



Tumor Embolization

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Common tumours requiring preoperative embolisation are
Angiofibromas, Glomus tumours, Carotid body tumors &
Meningioma

Objective

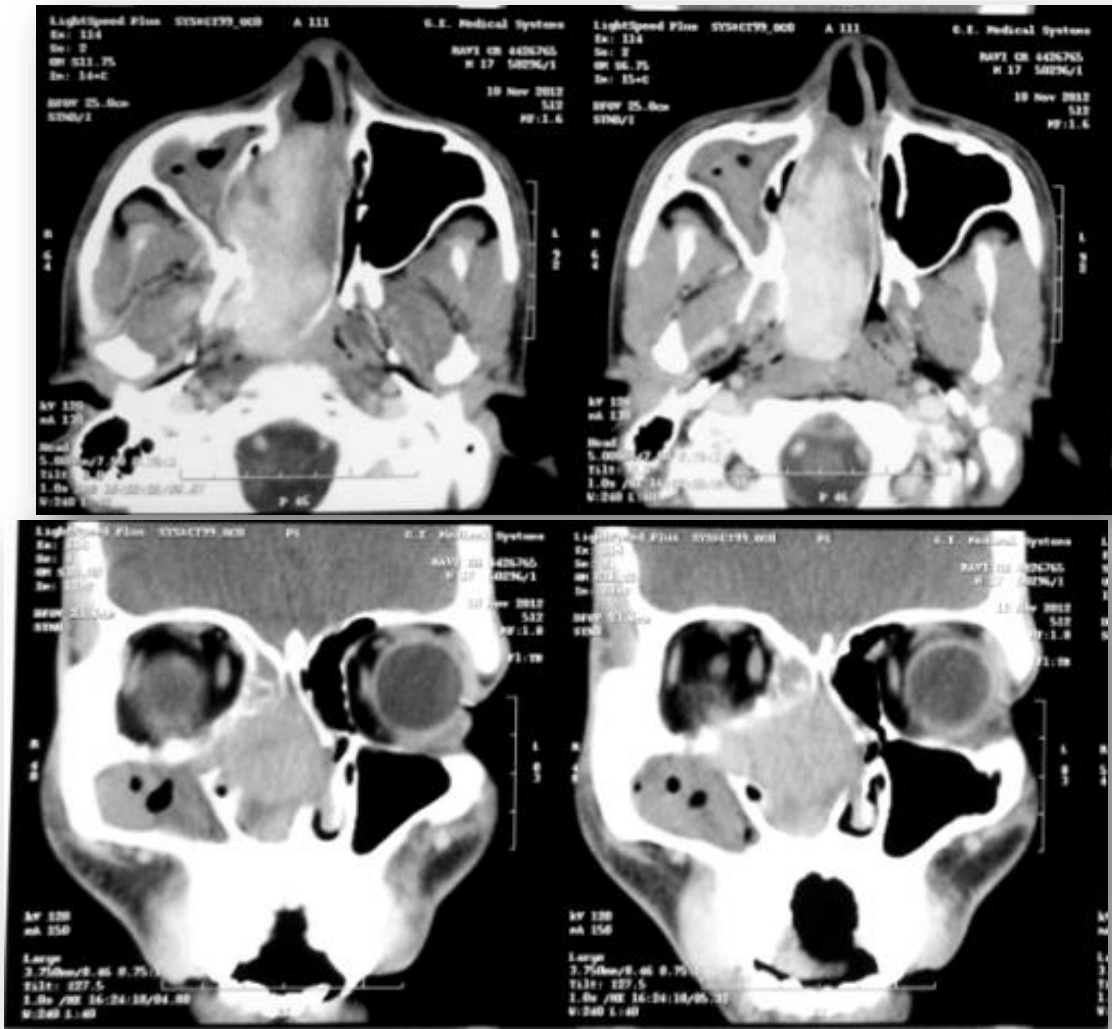
- Selective obliteration of arterial feeder before surgical resection.
- Aim to occlude the pre capillary arteriole.
- Embolisation should be performed 24–72 hours before surgery to allow progressive thrombosis.

