended syringes in 3 different positions



GC



Air  
replacement



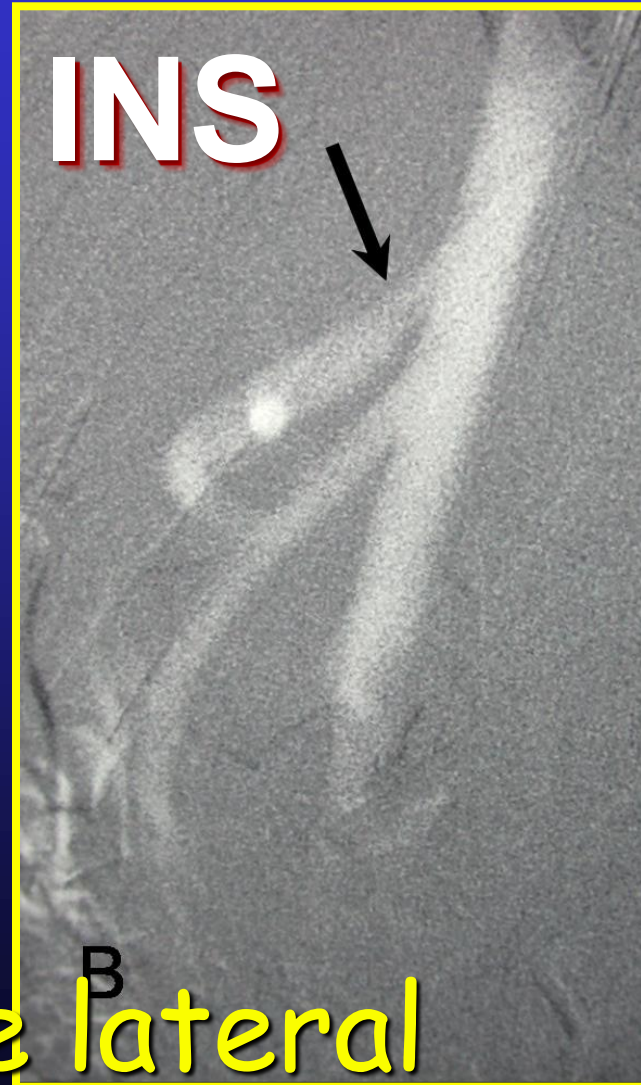
Buoyancy

# CO<sub>2</sub> Aortogram





# Lateral CO<sub>2</sub> Aortogram: Median Arcuate Ligament Compression

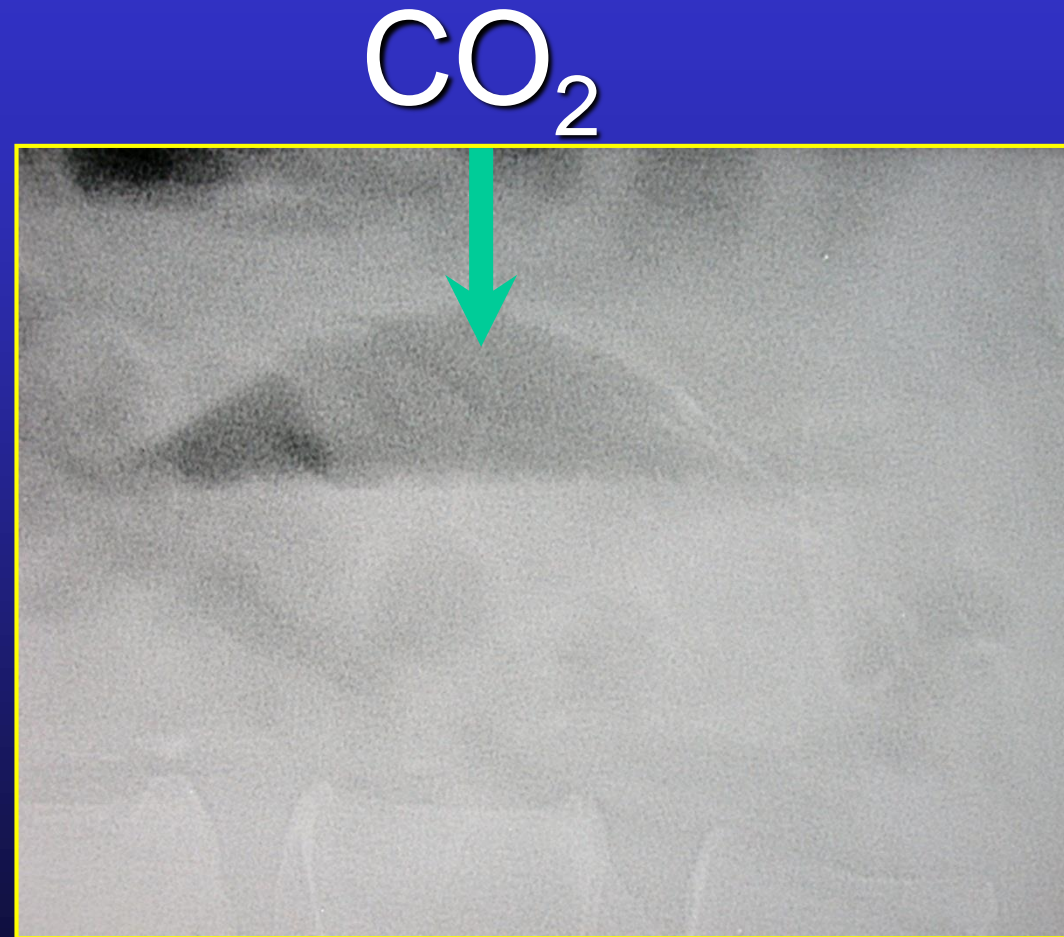
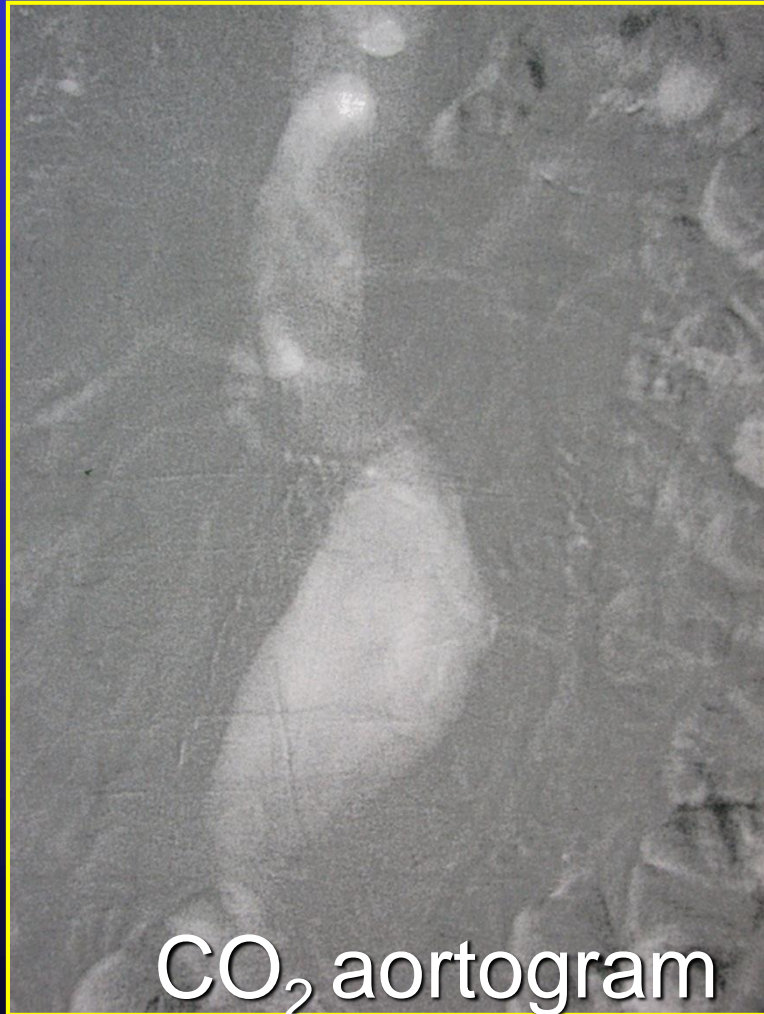


