

Progreat λ TM
Lambda

Micro Catheter System

Case Report

ADHESIVE CAPSULITIS EMBOLIZATION WITH PROGREATTM LAMBDA

Dra. Ana M. Fernández Martínez
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Spain

Progreat λ is intended for therapeutic embolization and angiography in peripheral vessels.

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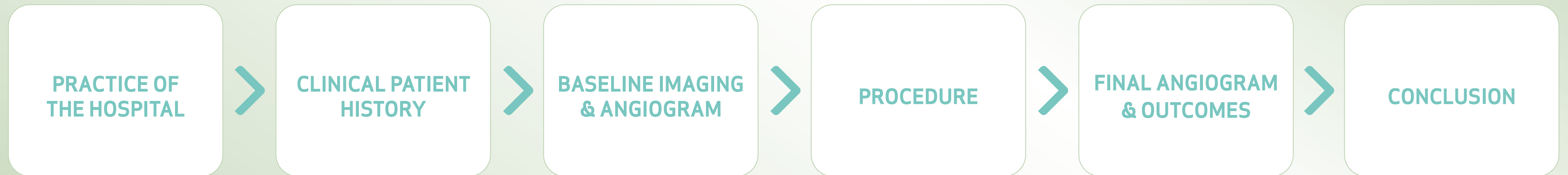
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ADHESIVE CAPSULITIS EMBOLIZATION WITH PROGREAT™ LAMBDA





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Adhesive Capsulitis Embolization with Progreate Lambda™

PRACTICE OF THE HOSPITAL

Pre-Procedure:

- All patients are evaluated before embolization: imaging reviewed, anticoagulants adjusted, and consent obtained.
- Patients should be accompanied on the day of embolization and not drive afterwards.
- For two days post-procedure, avoid exertion, heavy lifting, and sports.

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PRACTICE OF THE HOSPITAL

On the Day of the Procedure:

- The patient should fast for 6 hours to reduce the risk of aspiration in case of vomiting.
- Establish peripheral venous access to administer fluids, analgesics, or anxiolytics as needed.
- Prior to transcatheter arterial embolization (TAE), assess the affected shoulder for pain.
- Both femoral and radial arterial access methods are used in TAE, with the choice largely depending on the physician's preference:
 - ▣ Femoral access allows antegrade catheterization of capsular arteries (except the thoraco-acromial trunk) and may reduce operator radiation exposure.
 - ▣ Radial access may enable faster recovery.
 - ▣ The choice between radial and femoral access also depends on the degree of arterial tortuosity and calcification, as well as the risk of pain and arterial spasm.
- Using local anesthesia, access the artery with a 5Fr or 6Fr introducer sheath.
- Selectively catheterize the subclavian artery with a hydrophilic guidewire (Terumo Radifocus™ Guide Wire M 0.035", 150 cm) and a 90 cm catheter (Bern or Vertebral curve).
- Conduct digital subtraction angiography (DSA) by injecting 9.0 mL of iodinated contrast at a rate of 3.0 mL/s, thoroughly exploring the shoulder capsular arteries.

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PRACTICE OF THE HOSPITAL

Angiographic Findings & Catheterization:

- In DSA, a “blush area” in the joint capsule during the arterial phase indicates abnormal vessels.
- Super-selective catheterization of feeding arteries is done coaxially with a microcatheter, depending on the target.
- Typically, a 1.7Fr Progreat™ Lambda triple angle 150 cm microcatheter is used without a guidewire*, aiding catheterization of most capsular arteries, especially the thoraco-acromial trunk with a retrograde loop from the axillary artery.