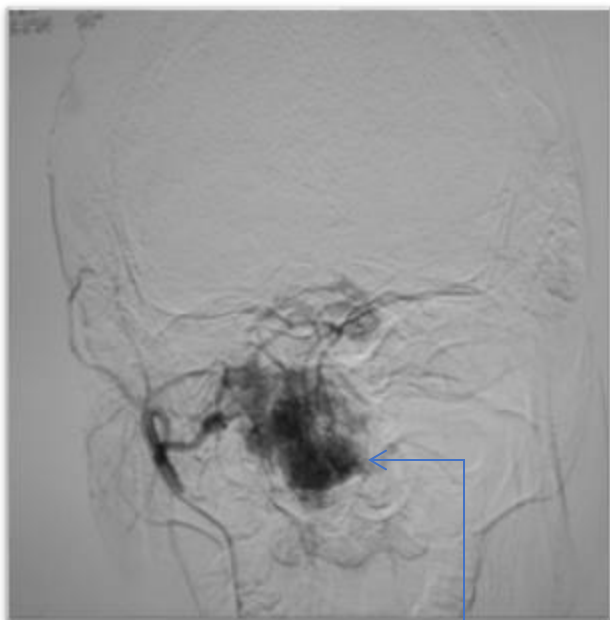
Advantage of preoperative embolization

- To reduce intraoperative bleeding and transfusion requirements.
- Blood loss during surgery interferes with the surgeon's ability to get a clear view of the surgical field, which may lead to
 - Increased operative time,
 - Increased risk of intraoperative complications,
 - Postoperative hematomas, and
 - Delayed wound healing.

17yrs/M

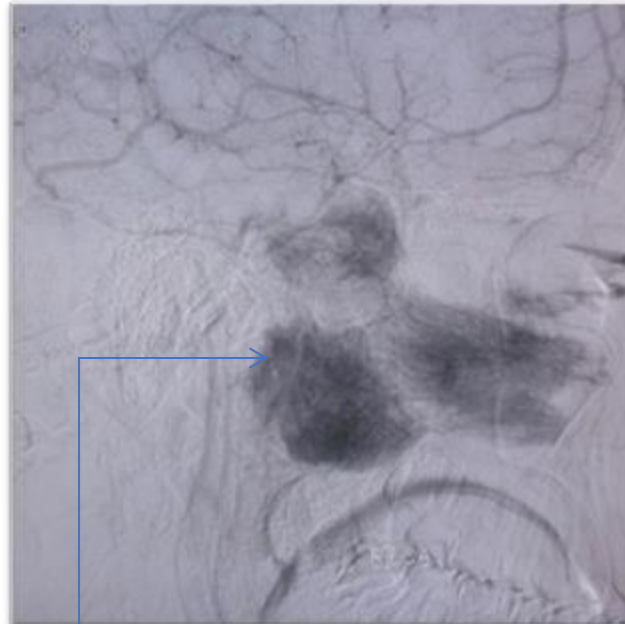
- Spontaneous nasal bleed and nasal obstruction.
- Diagnosis: Juvenile Nasopharyngeal angiofibroma.