X-table lateral

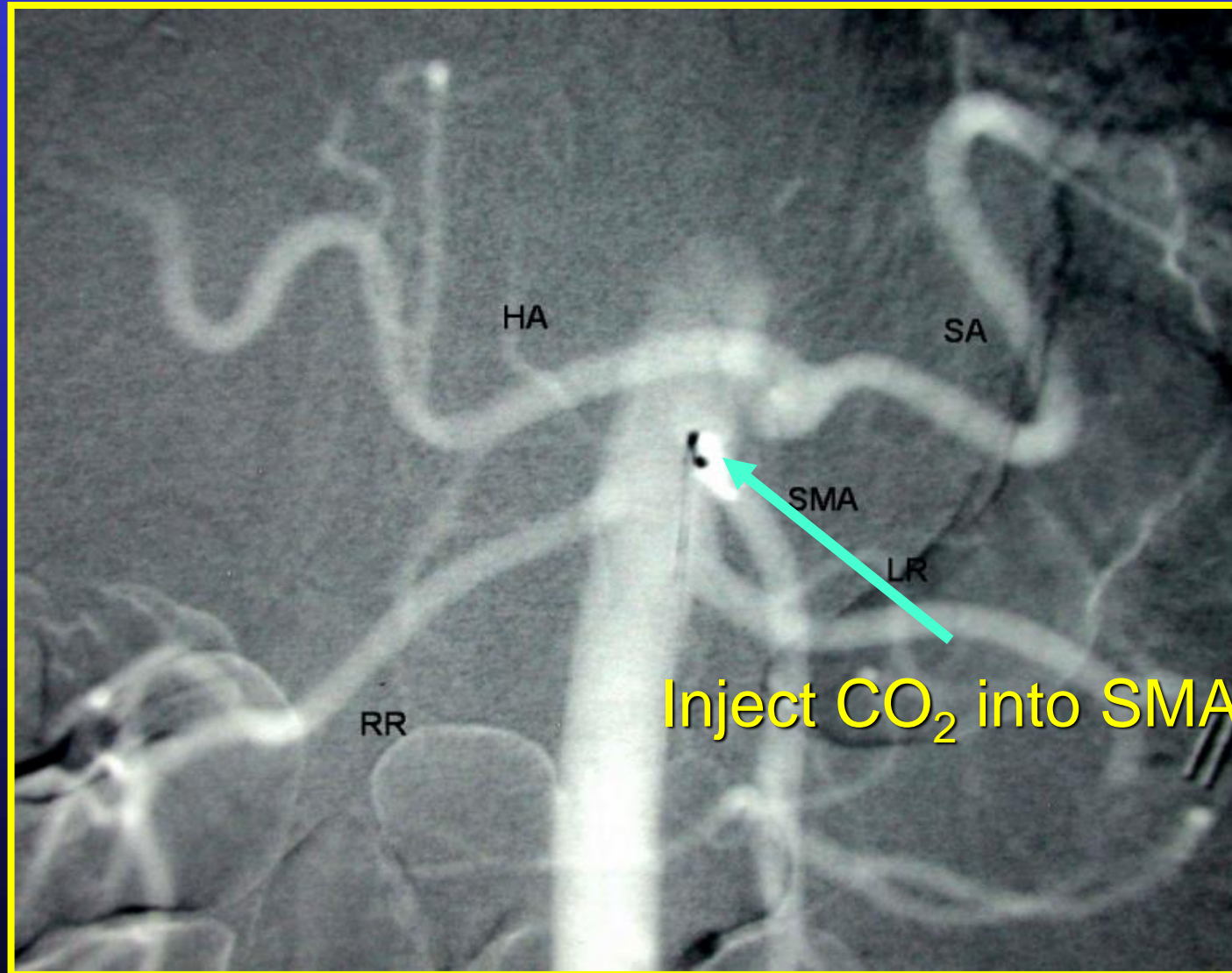




# Buoyant $\text{CO}_2$ is trapped in AAA

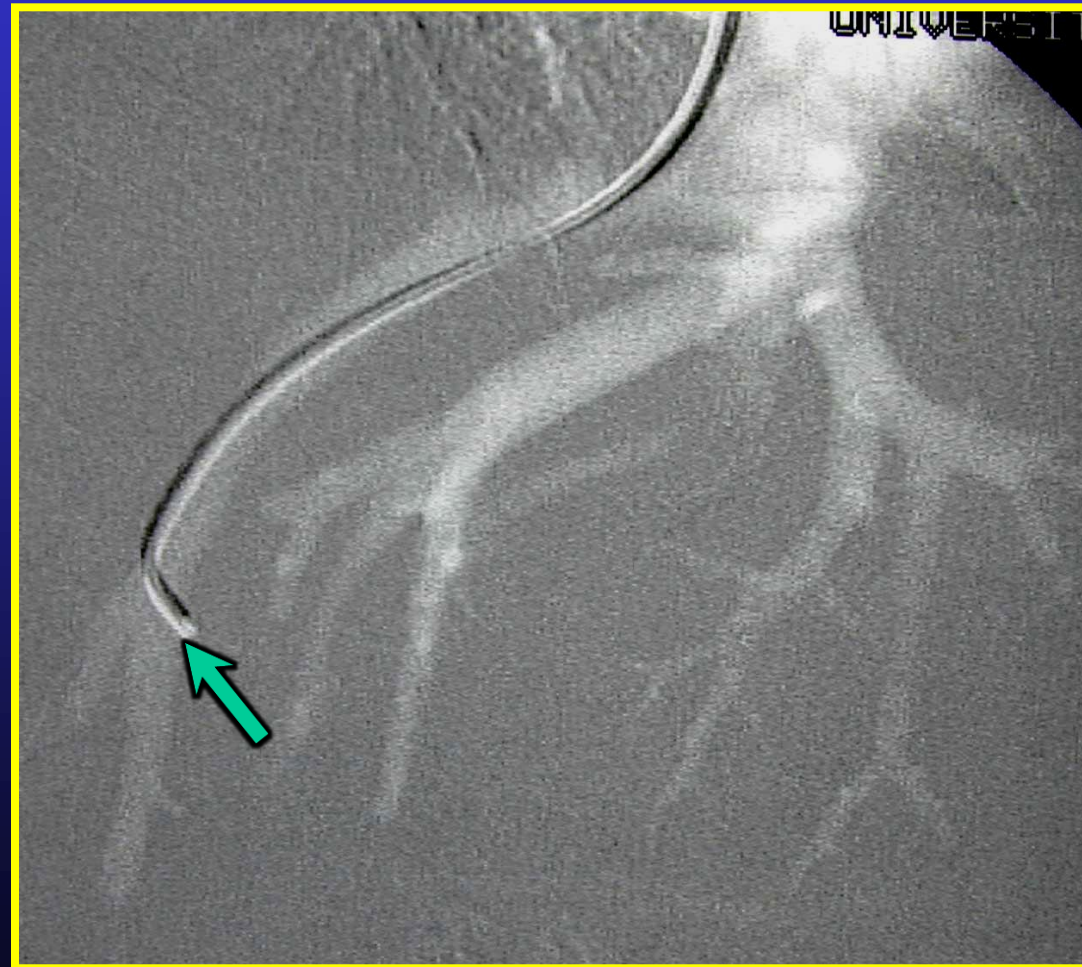


# Explosive, Buoyant

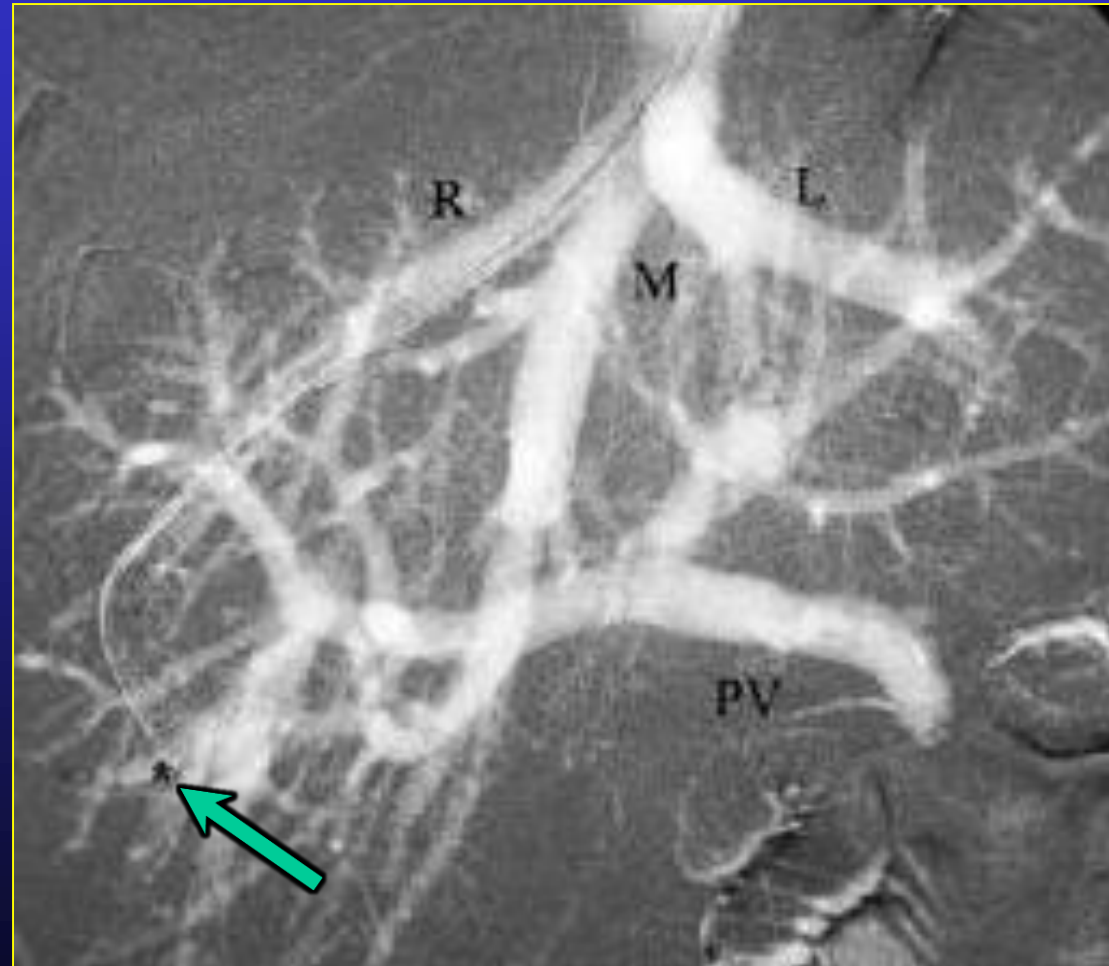




Buoyant CO<sub>2</sub> injected into right  
hepatic vein filling anterior, middle  
and left hepatic veins