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Adhesive Capsulitis Embolization with Progreat Lambda™

PRACTICE OF THE HOSPITAL

Perform Embolization:

- Confirm position with super-selective angiographies and slow manual contrast injection before embolization.
- The embolic agent is infused slowly in pulses; the microcatheter's dead space is filled and flushed with saline.
- After each injection, we check with angiography to see if any 'blush' remains. If it does, we repeat the process until it disappears. It's important to avoid reflux.
- The choice of embolic agent depends on pathology and operator experience:
 - ▣ Imipenem/Cilastatin (IMP/CS) is usually used in adhesive capsulitis when there is diffuse staining.
 - ▣ Resorbable spheres are preferred for targeted lesions like rotator cuff tendinopathies or bursitis.

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PRACTICE OF THE HOSPITAL

Post Embolization:

- Achieve hemostasis by manual compression or closure device (Angioseal) if a 6Fr introducer was used.
- Discharge 4-6 hours after the procedure.
- Start shoulder rehabilitation early.
- Follow-up: phone at 1 week and 1 month; in-person at 3, 6, and 12 months.

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Adhesive Capsulitis Embolization with Progreat Lambda™

CLINICAL PATIENT HISTORY

Medical History:

- 61-year-old woman, right shoulder pain for one year, no known trigger.
- On sick leave; nurse.

Symptoms & Clinical Course:

- Functional limitation prevents daily activities.
- Pain score 8/10 on the visual analogue scale (VAS), mainly at night; daily non-steroidal anti-inflammatory drugs (NSAIDs).
- Two corticosteroid infiltrations, no improvement.

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CLINICAL PATIENT HISTORY

Imaging Findings:

- Magnetic resonance (MR) imaging: diffuse enhancement of superior/inferior capsule after intravenous contrast on coronal T1 fat saturation (FatSat) images.
- Severe thickening of synovium and capsule with diffuse enhancement after contrast on T1 FatSat post-contrast with maximum intensity projection (MIP) reconstruction.
- Images highlight findings with arrows and circles.



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BASELINE IMAGING & ANGIOGRAM



DSA from right subclavian artery shows diffuse capsular enhancement at axillary recess (yellow arrows), rotator interval (green arrow), superior capsule (black arrow), and intertubercular groove (white arrow).

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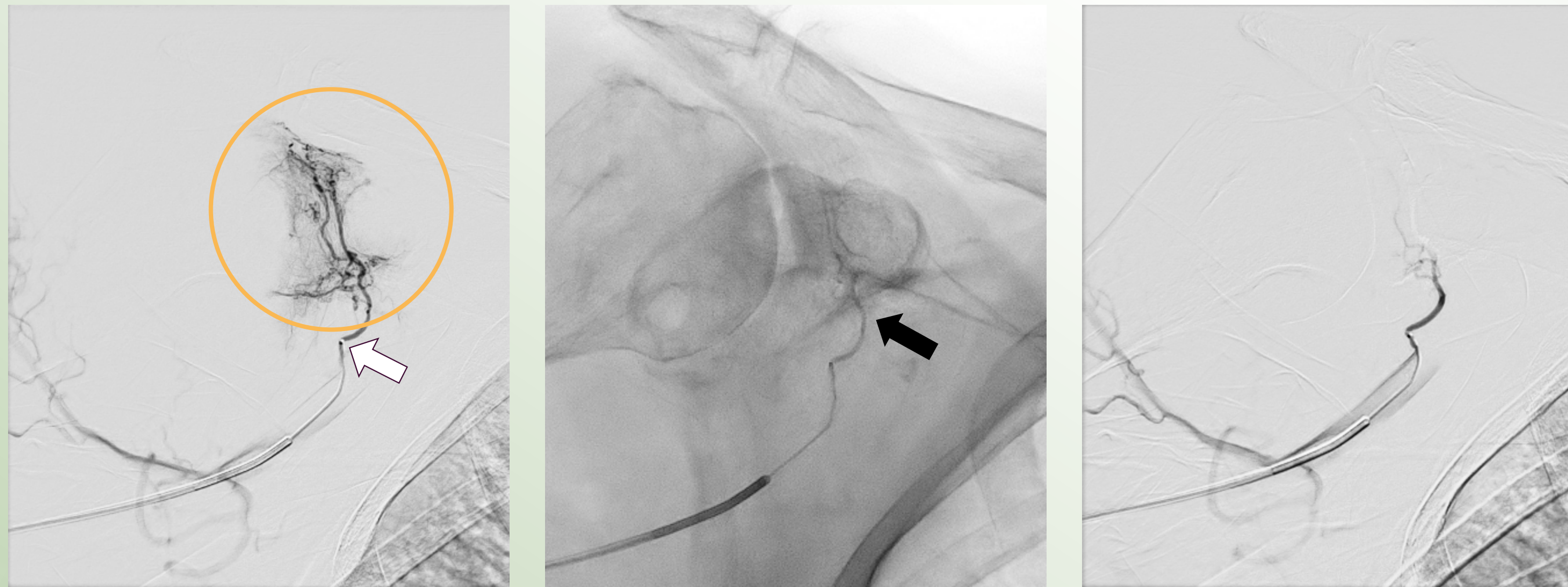
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BASELINE IMAGING & ANGIOGRAM



