CSF-Venous Fistulas: Why or Why not Fibrin Glue

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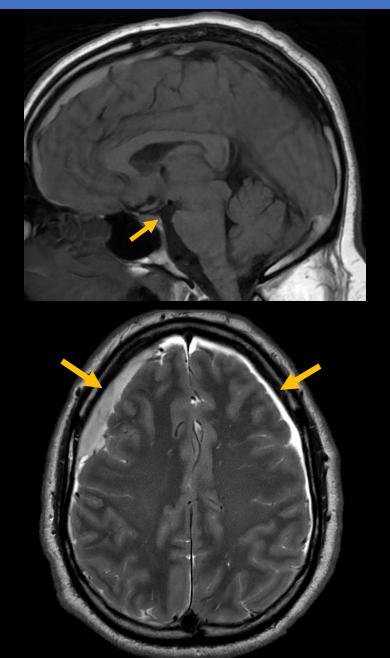


Learning Objectives

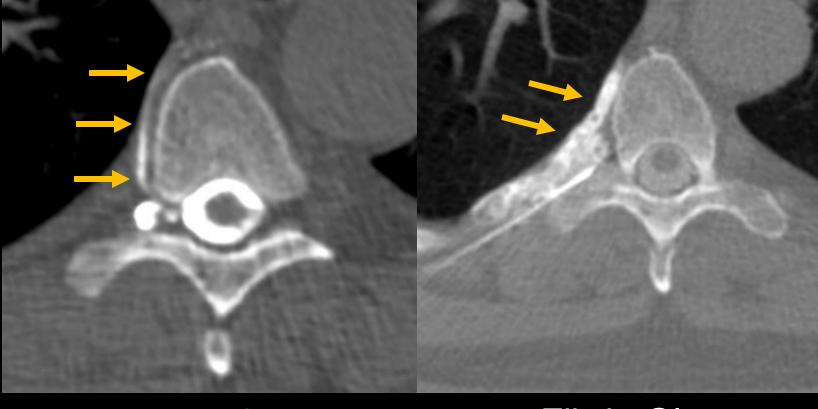
Illustrate the patient experience in CVF patching

Highlight some operator tips, tricks, pitfalls, & additional uses

54M, severe HAs, ICU



Next Day



R T6 CVF

Fibrin Glue

Discharged following day

Fibrin Glue Patient Experience

Minimally invasive. Use conscious sedation.

Perform in same session as myelogram (60-75 min total)

1 treatment often needed but more possible

Rebound hypertension possible (don't Rx Diamox routinely)

Bed rest at home that day. 1 week telephone/message f/up. 1 month f/up MRI.

Patient Discussion on All Treatments

Treatment	Pros	Cons
Fibrin glue	High success rate Minimally invasive Able to be repeated No permanent foreign body	May require >1 treatment
Embolization	High success rate Minimally invasive	May require >1 treatment Additional treatments can be tough Permanent foreign body limits future CTM evaluation
Surgery	Very high success rate	Invasive May need to be repeated if de novo CVFs develop