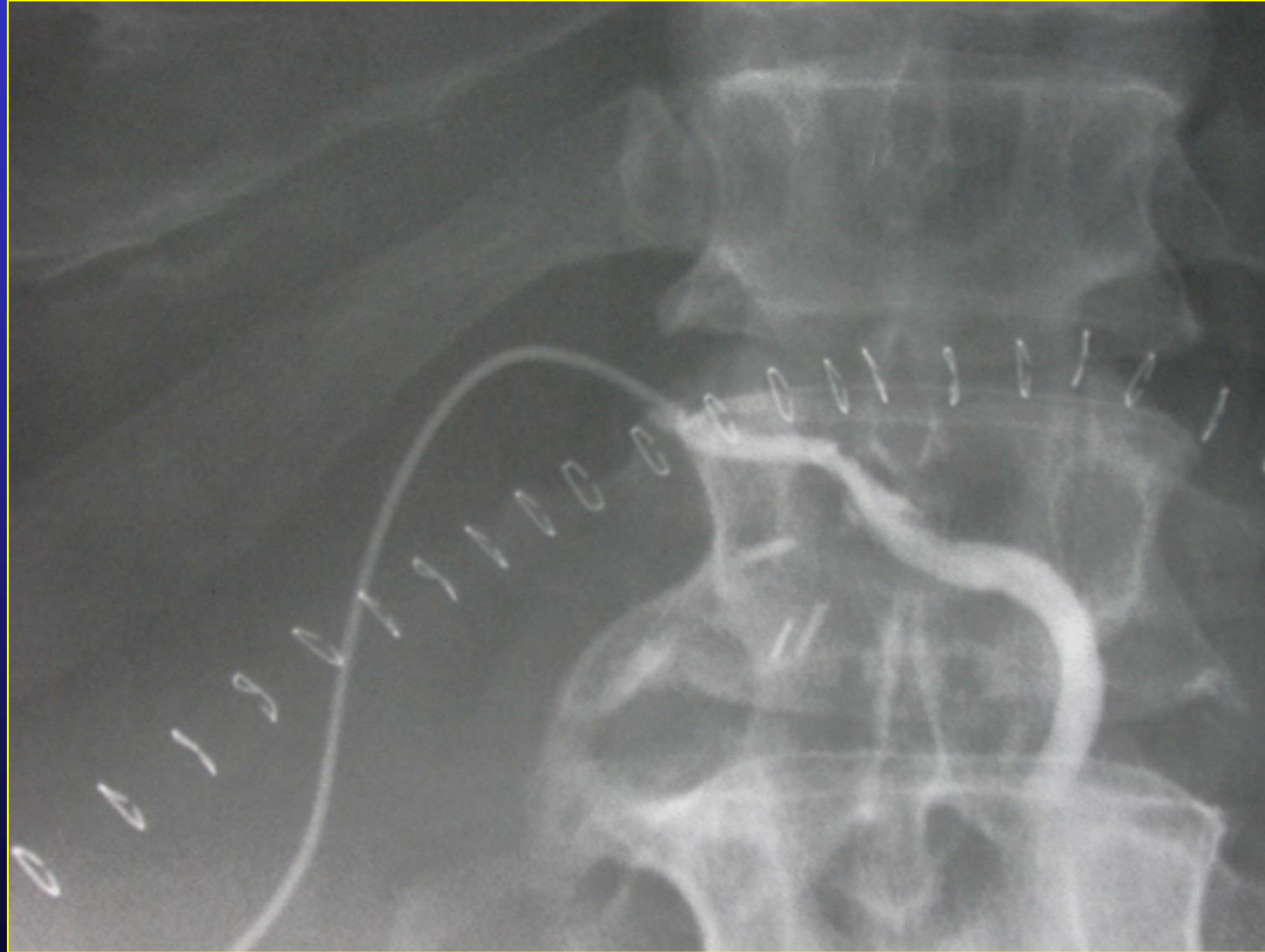


Buoyant, less viscous CO<sub>2</sub> injected into wedged right hepatic vein fills the portal, right, middle and left hepatic veins