Super-selective angiography with Progreat™ Lambda 1.7Fr triple angle microcatheter from coracoid artery (white arrow) shows blush enhancement of rotator interval (circle). Embolization material is visible in the artery, with contrast stasis (black arrow). Final angiography confirms the coracoid artery remains open and the blush is gone.

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PROCEDURE

Access

- A 5Fr Glidesheath Slender™ was inserted into the radial artery under ultrasound guidance.
- Radial access was chosen due to the tortuosity of the supra-aortic trunks.
- 2,000 units of sodium heparin and 200 micrograms of nitroglycerin were infused as antispasmodic medication.
- A 6Fr guide catheter with a Vertebral curve, heparinized and pressurized saline, and a Terumo Radifocus™ Guidewire M 0.035" was used.

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PROCEDURE

Angiographic Findings & Catheterization:

- Initial angiography from the subclavian artery (catheter at lower clavicle edge) showed a diffuse “blush” in the joint capsule.
- Selective microcatheterization of each afferent artery was performed with a Progreat™ Lambda 1.7Fr triple angle and a 0.014" microguidewire.
- Thanks to the flexible, angled tip of the Progreat™ Lambda, even in difficult vascular anatomies, the 1.7 Fr microcatheter was advanced distally without the aid of a guidewire*, a technique that can reduce the risk of vasospasm and shorten procedure time.

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PROCEDURE

Perform Embolization:

- Imipenem/cilastatin (IMP/CS) was used as the embolic material, slowly infused to fill the microcatheter dead space, then pushed with saline.
- Final angiography confirmed that the main arteries remained open and the blush was gone.