CVF Fibrin Glue Occlusion Technique

1 2 3 4

Position patient prone and scan at CVF level

Place 1-2 20g spinal needles along CVF course, using anatomic landmarks

Test dose with air (or iodine) contrast

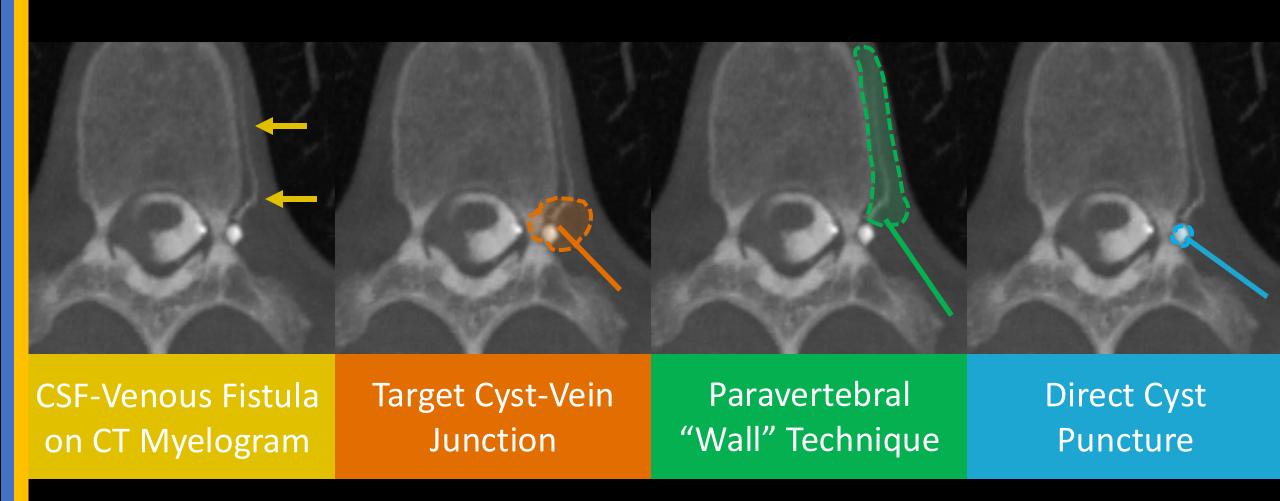
Add 0.2 cc contrast into both hubs of glue Inject 2 cc of glue (w/ high thrombin).
Scan. Inject 1-2 cc more, if needed.





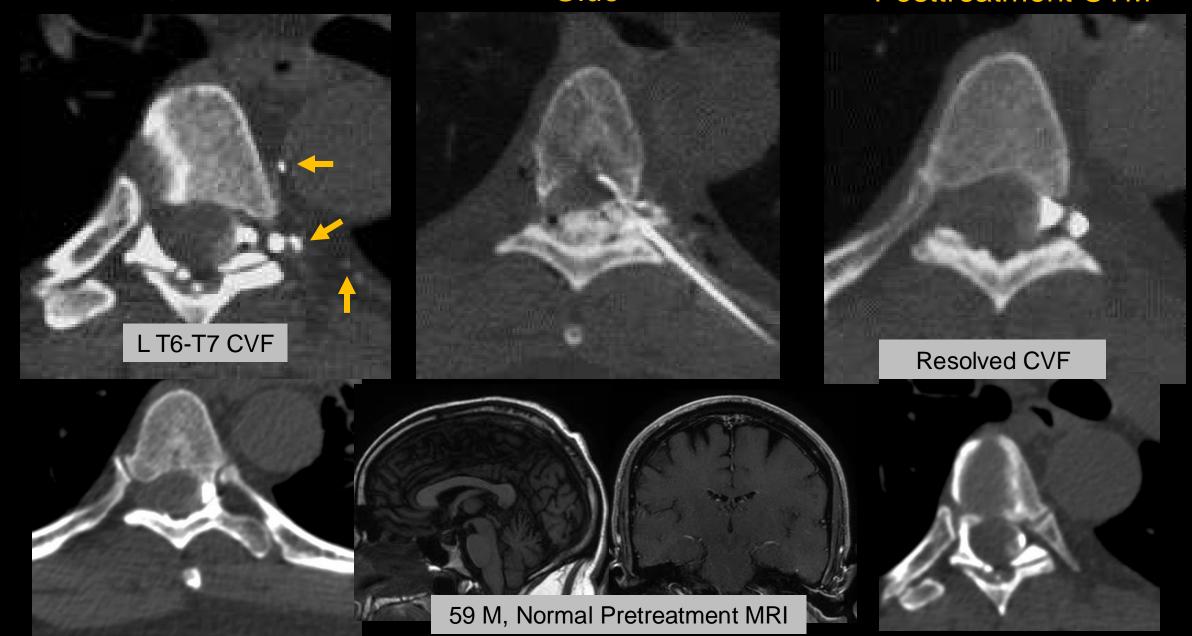
CVF Fibrin Glue Paravertebral Occlusion Targets "wall" **Cyst-vein** junction **Direct cyst** Epidural space = wasted glue uncture