ECA

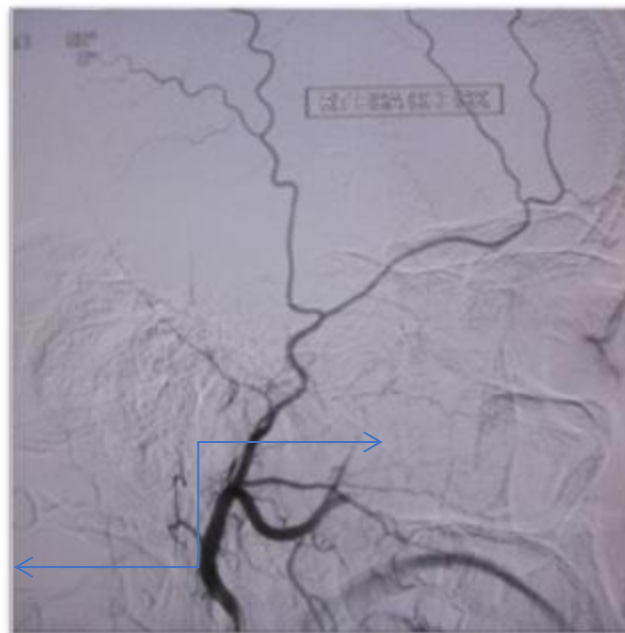
Tumor blush



ECA



No, tumor blush

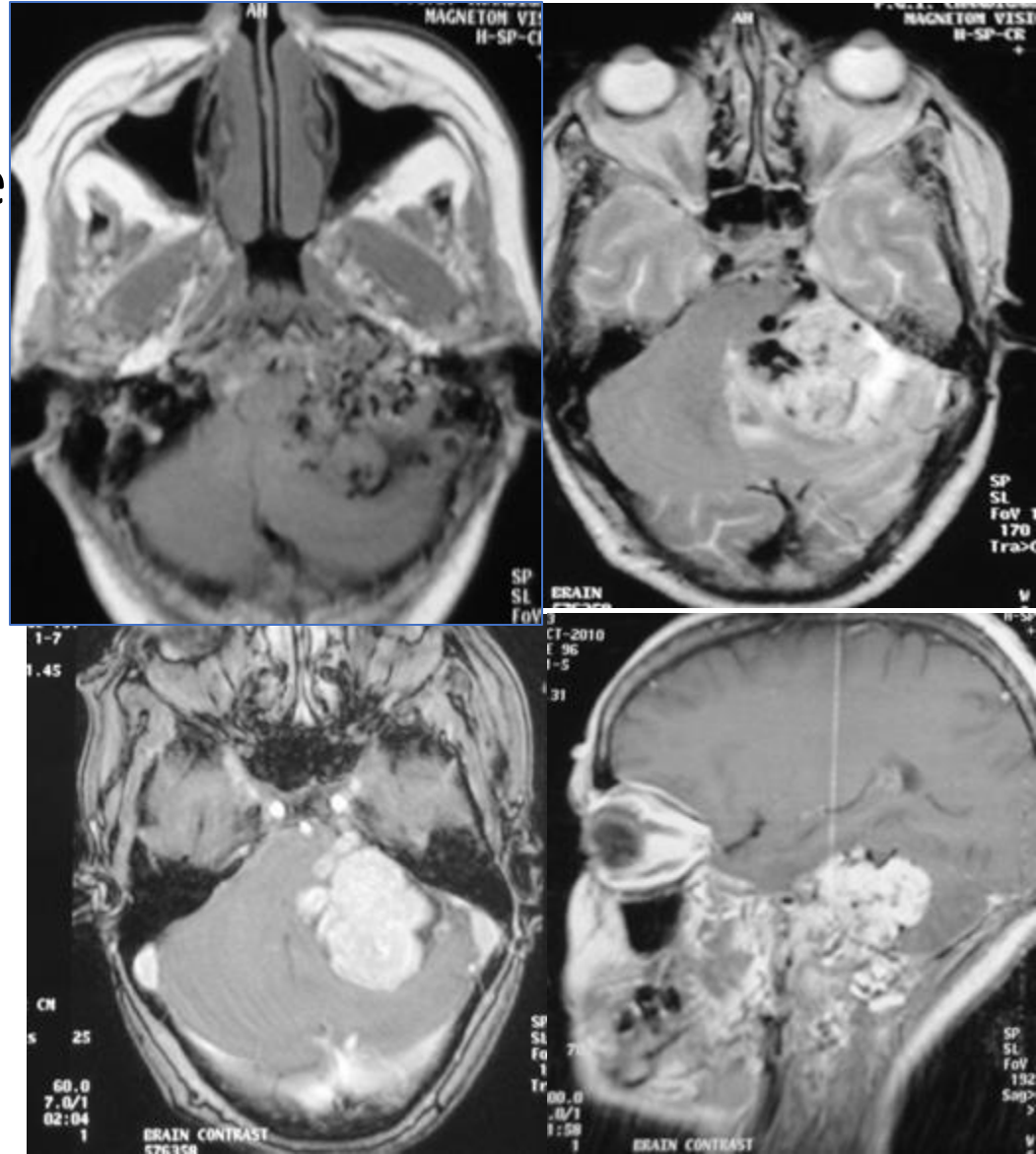


Post embolization check angiogram