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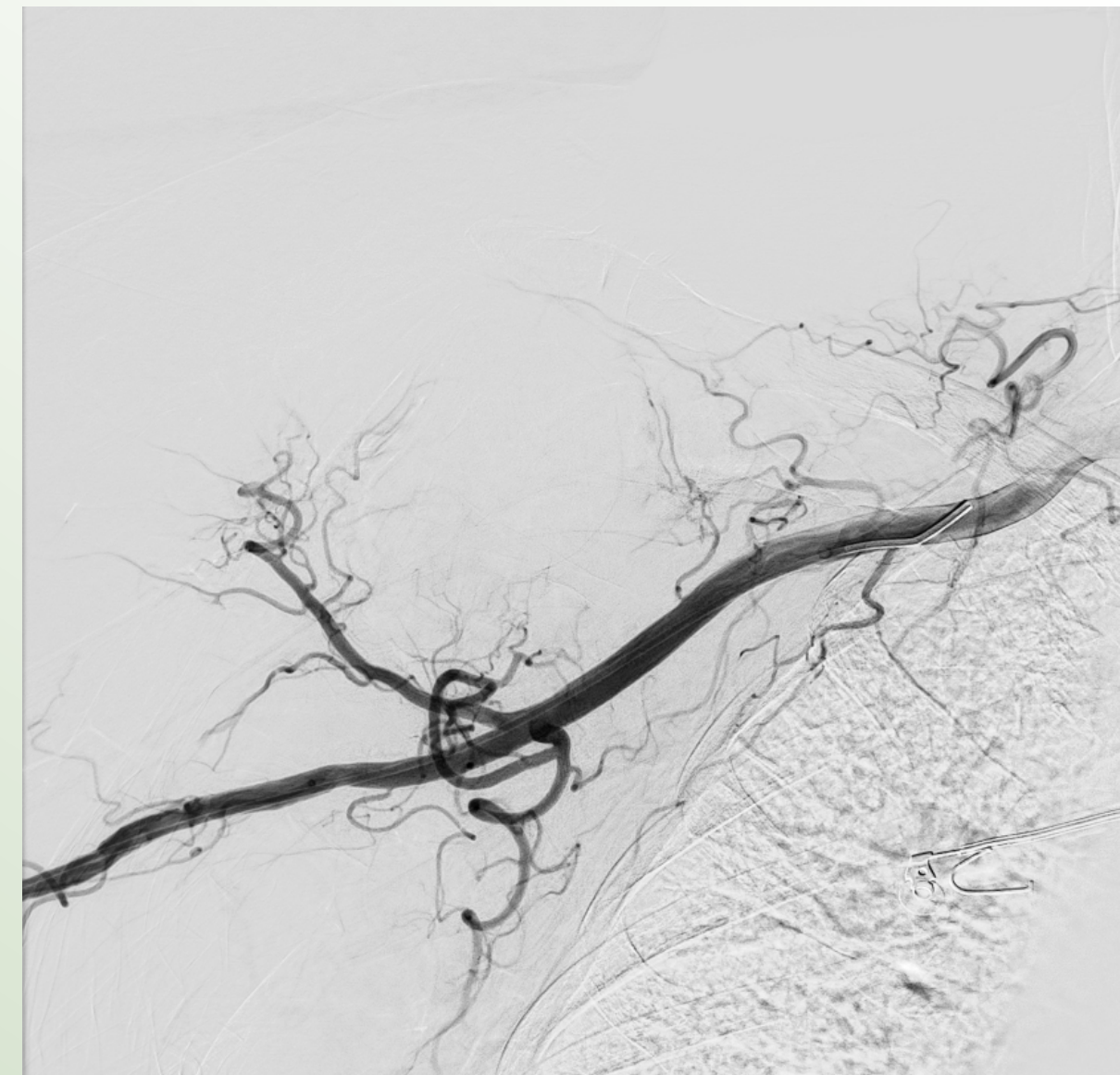
