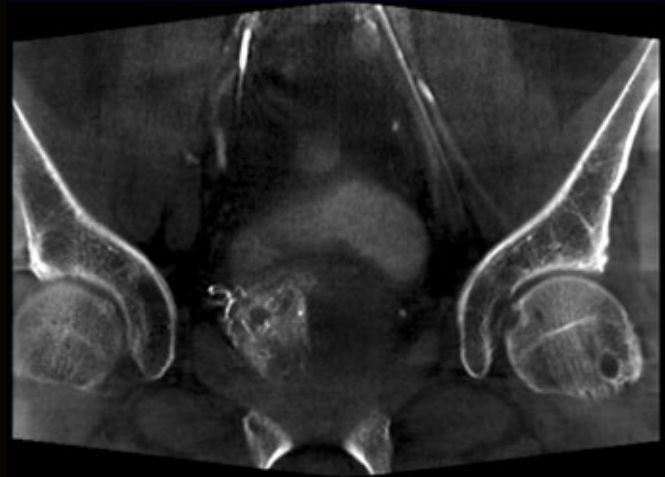


Study Protocol

Prostate artery embolization

Vascular



Case Description

Patient history

75-year-old male. Benign prostate hyperplasia.

Diagnosis

Lower urinary tract symptoms (LUTS)

Treatment

Urologist offered transurethral resection of the prostate, but patient decided for interventional prostate artery embolization (PAE).

Selective catheterization of left and right prostate lobe separately with the help of *syngo* DynaCT acquisition and using *syngo* Embolization Guidance. Superselective *syngo* DynaCT was done to rule out unwarranted embolization of neighboring structures.

Embolization of the prostate lobes with Embozene 250 μ m microspheres.

General comments

"*syngo* Embolization Guidance is a one-click tool that can help us to find and navigate to the prostate artery faster, especially for our relatively inexperienced interventionalists. The superselective DynaCT at the location for the embolization helps us to make the procedure safer."

Courtesy of

Prof. Florian Wolf, MD;
Prof. Christian Loewe, MD;
Allgemeines Krankenhaus Wien –
Medical University Vienna, Austria

Supported by

syngo Embolization Guidance
syngo DynaCT

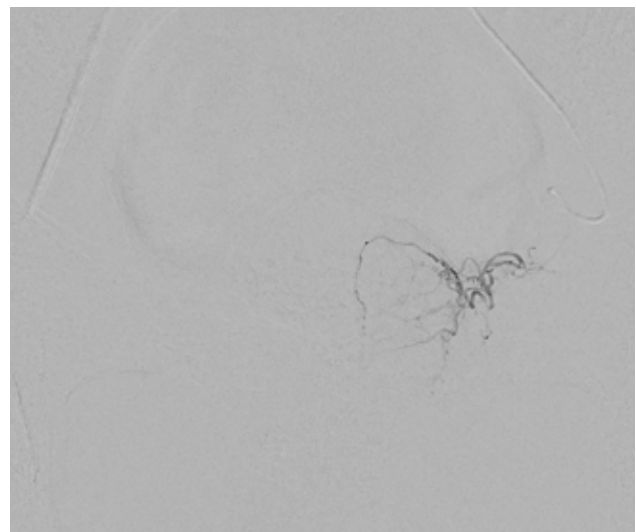
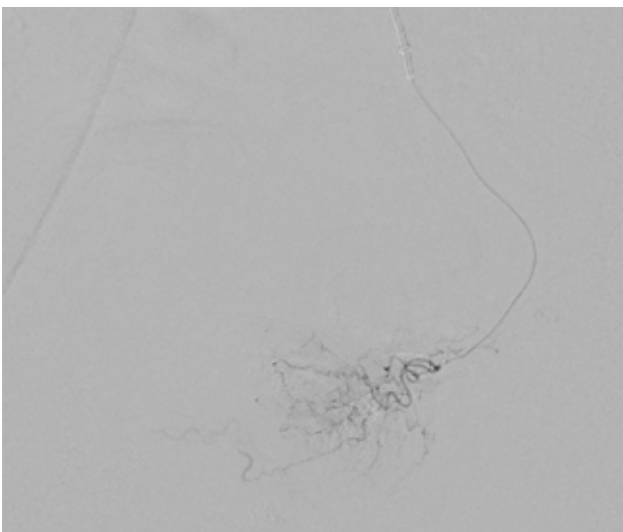
System & Software