showing complete embolization

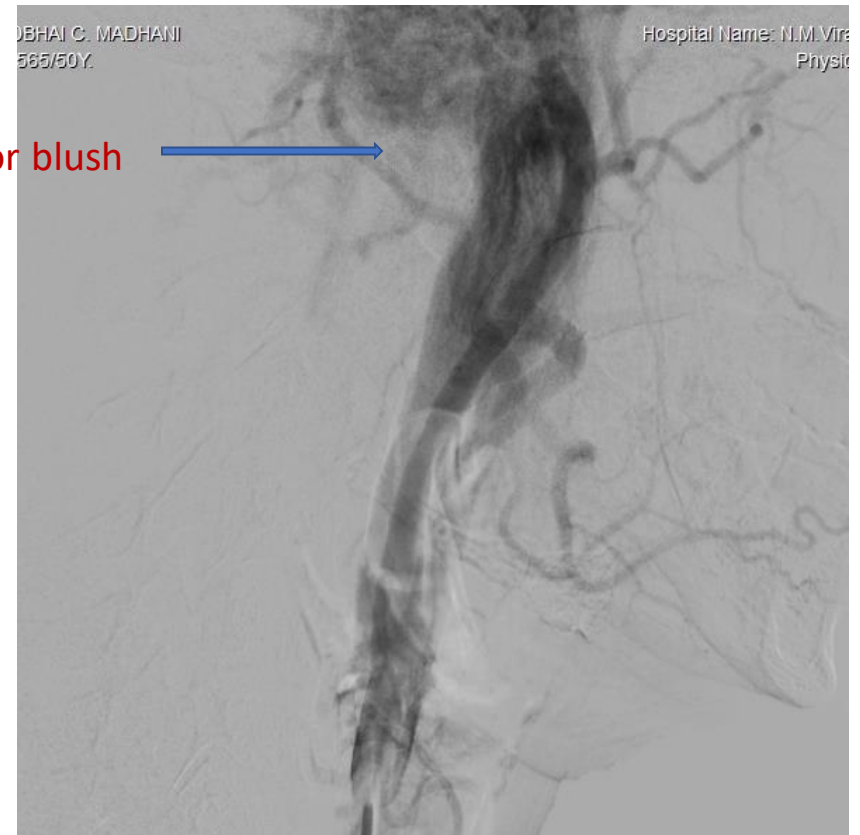
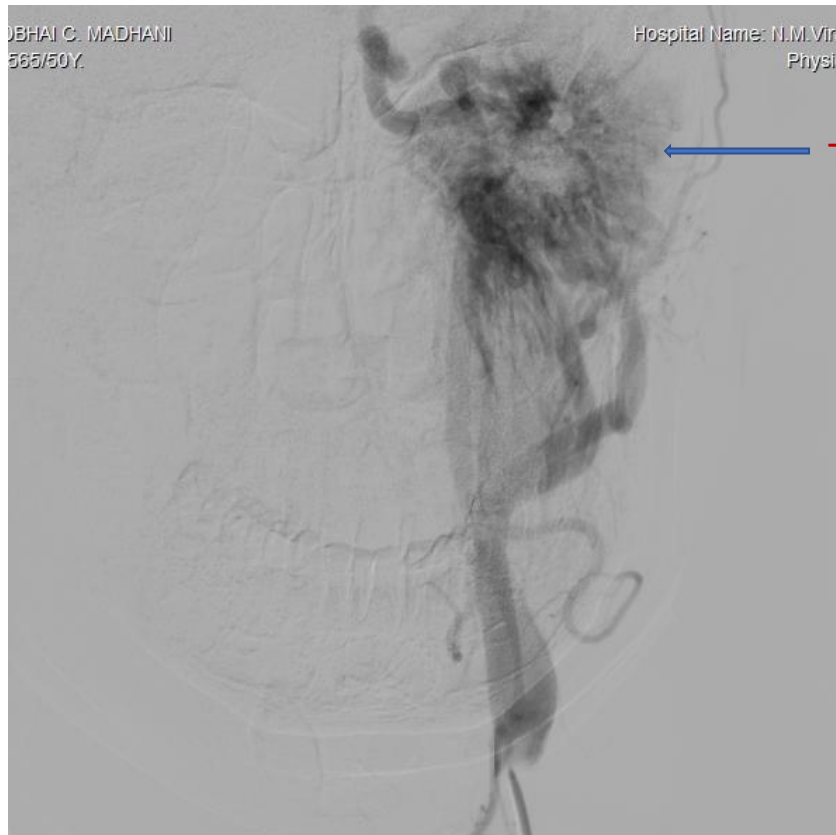
55yr/M

c/o large glomus jugulare
since 5 years.