CVF Fibrin Glue Occlusion Targets



CVF Fibrin Glue Occlusion: Targeting Cyst-Vein Junction

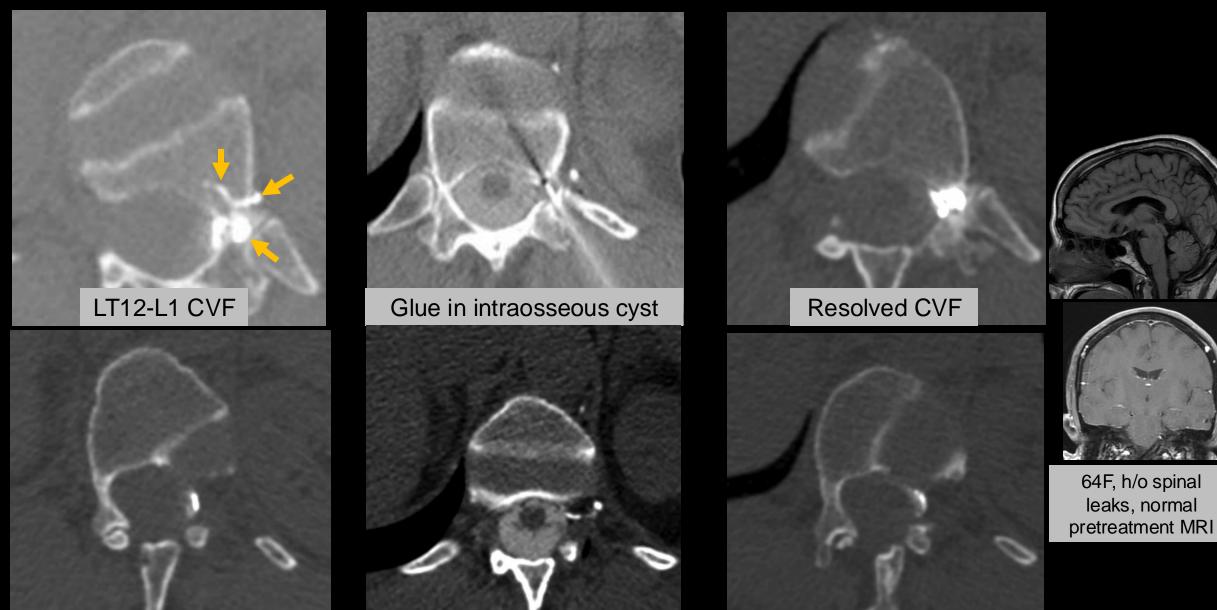
CTM Glue Posttreatment CTM



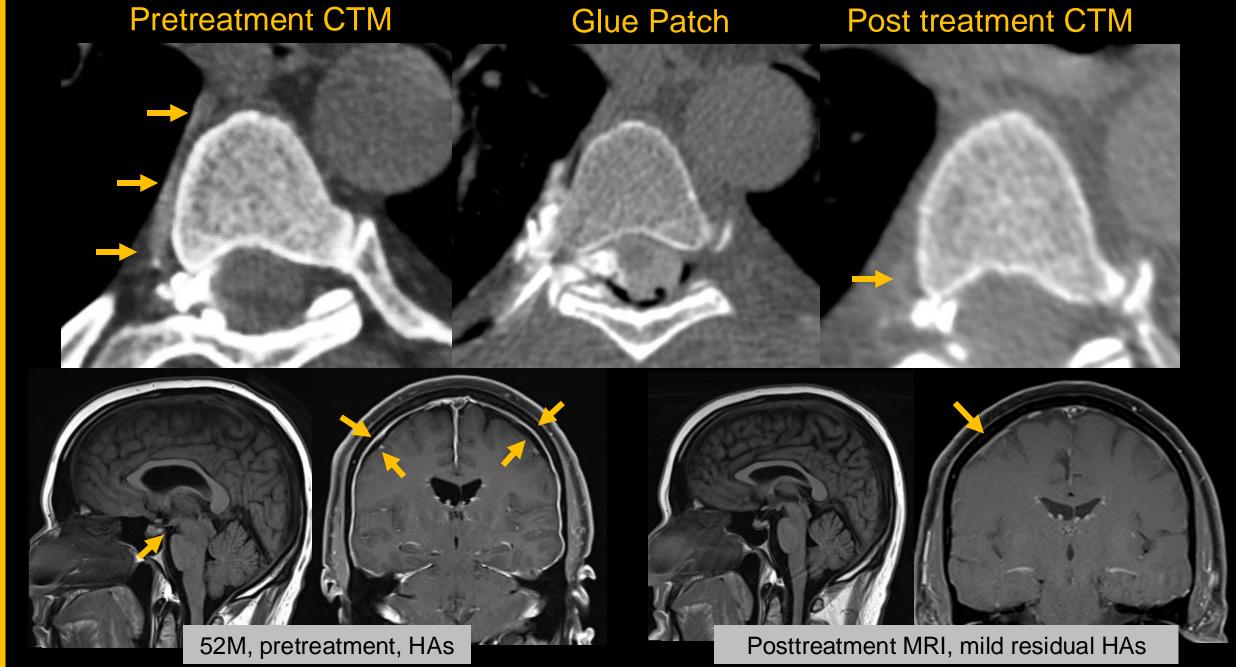
CVF Fibrin Glue Occlusion: "Wall" Technique 50F, 2 prior treated CVFs 2 weeks saline infusion LT8 CVF **Normal CTM** Pretreatment Posttreatment (1 month) 2-needle "wall approach"

CVF Fibrin Glue Occlusion: Direct Cyst Puncture

CTM Glue Posttreatment CTM



CVF Fibrin Glue: Incomplete Treatment after 3 attempts



Data on CVF Glue Patching

Factors Predictive of Treatment Success in CT-Guided Fibrin Occlusion of CSF-Venous Fistulas: A Multicenter Retrospective Cross-Sectional Study

