



Non-vascular highlights at CIRSE 2012

25 September 2012, Vienna, Austria: Non-vascular therapies make up a huge bulk of interventional radiology (IR) practice. While modern musculoskeletal interventions are attracting great attention in the media, the “bread-and-butter” IR drainage and gastrostomy techniques are often given scant attention, despite their life-saving outcomes and common usage. CIRSE 2012, however, dedicated much attention to all aspects of non-vascular therapies, allowing IRs to stay thoroughly abreast of the latest techniques and outcomes.

Pancreatic interventions

This session covered a range of pancreatic interventions, with Dr. Thomas Bollen (Nieuwegein/NL) discussing imaging and diagnostic work-up in acute pancreatitis, and Dr. Mark Ryan (Dublin/IE) advising when and how to drain infected collections and pseudocysts. Both doctors were keen to stress the importance of draining only non-sterile collections, and where possible, leaving infected collections for up to 4 weeks to allow encapsulation and safer drainage. Prof. Derrick Martin (Manchester/UK) also advised this course of therapy during his talk on treatment options for pancreatic necrosis and the options presented by IR, surgery and combined therapy. Dr. Wael Saad (Charlottesville, VA/US) finished with an overview of managing complications after pancreatic transplantation.

Disc treatments across Europe

Prof. Massimo Gallucci (L'Aquila/IT) began with the history and mechanisms of ozone treatment of discs, and presented data which showed its cost-effectiveness and efficacy in treating lumbar disc herniation. Dr. Nicolas Amoretti (Nice/FR) discussed injectable materials for discs, arguing that since the commercial withdrawal of Chymopapain, gellified ethanol has proved to be a good alternative for percutaneously treating intervertebral disk hernias. Dr. Dimitrios Filippiadis (Athens/GR) addressed infiltrations and RF for facets and nerve roots, discussing the various percutaneous approaches, treatment planning and results. Facet joints and nerve blocks provide significant pain relief with stable effects for circa 9 months, with low costs, short duration and very low complication rates (<0.5%). Prof. Johannes Hierholzer (Potsdam/DE) finished with a presentation on mechanical decompression, comparing its efficacy and indications compared with pharmacological therapy and nucleoplasty. Mechanical decompression is effective, with comparable results and less tissue damage than nucleoplasty and a low complication rate.

Other highlights

CIRSE also provided many workshops and sessions on other aspects of drainage (such as renal, pelvic and biliary), as well as a range of interactive case sessions and workshops on spinal procedures and peripheral bone interventions. Vertebral augmentation was well covered, with numerous hands-on workshops at the local Hospital da Luz, as well as a dedicated Hot Topics Symposium on the subject.

The CIRSE Annual Congress and Postgraduate Course is a trend-setting, dynamic and service-oriented event, dedicated to education, science and innovation. It covers the entire spectrum of Interventional Radiology and is the largest and most comprehensive congress in the field of minimally invasive image-guided therapies. The congress is organised by the Cardiovascular and Interventional Radiological Society of Europe (CIRSE).

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