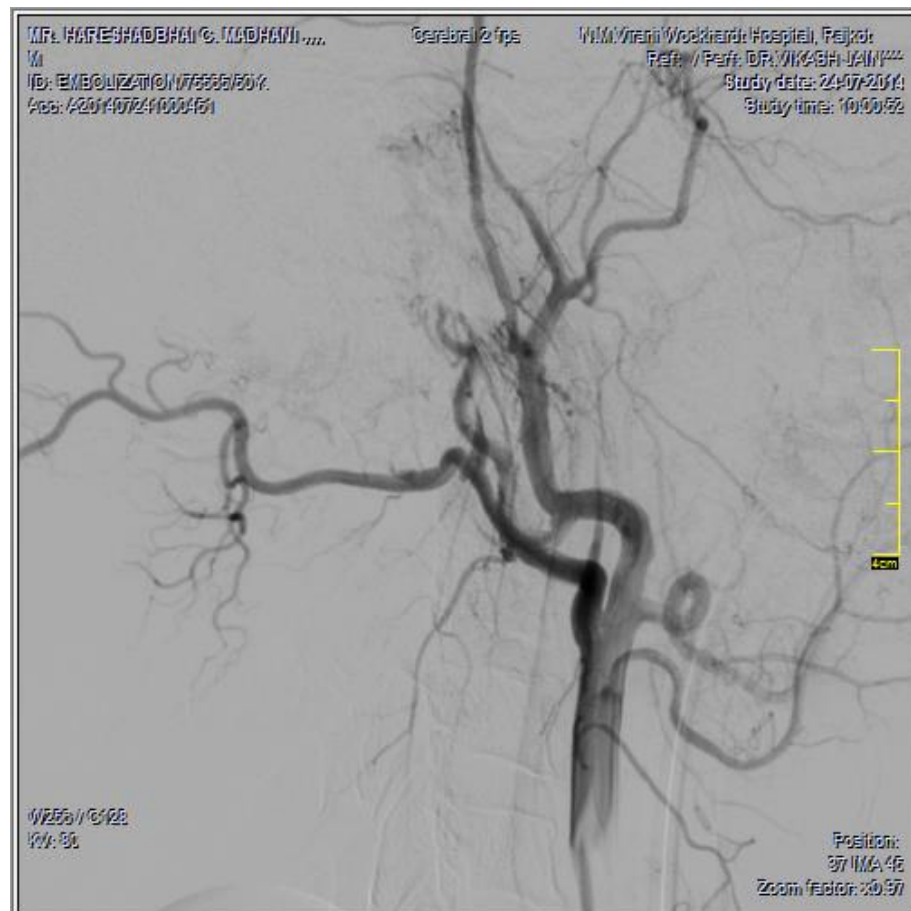
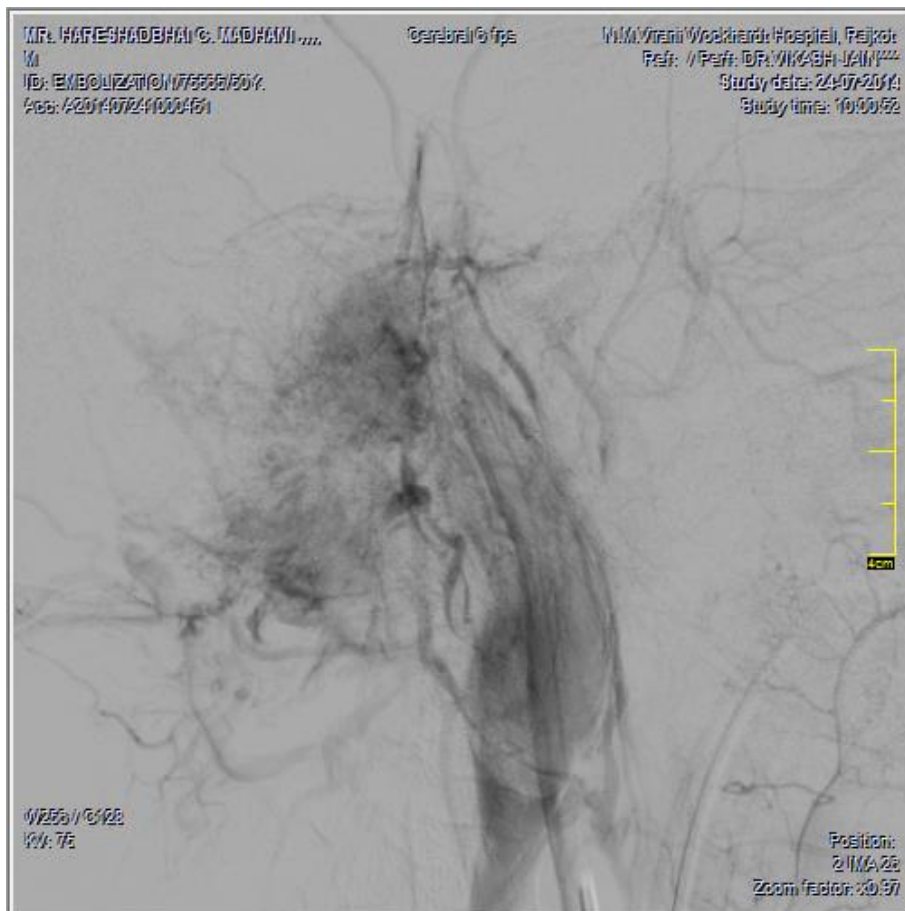
Now with IX, X, XI nerve
palsy.