Andrew L. Callen, Lalani Carlton Jones, Vincent M. Timpone, Jack Pattee, Daniel J. Scoffings, David Butteriss, Thien Huynh, Peter Y. Shen, and Mark D. Mamlouk

Clinical Improvement

- 59.7% complete
- 34.5% partial
- 5.9% none

Statistically Significant

Injectate spread & CVF drainage pattern

The Fibrin Black Box...



Our Glue Experience

No fibrin glue allergic reactions in CVF Tx in 100s of attempts

Intravascular glue probably ok for small draining veins

Extrinsic compression preferred for large draining veins for better occlusion & safety

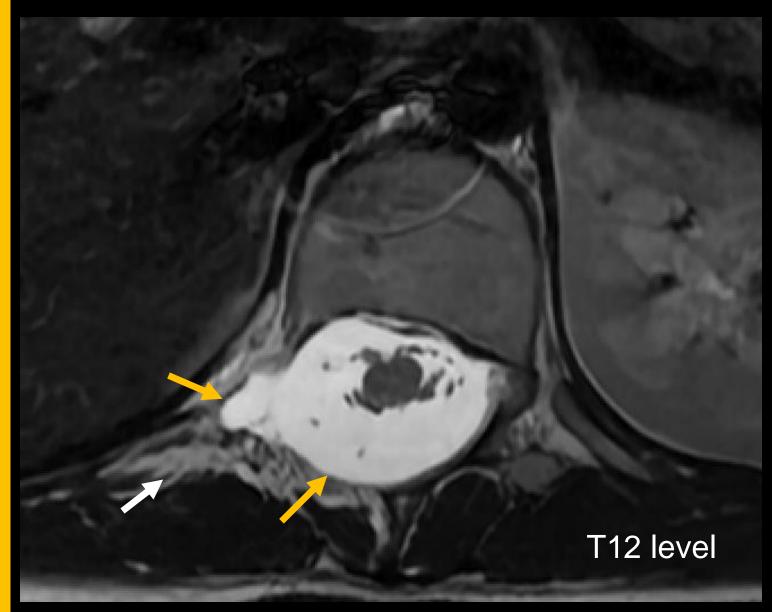
CVF Fibrin Glue Occlusion: Be Mindful of Big Veins