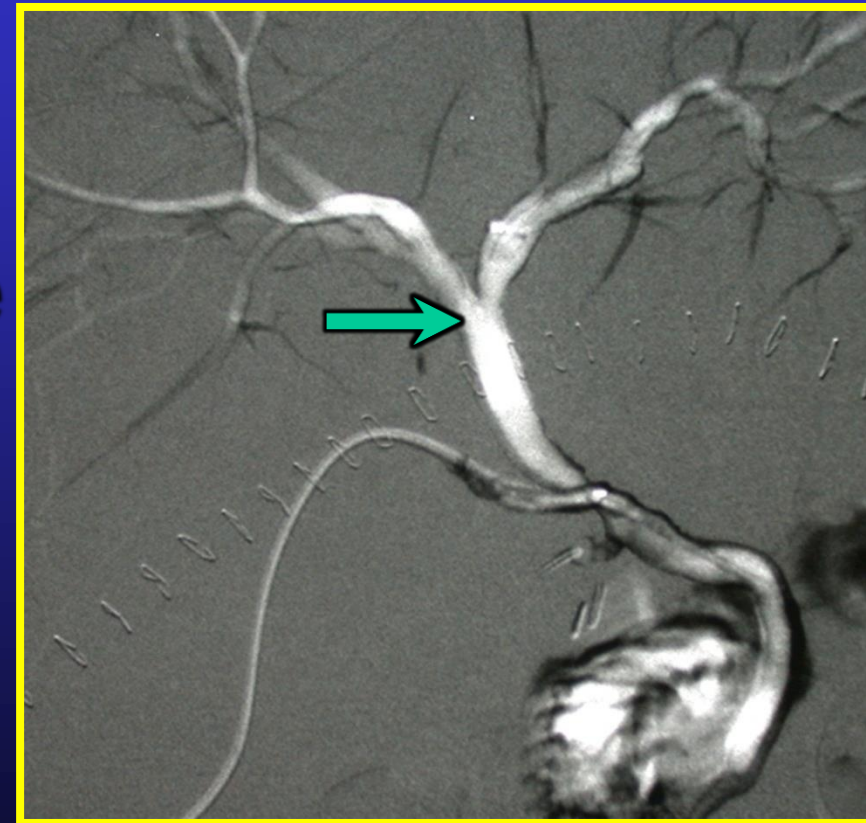


# T-tube cholangiogram using contrast medium



# CO<sub>2</sub> Cholangiogram

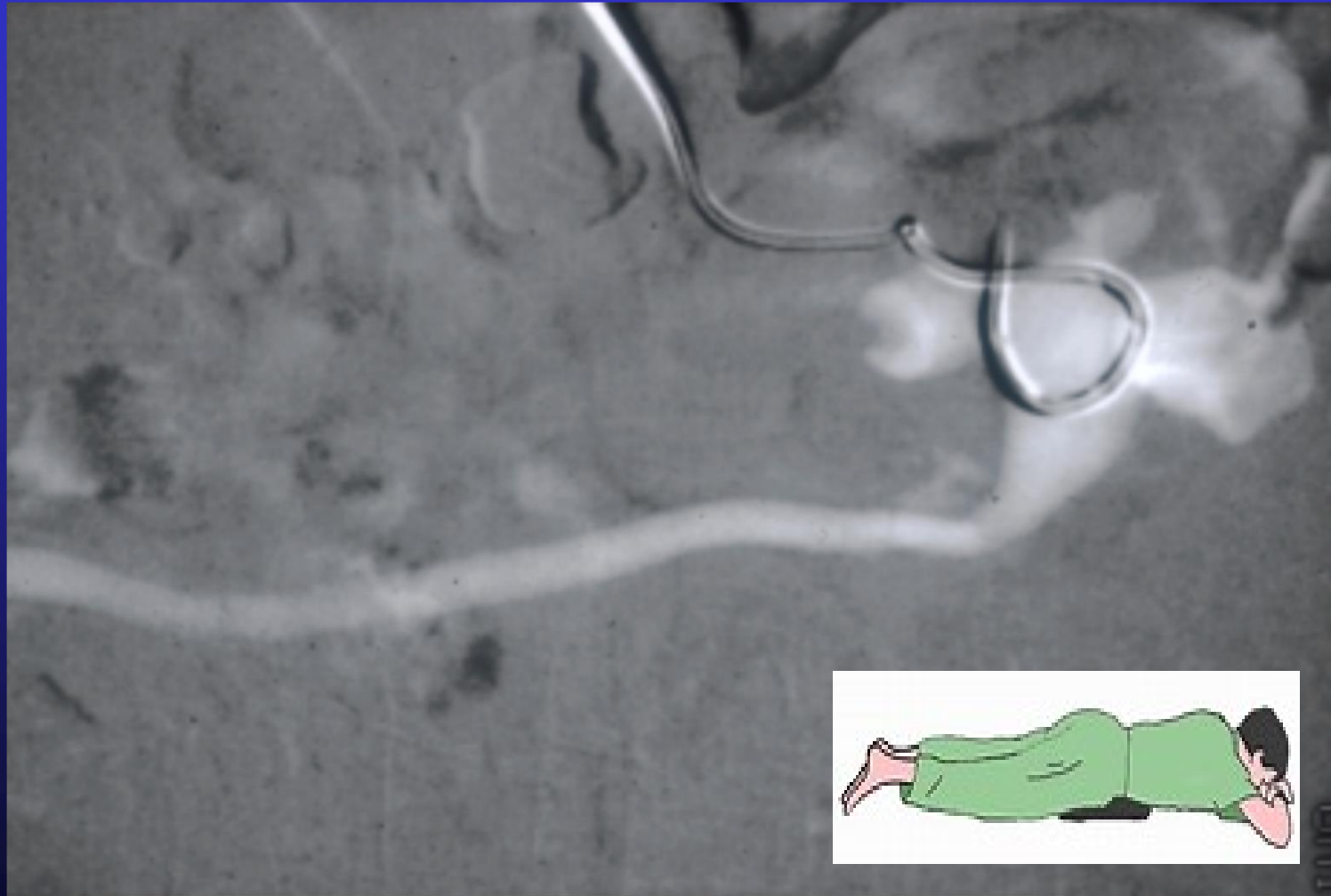
CO<sub>2</sub> injection into bile duct fills intra- and extrahepatic ducts



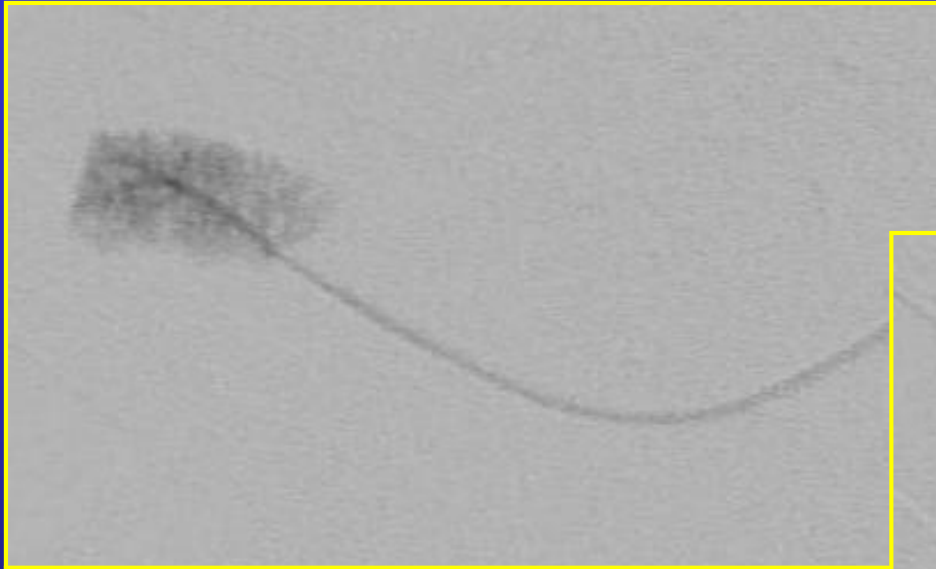
CO<sub>2</sub> is buoyant, displaces bile and contrast, and explosive