Markedly hypervascular tumor



Tumor blush

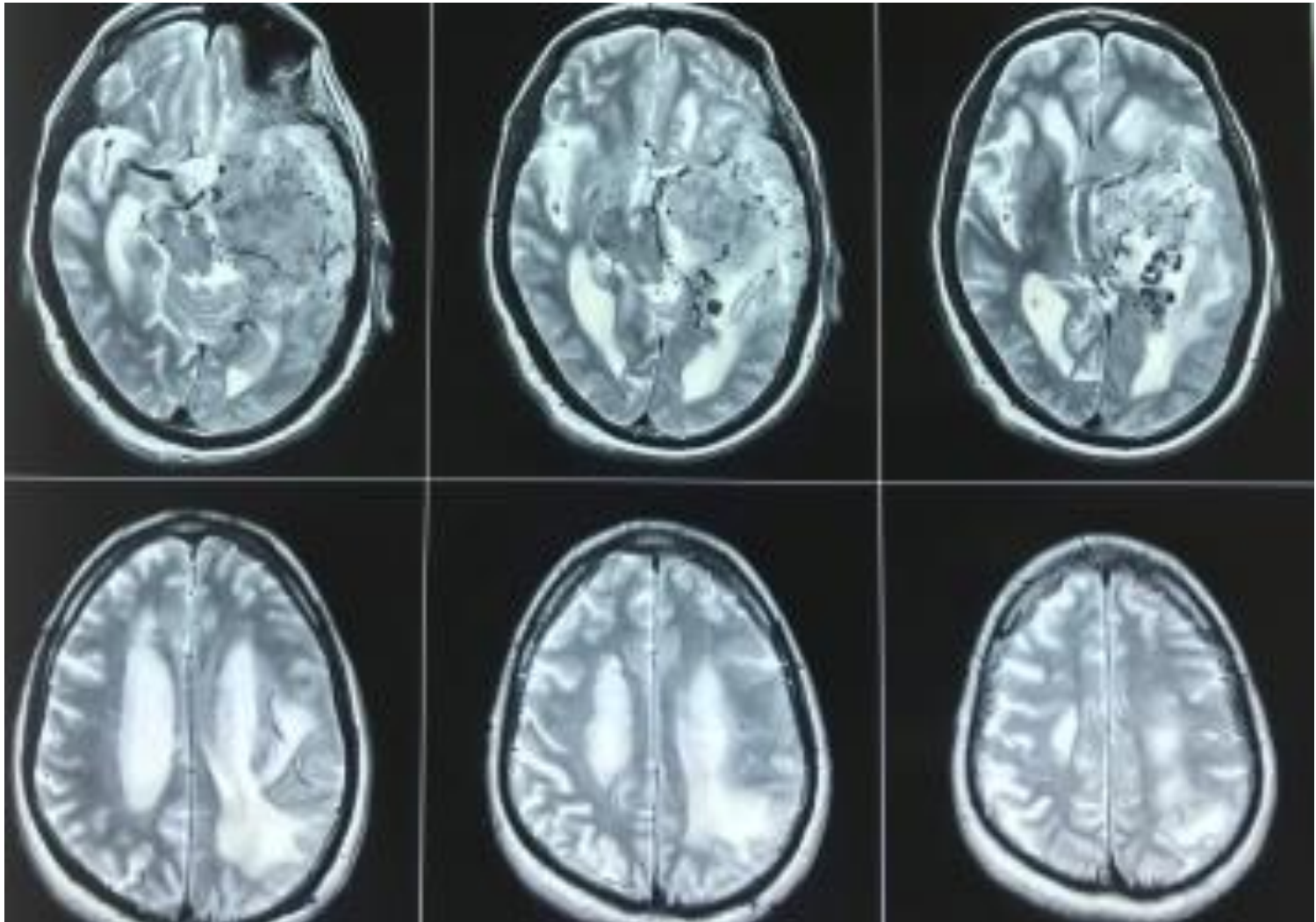


Complete tumor embolization