CTM 2nd Treatment: 1st Treatment: PE R T3-T4 CVF 1st Treatment 2nd Treatment Posttreatment 58F, Pretreatment



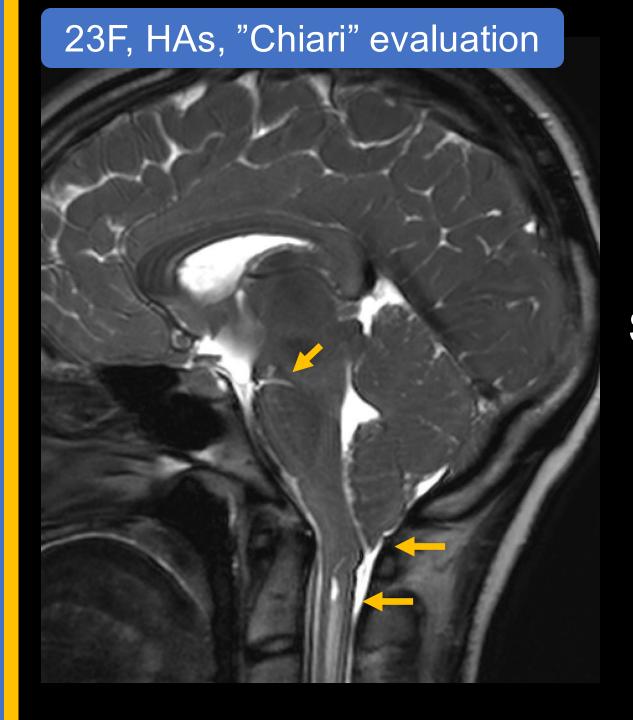
23F, HAs, "Chiari" evaluation

Recent Outside Spine MRI





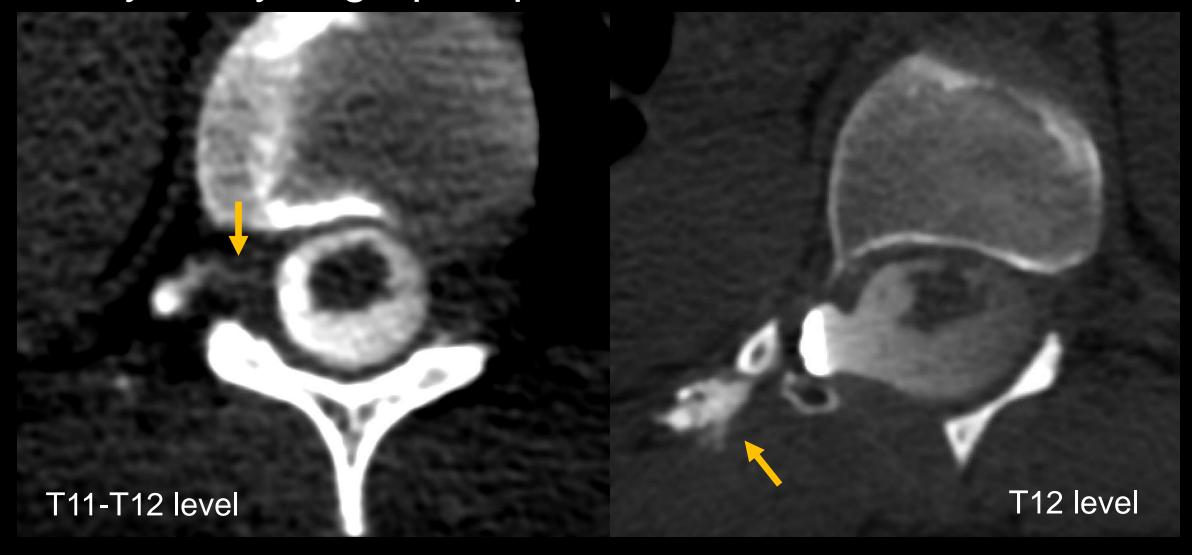
"Epidural hematoma or hemangioma" MRI 22 years prior