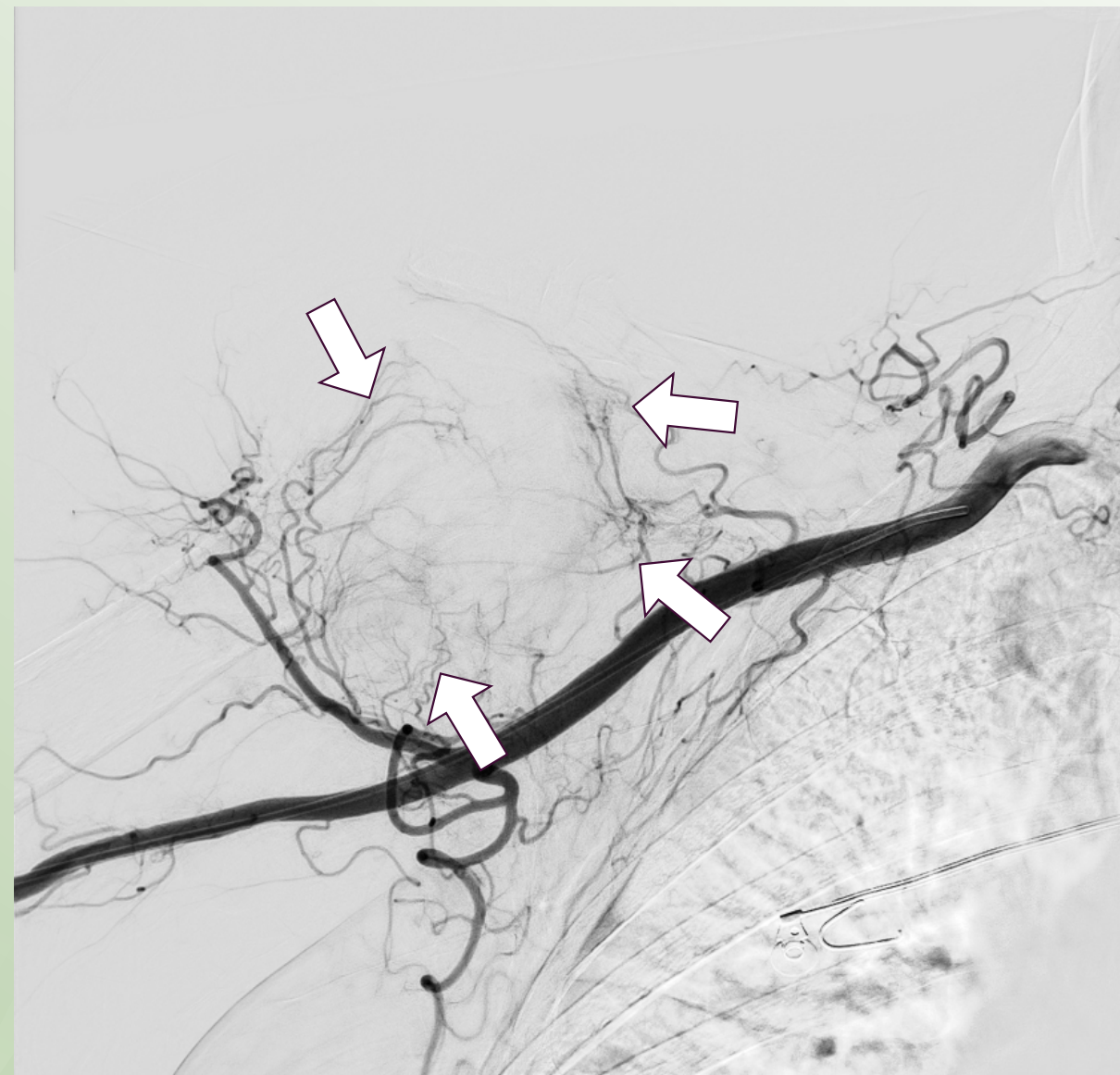
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FINAL ANGIOGRAM & OUTCOME



