Prostatic embolization

A very interesting indication we recently published about is prostatic artery glue embolization for adenoma (Figs. 46-49)⁽¹⁵⁻¹⁶⁾.

We tried to create a blocked flow environment and that is why we preferred a 2.7 F microcatheter. We positioned the tip as far as possible and then injected a 1:8 ratio mixture. Observe the cast travelling distally and the even distribution. This is a 50 patients safety study and, from a clinical perspective, the results are comparable to those indicated by the literature on the use of microparticles.

I personally recently reviewed a paper about a retrospective study on particle embolization versus glue embolization. While the complication rate derived by the use of glue was not considerably lower, what was significant was the difference in radiation exposure. This is due to the simple fact that glue embolization is a much faster procedure. Naturally, catheterism is the most challenging part of this kind of procedure, disregarding the agent of choice, but embolization with microparticles takes about 15 minutes for each side, whereas glue only takes a few seconds to work, and that significantly reduces radiation exposure. Moreover, when we have collaterals, we do not want to embolize, we can occlude them with a cast of glue and push again in the gland, which is not possible with particles. In some cases, if we cannot occlude the proximal port of the collaterals with coils, we cannot perform the embolization. Glue will work in any situation, especially in a blocked flow scenario, because when you push some glue very slowly at the proximal port of the collateral and then wait a short time, you will be able to push again in the main branch into the gland with no risk of penile non-target embolization.

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for endovascular use: indications and techniques



Variables	Baseline	3 Months	Change (%)	p Value
IPSS				
Mean ± SD	20.5 ± 6.7	9.9 ± 6.8	-10.6(51.7)	0.0001
Median (IQR)	20.5 (16.7-25)	8.0 (5.3-13.0)	-12.5 (61.0)	
QoL score	252122222	1999 1999 1999 1	8908.80000	0.017.00.00
Mean ± SD	4.9 ± 1.0	2.2 ± 1.5	-2.7(55.1)	0.0001
Median (IQR)	5.0 (4.0-6.0)	2.0 (1.0-3.0)	-3 (60.0)	
HEF5				
Mean ± SD	16.2 ± 7.5	15.8 ± 7.9	-0.4(2.5)	0.078
Median (IQR)	17.5 (11.0-23.0)	18.0 (10.0-23.0)	+0.5 (2.8)	
PSA (ng/mL)				
Mean ± SD	6.4 ± 3.7	4.6 ± 3.0	-1.8(28.1)	0.0001
Median (IQR)	5.6 (4.0-7.6)	4.1 (2.3-5.9)	-1.5(26.8)	
Prostate volume (mL)	10.000.00000000	20000000000000	00000000000	
Mean ± SD	98.3 ± 40.2	77.3 ± 30.5	-21(21.4)	0.0001
Median (IOR)	91.2 (67.6-122.3)	70.7 (57.7-94.6)	-20.5(22.5)	

Index of Erectile Function; PSA, prostate-specific antigen. p values < 0.05 were considered statistically significant.

Figure 46



4.7 ± 5.0 3.0 (3.0-5.0)

Figure 47

HOW TO BECOME GLUE CONFIDENT

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Figure 48



Figure 49

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