



Scientific Papers

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SESSION: Vascular Interventional
Permanent/Removable Vena Cava Filter ALN (France):
Our Experience with 96 Patients

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DATE: Tuesday, November 30 2004**START TIME:** 03:00 PM**END TIME:** 03:10 PM**LOCATION:** E350**PURPOSE**

We describe our experience in the assessment on implant and removal procedures of permanent/removable ALN (France) vena cava filter.

METHOD AND MATERIALS

In the last 3 years 96 patients had a caval filter for caval filtration. Indications for filter placement were prophylaxis in 9 cases and high risk patients undergoing surgery in 6 cases, anticoagulation contraindications in 5 cases or failure in 12 cases and high risk for pulmonary embolism in 64. ALN filters were used in all patients. 28 patients underwent subsequent filter retrieval at a time when anticoagulation could be safely resumed, or was no longer medically indicated. Mean implantation time was 72 days (range 30 - 120). In the remaining patients the filter was left permanently because there was permanent risk of pulmonary thrombosis. Filters were placed and removed using the dedicated placing or retrieval device from the right internal jugular approach. Cavography was performed prior and after filter placement and removing. Patients who underwent filter retrieval were studied every month for 6 months by inferior limbs color-doppler and clinical follow-up to evaluate recurrence of thrombosis.

RESULTS

No device related adverse events and no technical difficulties were observed during filter placement or retrieval procedures. In 28 patients filter was successfully removed without complication and at color-doppler and clinical follow-up no patients required filter placement again. Small thrombi in 6 patients and large thrombi in 2 patients were captured into the filter. Filter incorporation into caval wall, severe tilting or migration of the filter were never observed.

CONCLUSIONS

The ALN is safe and easy to place and remove. In our cases retrieval of filters with trapped thrombi is safe. The ALN shows the advantage to be removed after a long time and can be left permanently. The ALN appears safe and effective in patients requiring temporary or permanent protection against pulmonary embolism.