ARTIS icono VE2 with *syngo*
Application Software VE2

Protocol

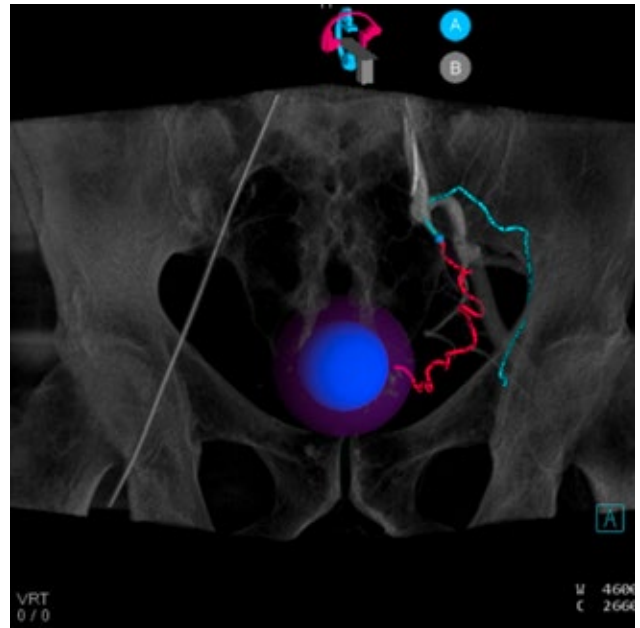
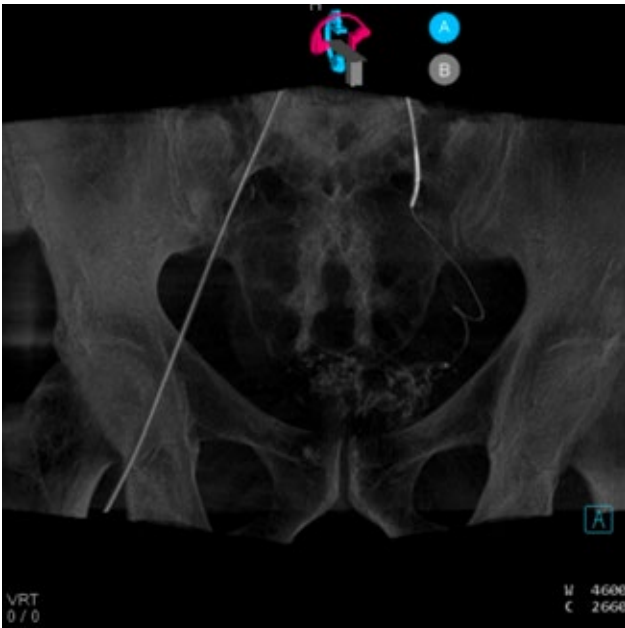
Acquisition protocol	4sDCT Body Care
Injection protocol	
Catheter position	below aortic bifurcation
Contrast medium (CM)	300 mg/mL
Dilution	50%
Injection volume	5 mL
Injection rate	1 mL/s
Duration of injection	5 s
X-ray delay	1 s
Power injector used	No
Reconstructions	
Primary	
Name	DCT Body Nat Fill Full
VOI size	Full
Slice matrix	512 x 512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat Fill
Viewing preset	DynaCT Body

Clinical Images

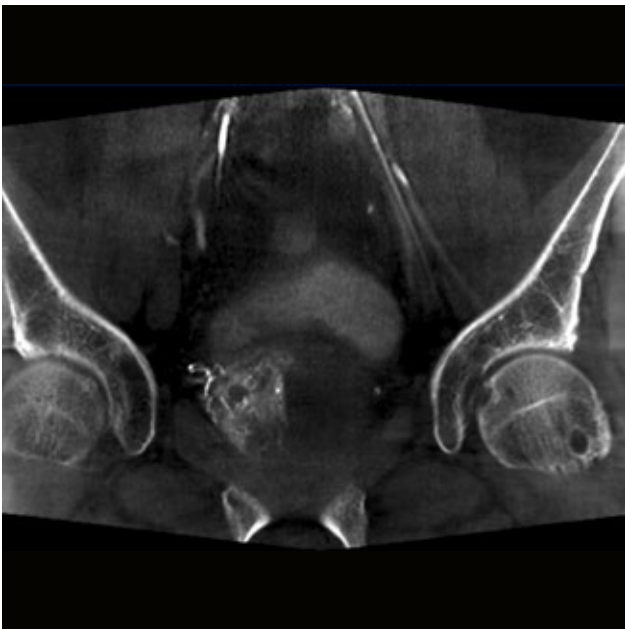


Selective catheterization of feeding vessel

Clinical Images



VRT, syngo Embolization Guidance showing feeder vessel, branching vessels added manually



MPR 5 mm, verification of treatment position

Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 9131 84-0
siemens-healthineers.com

The statements by Siemens' customers presented here are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

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