# CO<sub>2</sub> Nephrostogram

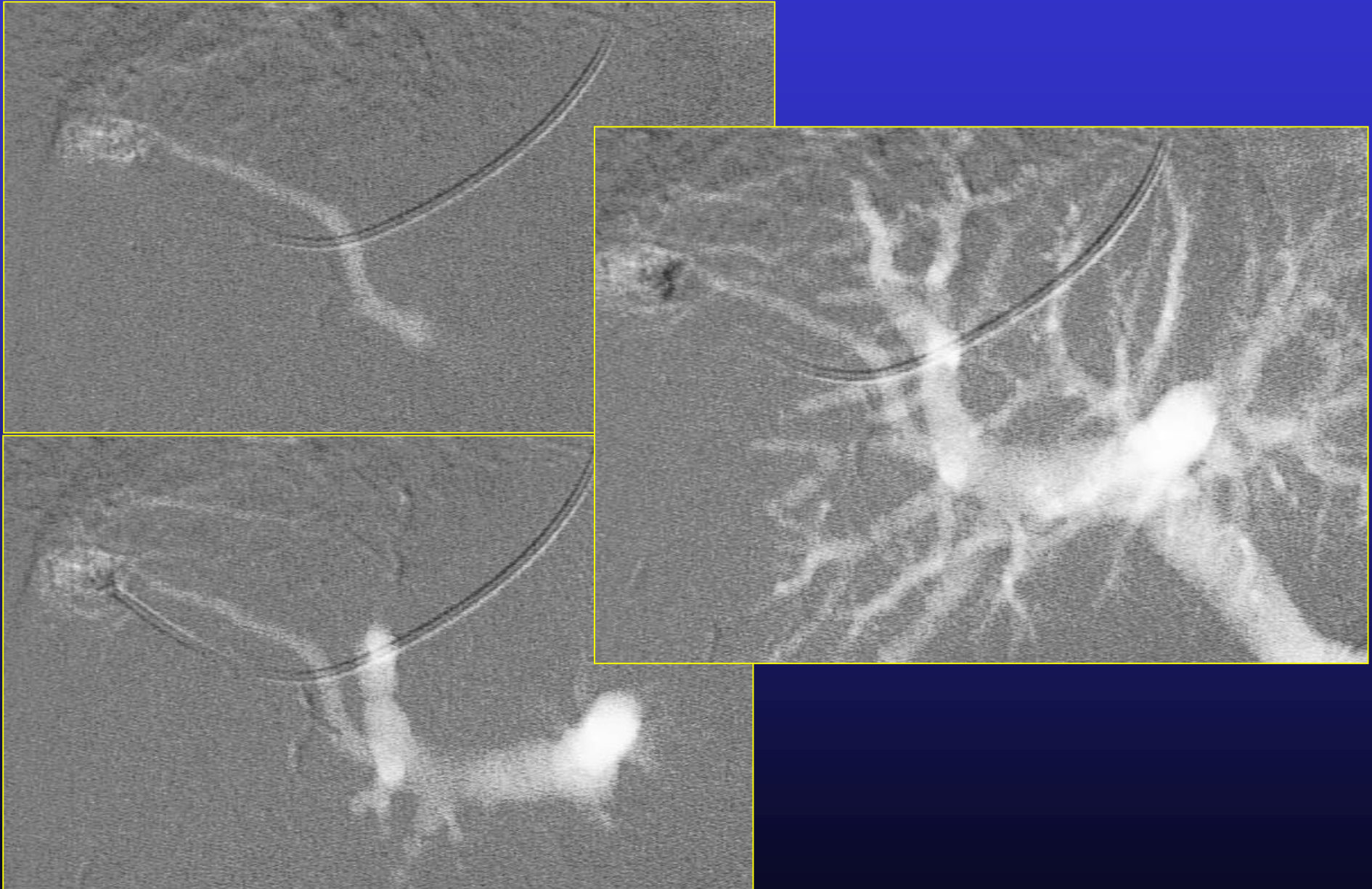


# Wedged Hepatic Venogram with Contrast medium





# Wedged Hepatic Venogram with CO<sub>2</sub>

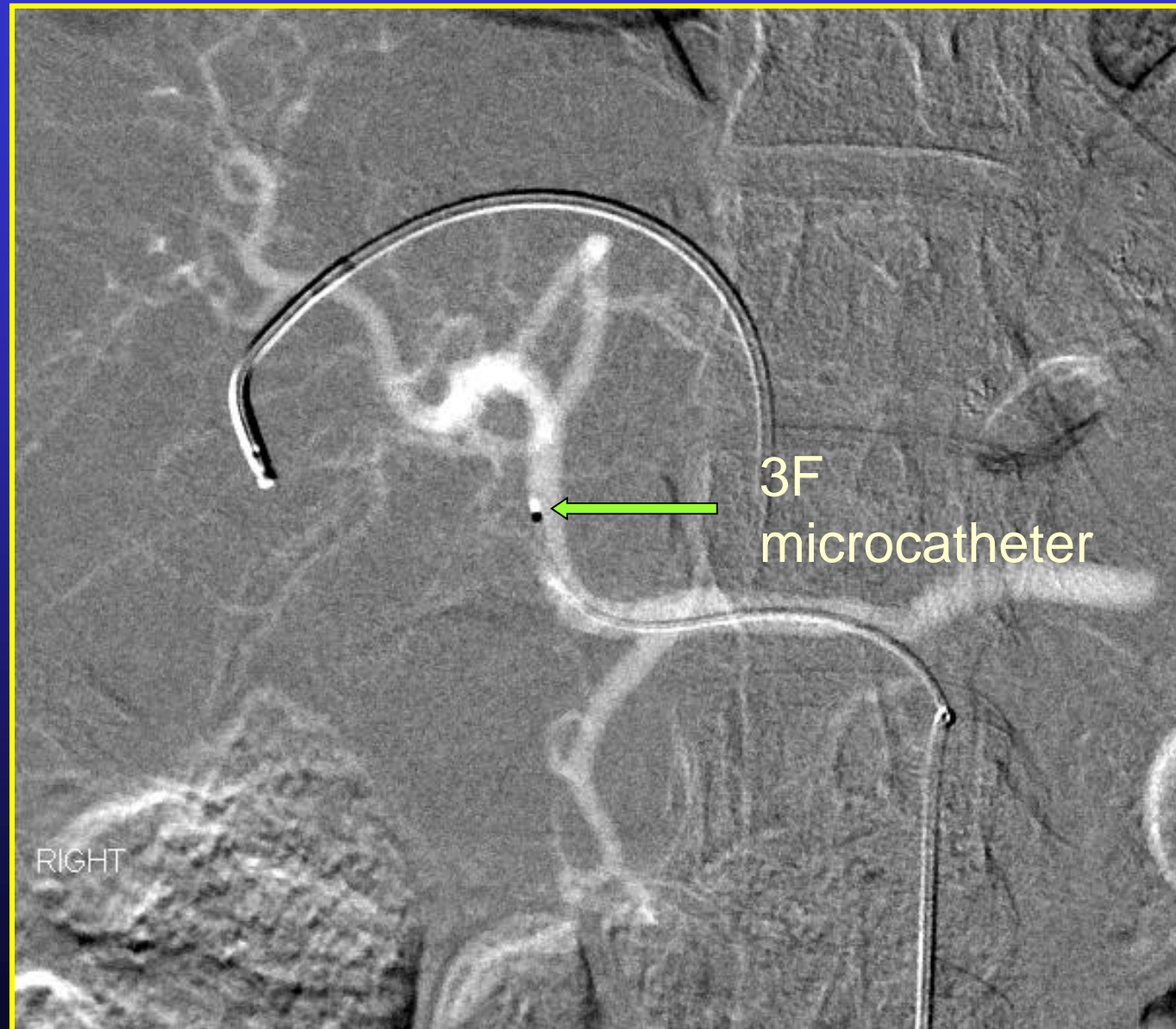


# CO<sub>2</sub> flows through collateral into proximal and distal vessels

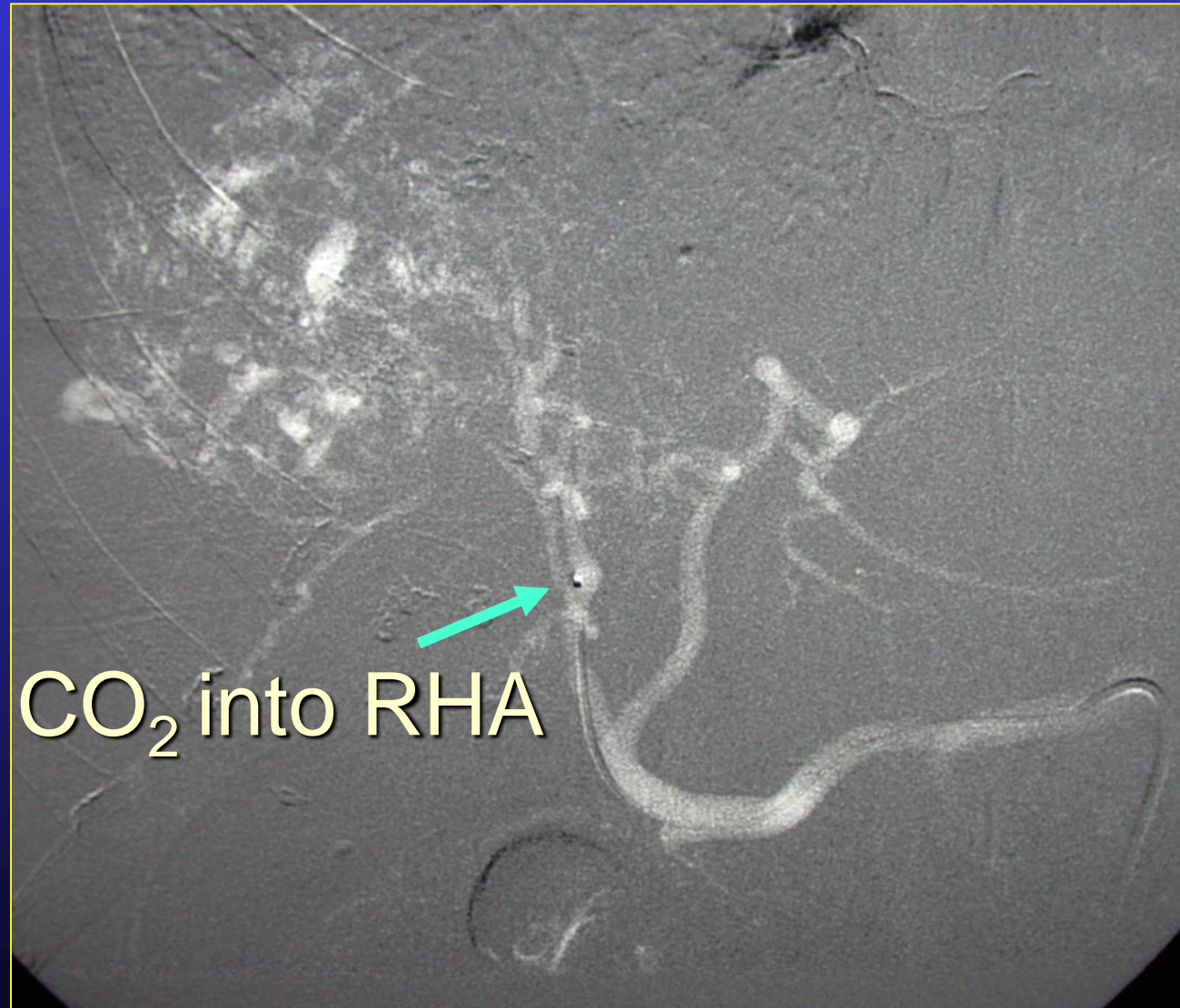