After embolization, blush areas disappear, and a normal angiographic pattern is restored.

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Adhesive Capsulitis Embolization with Progreat Lambda™

CONCLUSION

- The procedure requires precise ultrasound-guided arterial access, detailed angiography, and careful microcatheter/microguide navigation.
- Progreat™ Lambda 1.7Fr Triple Angle is especially useful for rapid catheterization in narrow arteries, with high hooking capacity and, in some cases, advancement without a microwire*, especially in the acromial artery.
- A small-caliber microcatheter is important due to the small size and spasm risk of capsular arteries.
- The goal is to eliminate abnormal neovascularization while preserving normal joint blood supply.

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*This mode of use is not recommended by the IFU.

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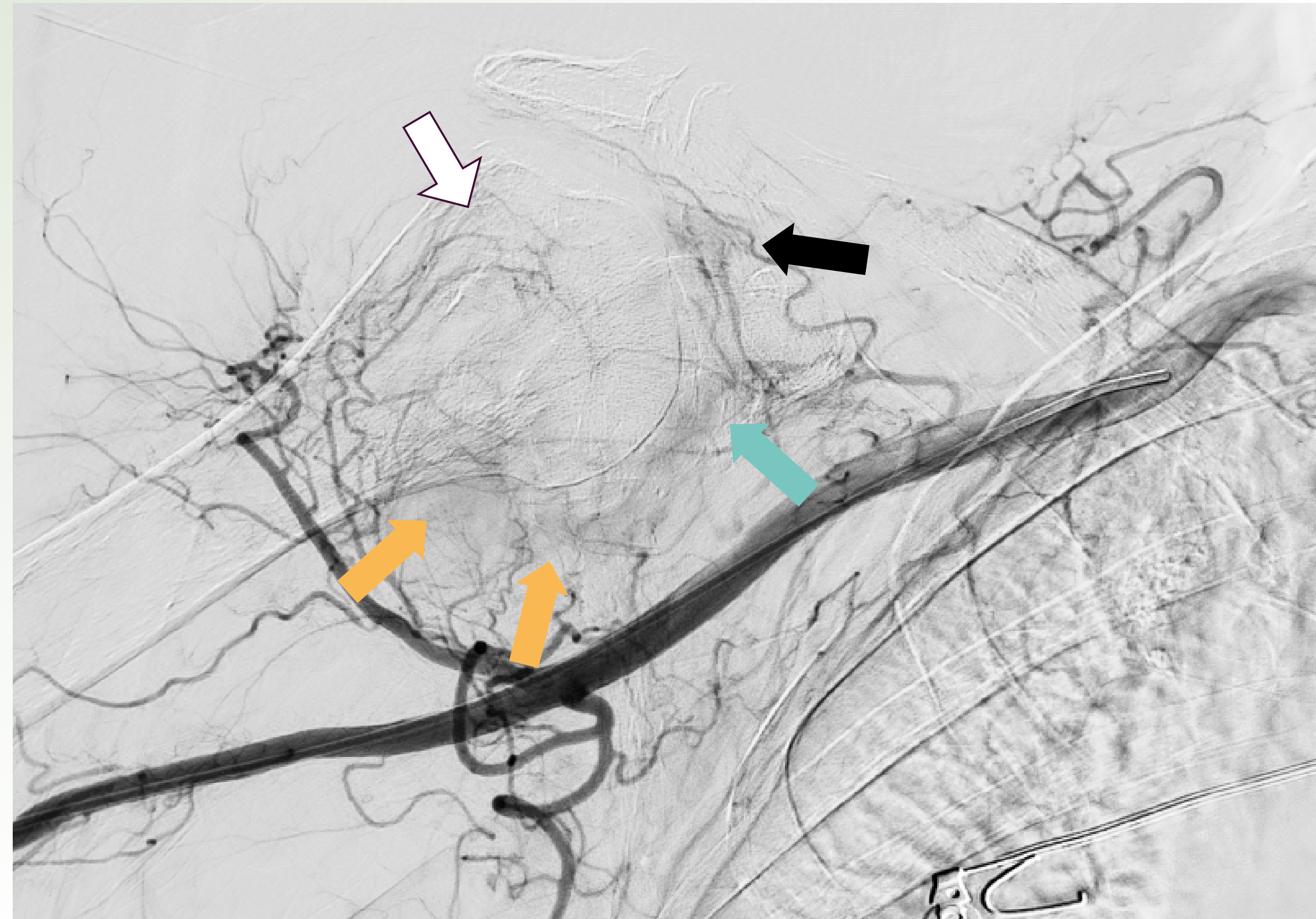
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DSA from right subclavian artery shows diffuse capsular enhancement at axillary recess (yellow arrows), rotator interval (green arrow), superior capsule (black arrow), and intertubercular groove (white arrow).