 No tumor blush seen

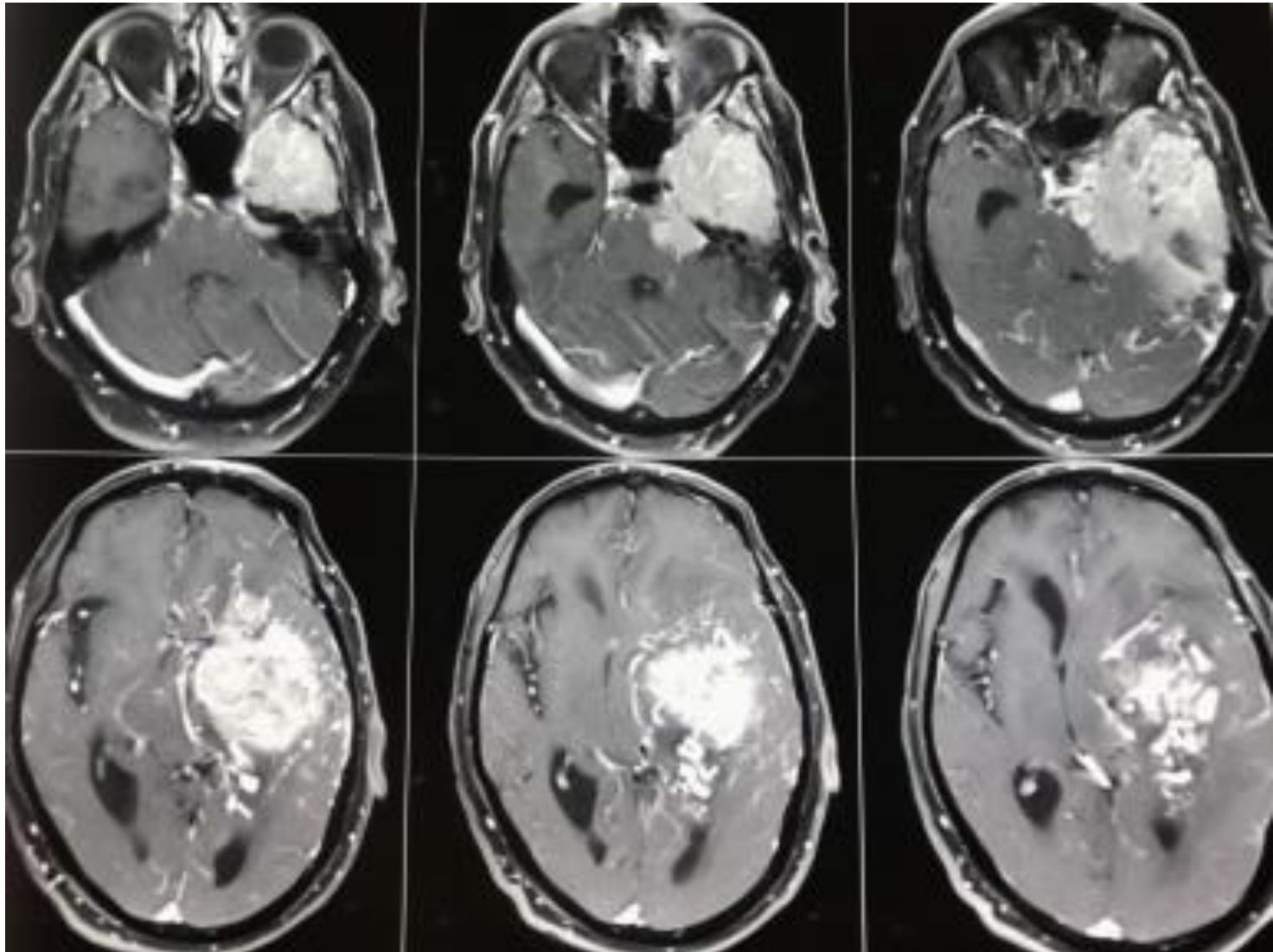
Post op CT showing total tumor excision



Large Meningioma pre-operative embolization