# CO<sub>2</sub> Hepatic DSA using Microcatheter



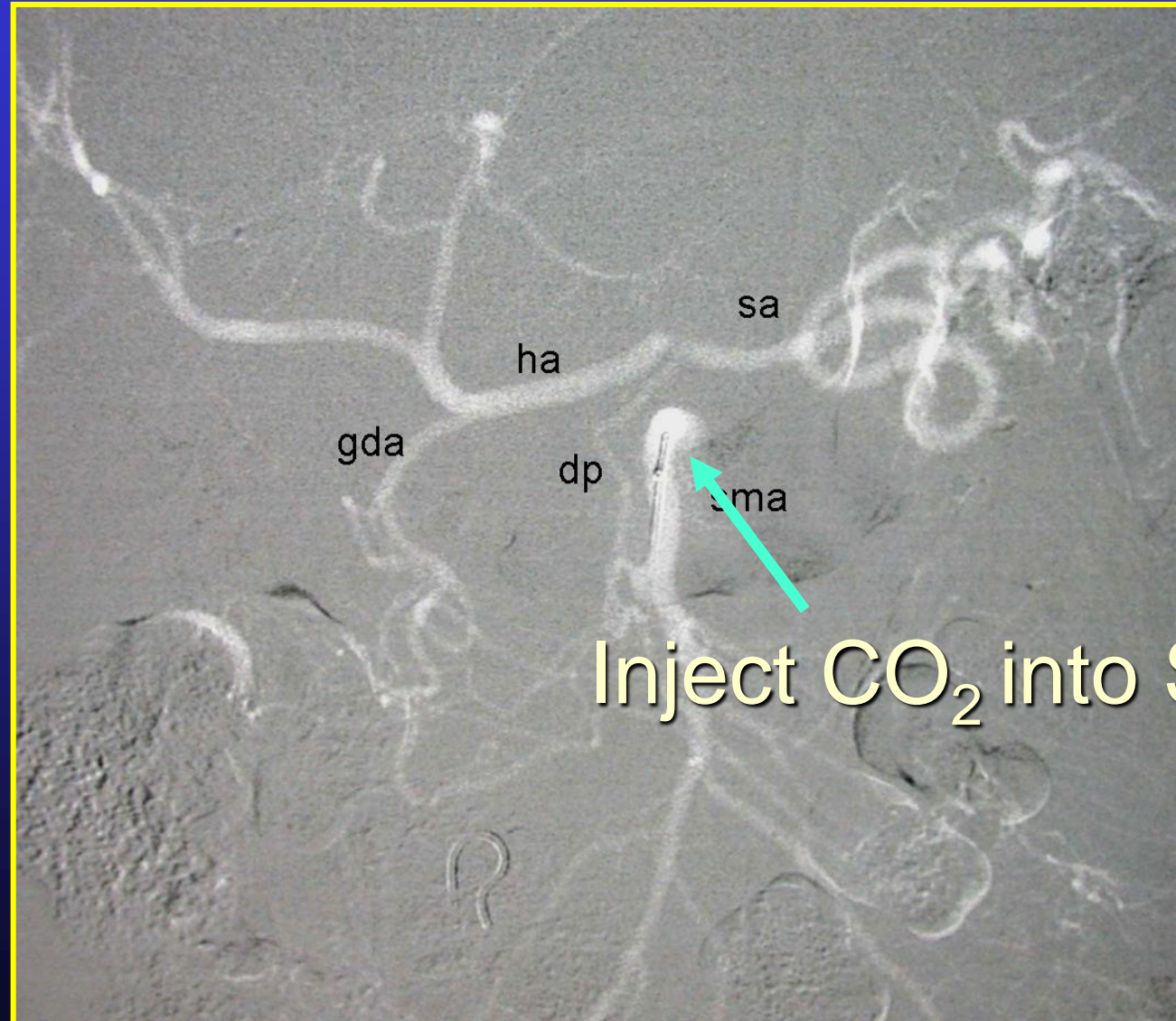
# HCC and TACE



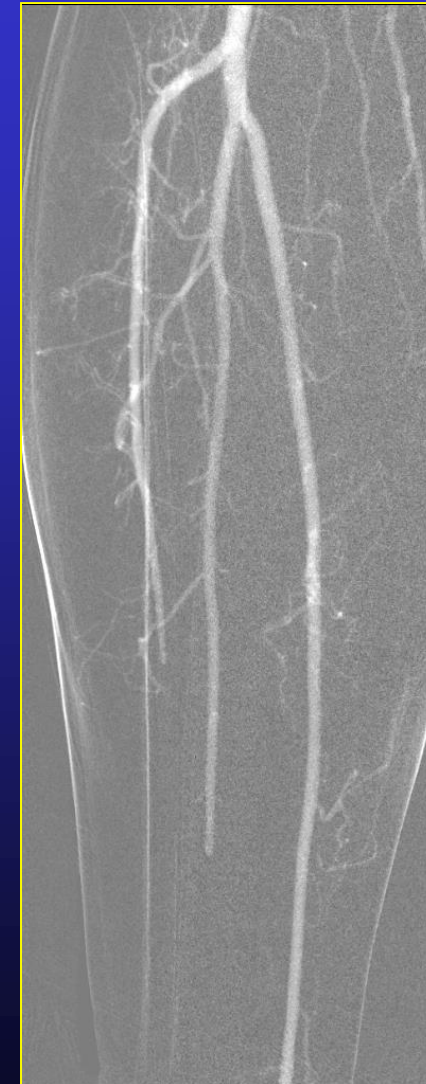
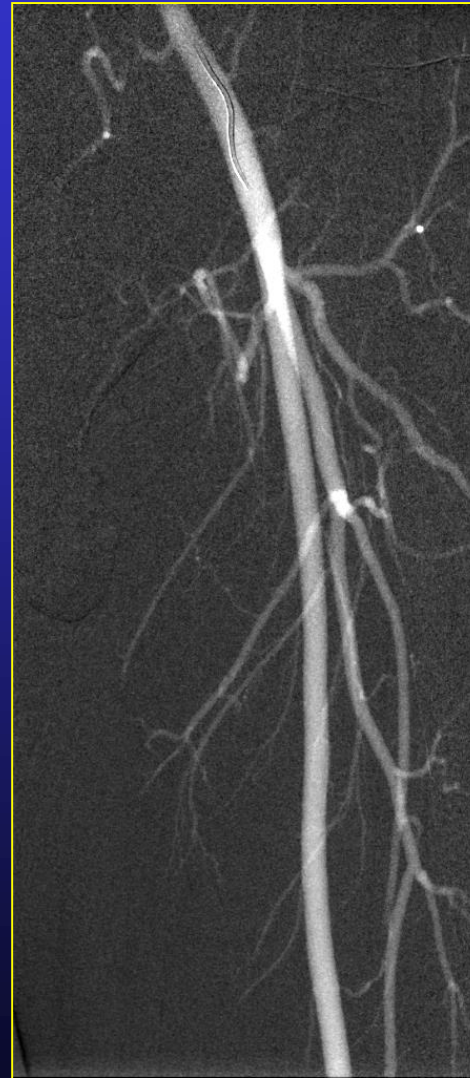
Inject CO<sub>2</sub> into RHA



# Celiac Occlusion

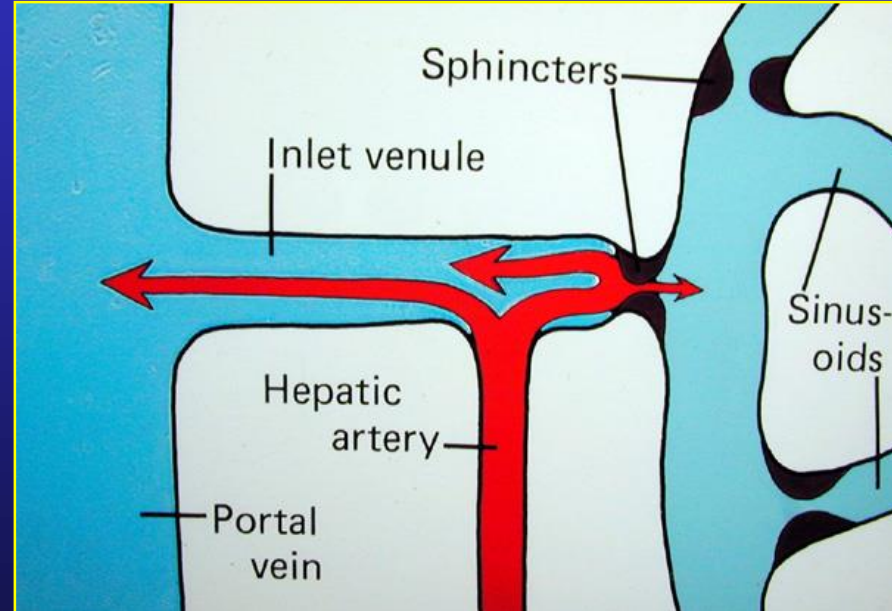
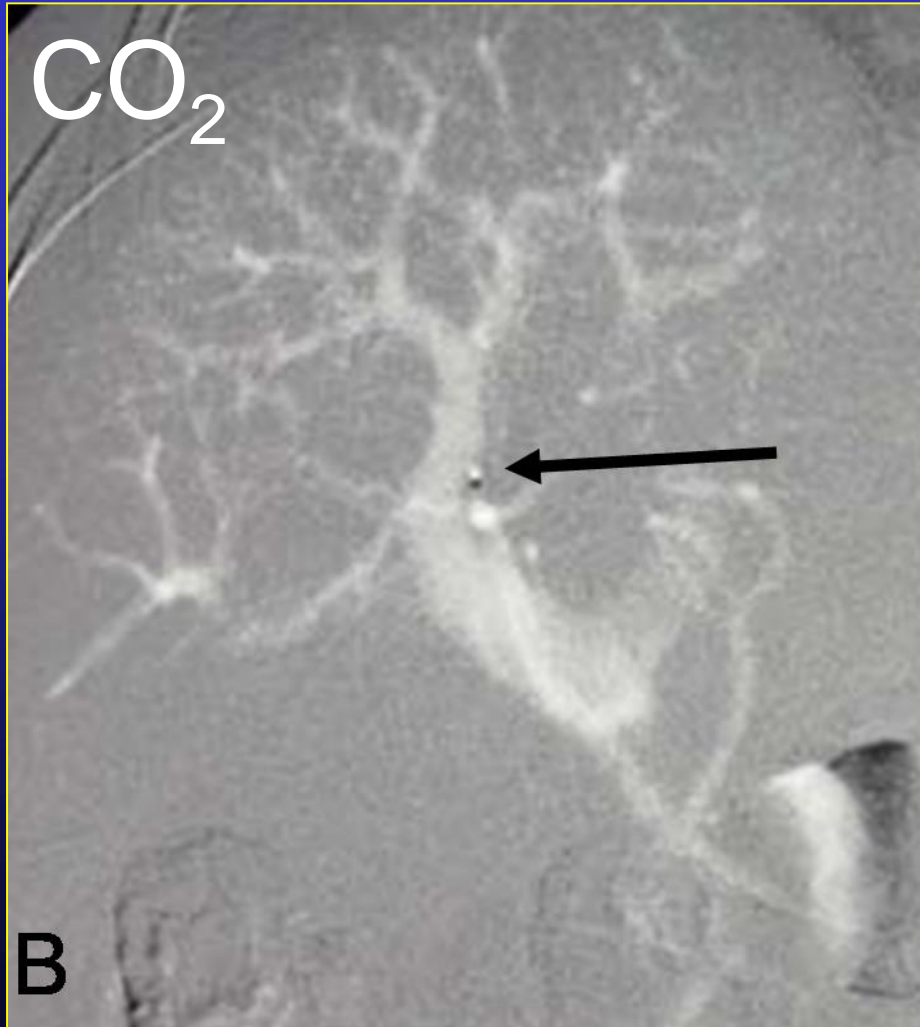