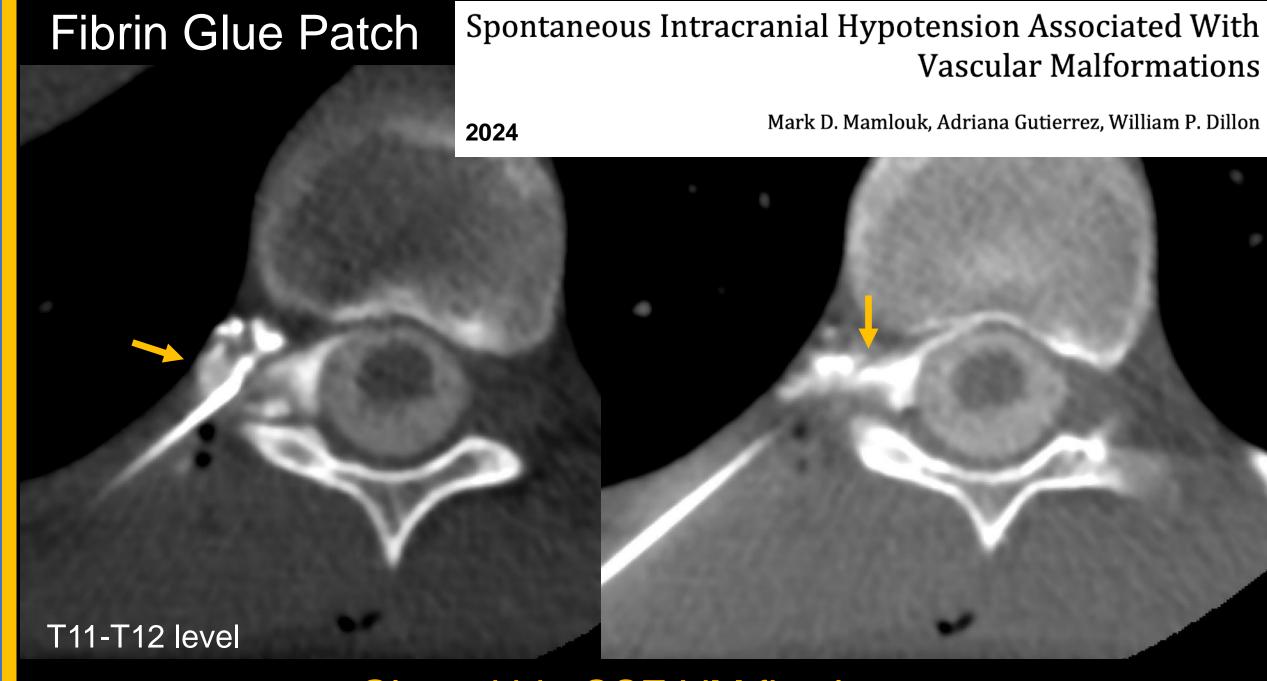
Impression:
Imaging findings concerning for SIH from a venous malformation fistula. Recommend right decubitus CT myelogram

Early myelographic phase Phlebolith Dural ectasia T12 level

Delayed myelographic phase



CSF-Venous Malformation Fistula



Glue within CSF-VM fistula