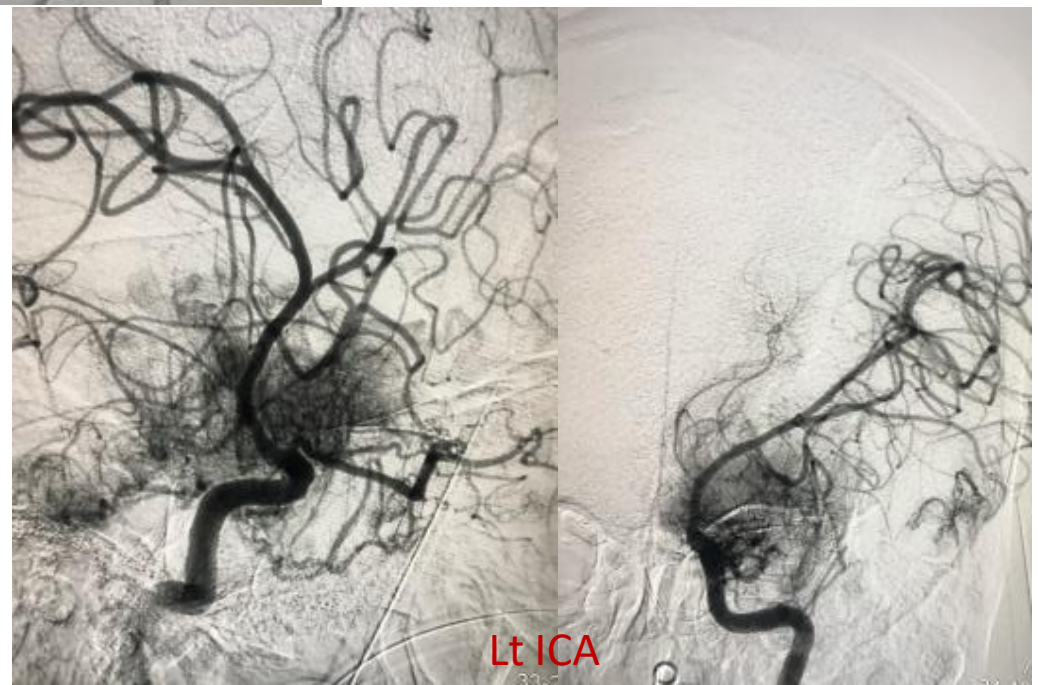


Large Meningioma preoperative embolization



89°
1°

Lt ECA



Lt ICA