# Outflow via 3F Catheter



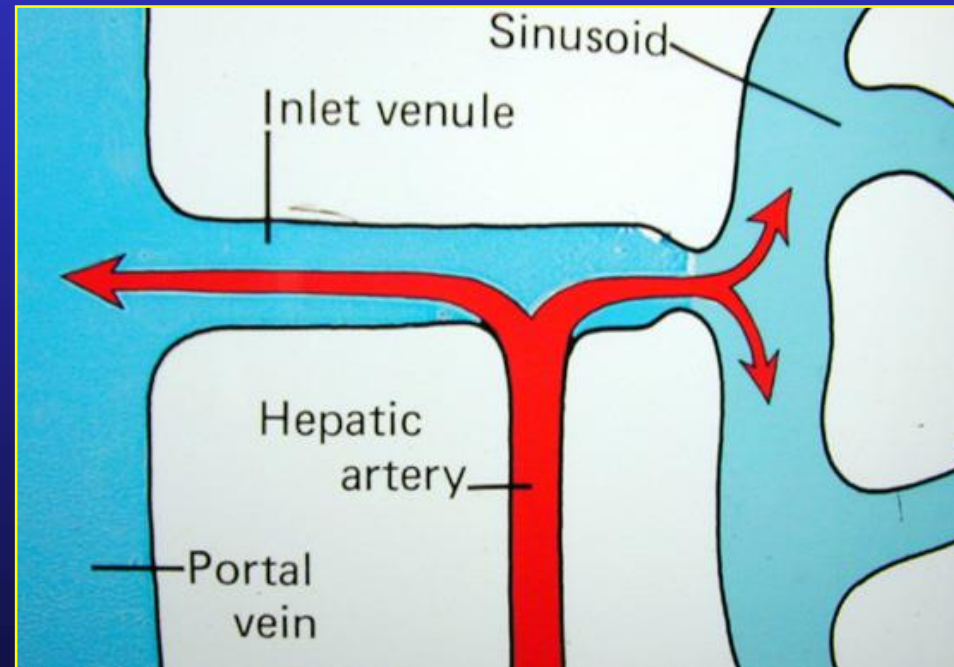
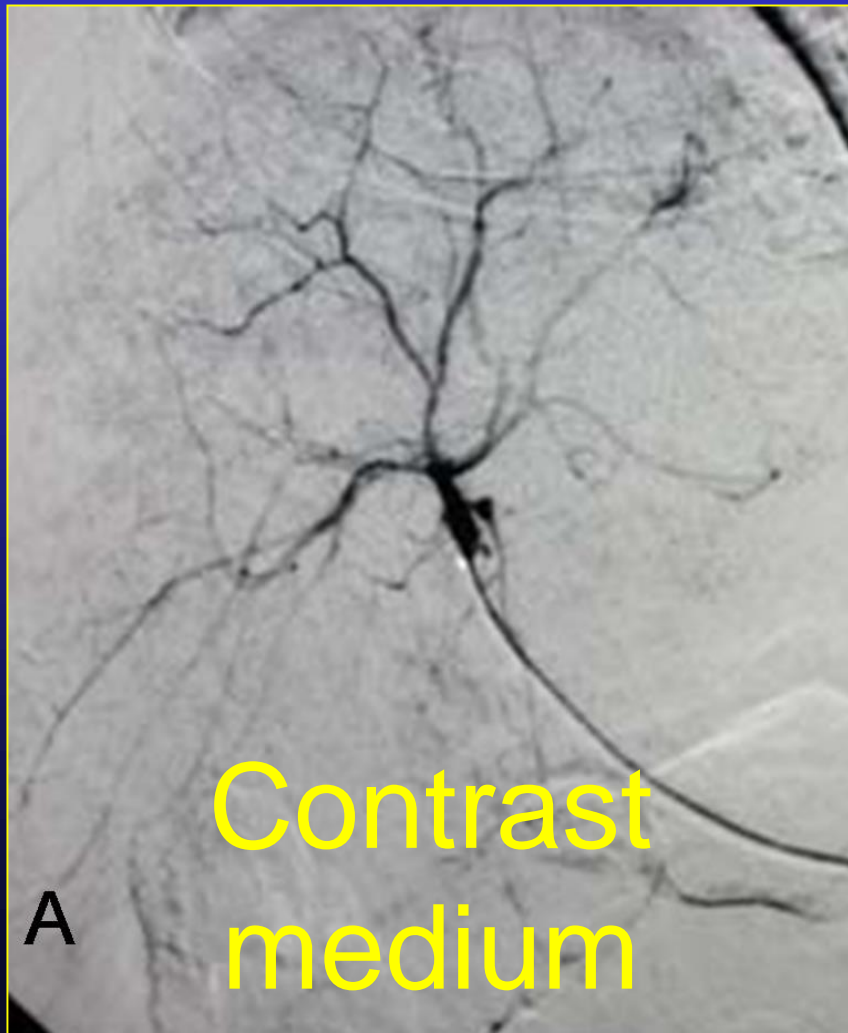


# Hepatic Arteriogram with $\text{CO}_2$

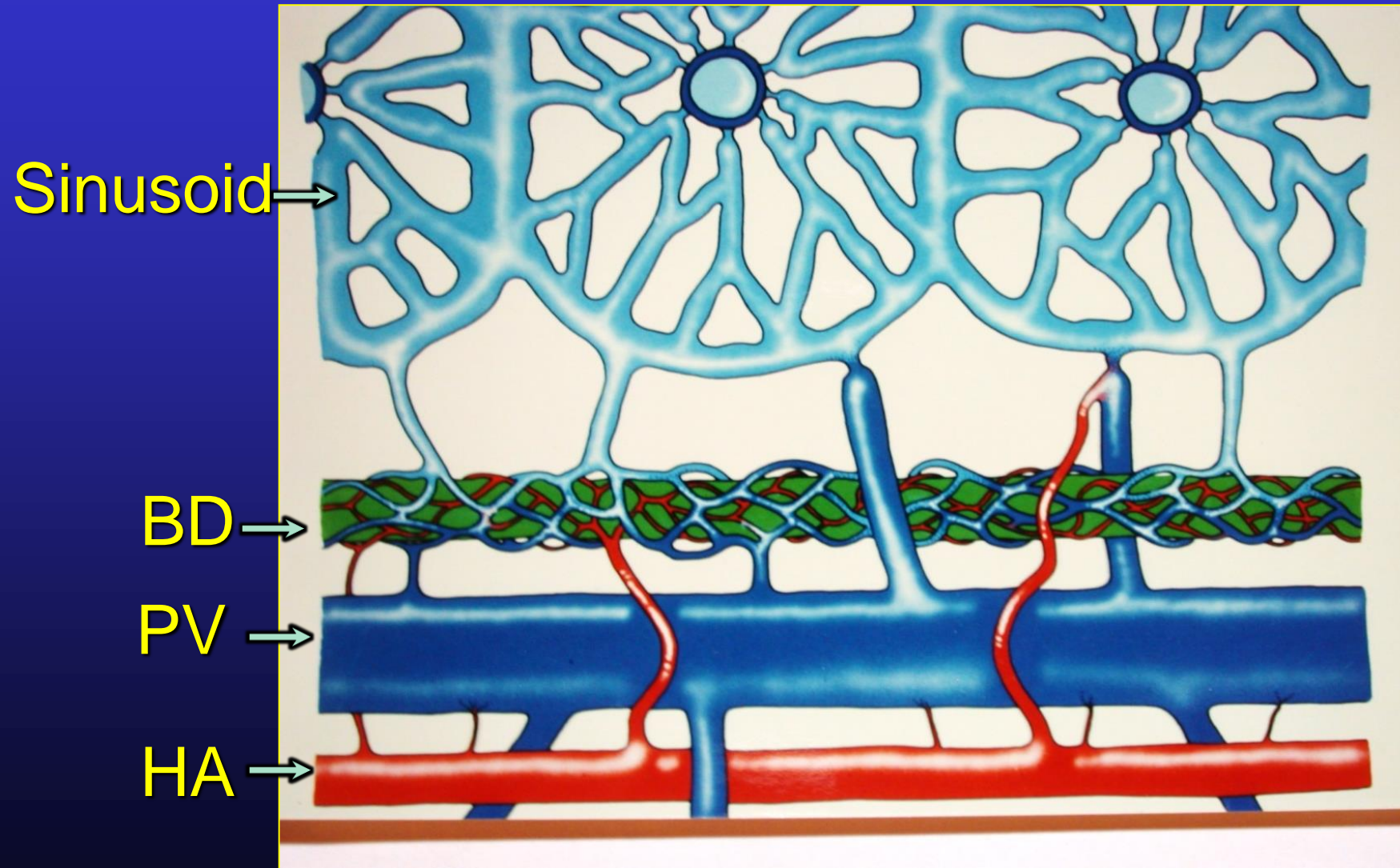




# Hepatic Arteriogram with Contrast Medium



# CO<sub>2</sub> Flow in Liver



# Safety and Tolerance Study of CO<sub>2</sub> as a Venous Contrast Agent in Swine

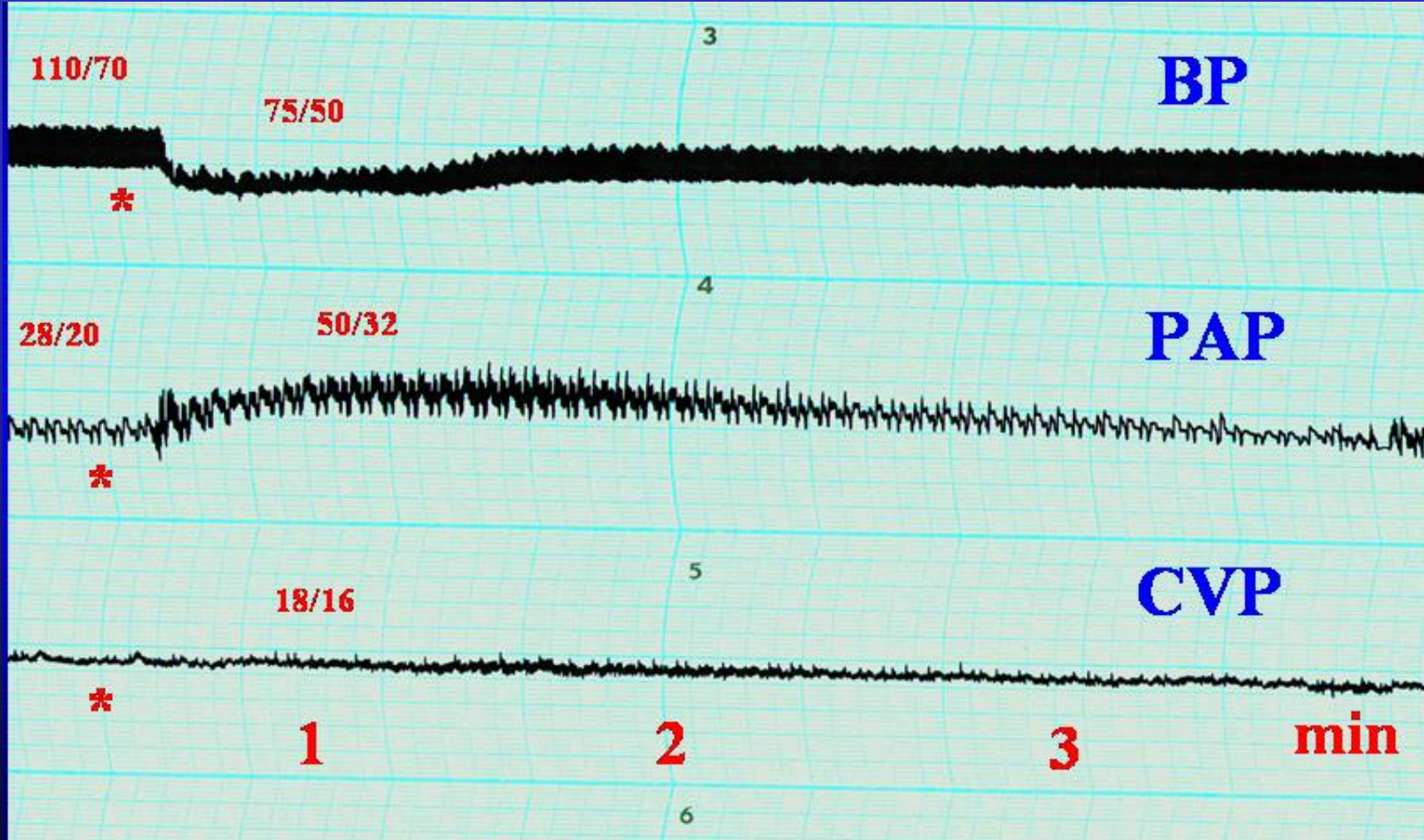


The hemodynamic and ventilatory responses to intracaval injections of ascending doses of CO<sub>2</sub>





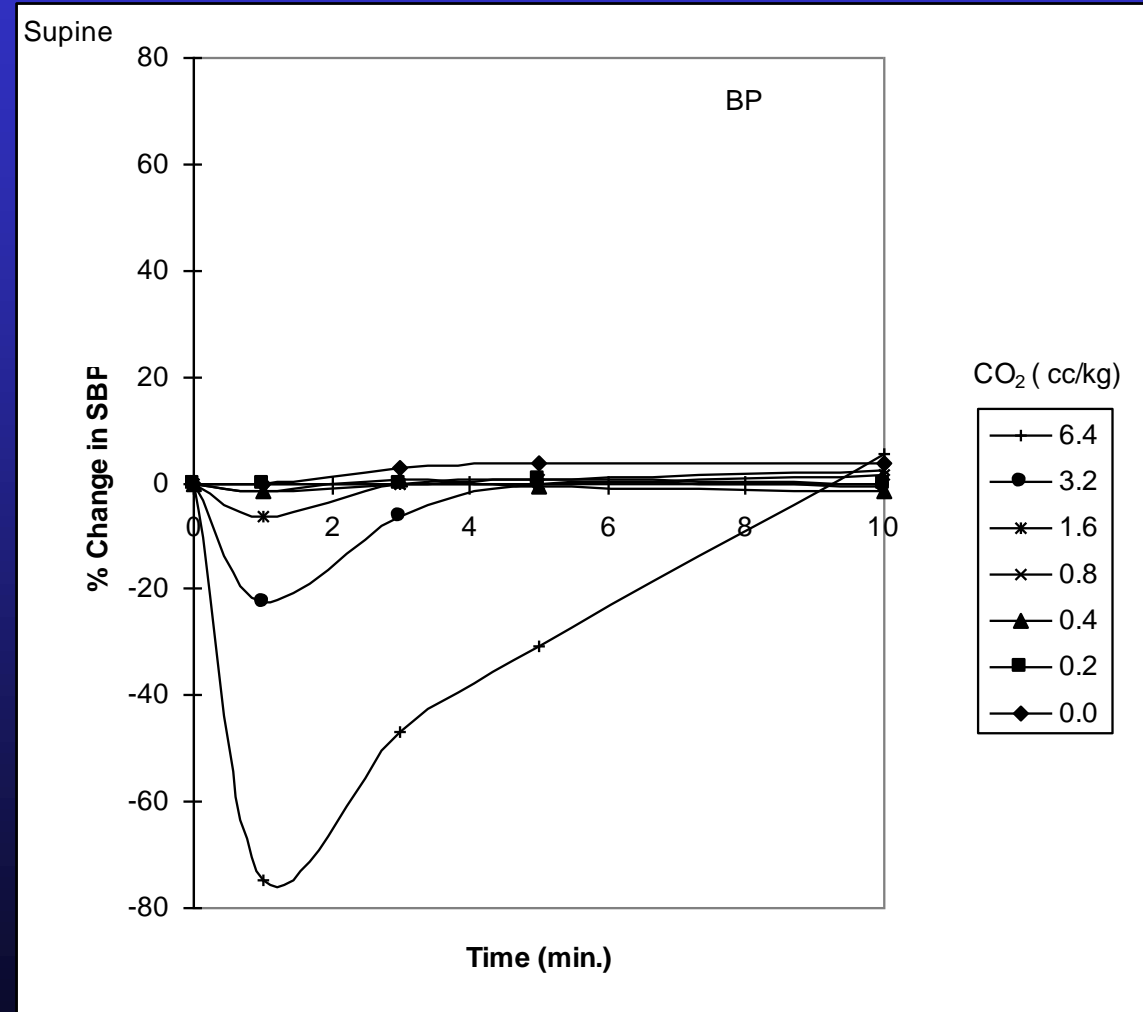
Polygraph tracing of blood pressure, pulmonary artery pressure and CVP following intracaval injection of CO<sub>2</sub> at 3.2 cc/kg in swine



CO<sub>2</sub> 3.2  
cc/kg,  
supine



# Average percent changes in systemic blood pressure following intracaval injections of ascending doses of CO<sub>2</sub> in swine



# Conclusions

- CO<sub>2</sub> has been used as a contrast agent in the nonvascular system since 1920s, in the venous system since 1950s and in the arterial system since 1970s.
- Intravenous CO<sub>2</sub> in doses of 0.2-1.6 cc/kg caused no cardiopulmonary effects in swine.





- Knowledge of CO<sub>2</sub> properties, and facile catheterization and imaging techniques are essential in obtaining a successful CO<sub>2</sub> angiogram for the vascular diagnosis and intervention.
- Blood pressure monitoring and capnography provide the earliest sign of “vapor lock” in the pulmonary artery from the inadvertent injection of large volume of CO<sub>2</sub> or air.



Thank You



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