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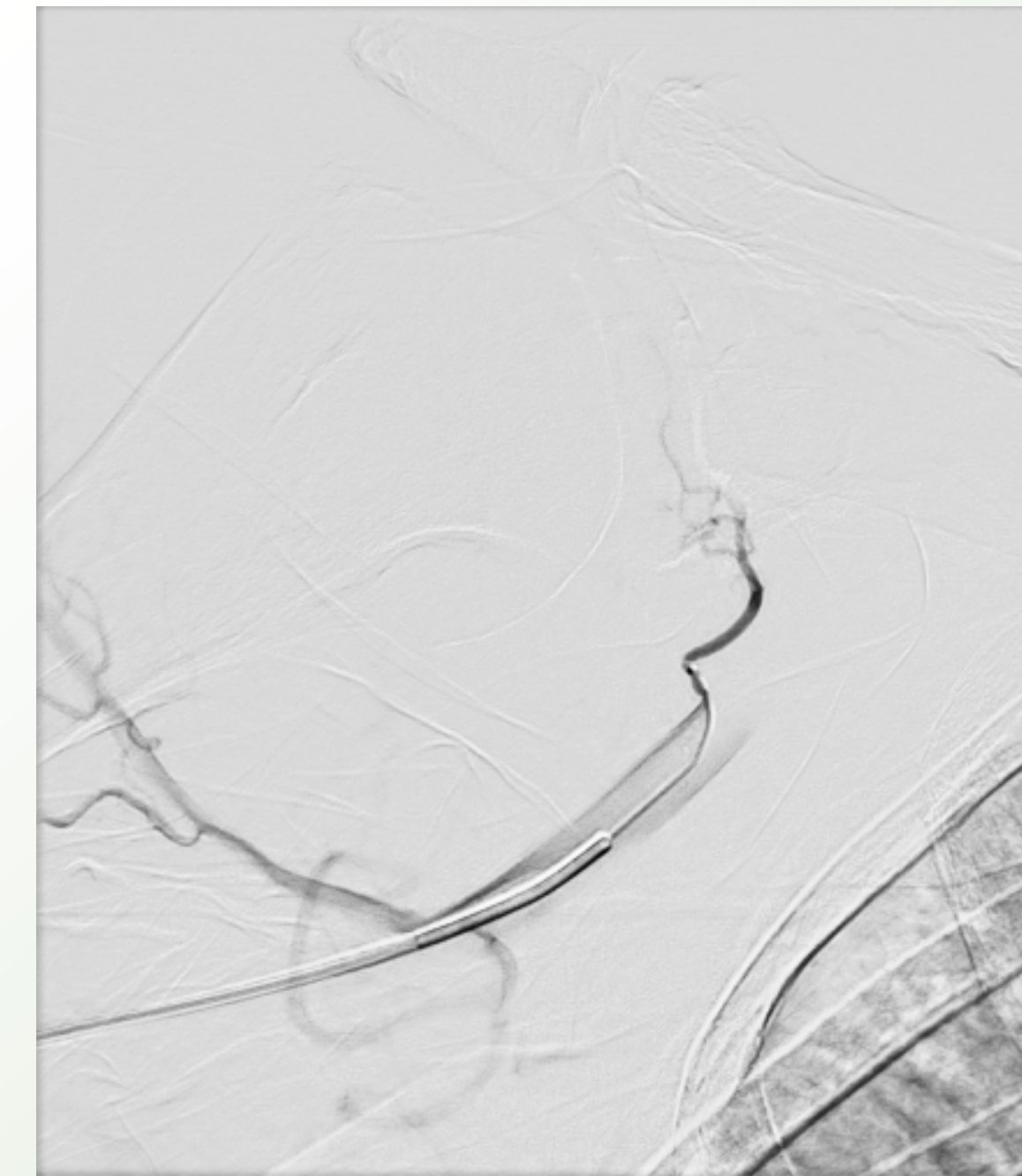
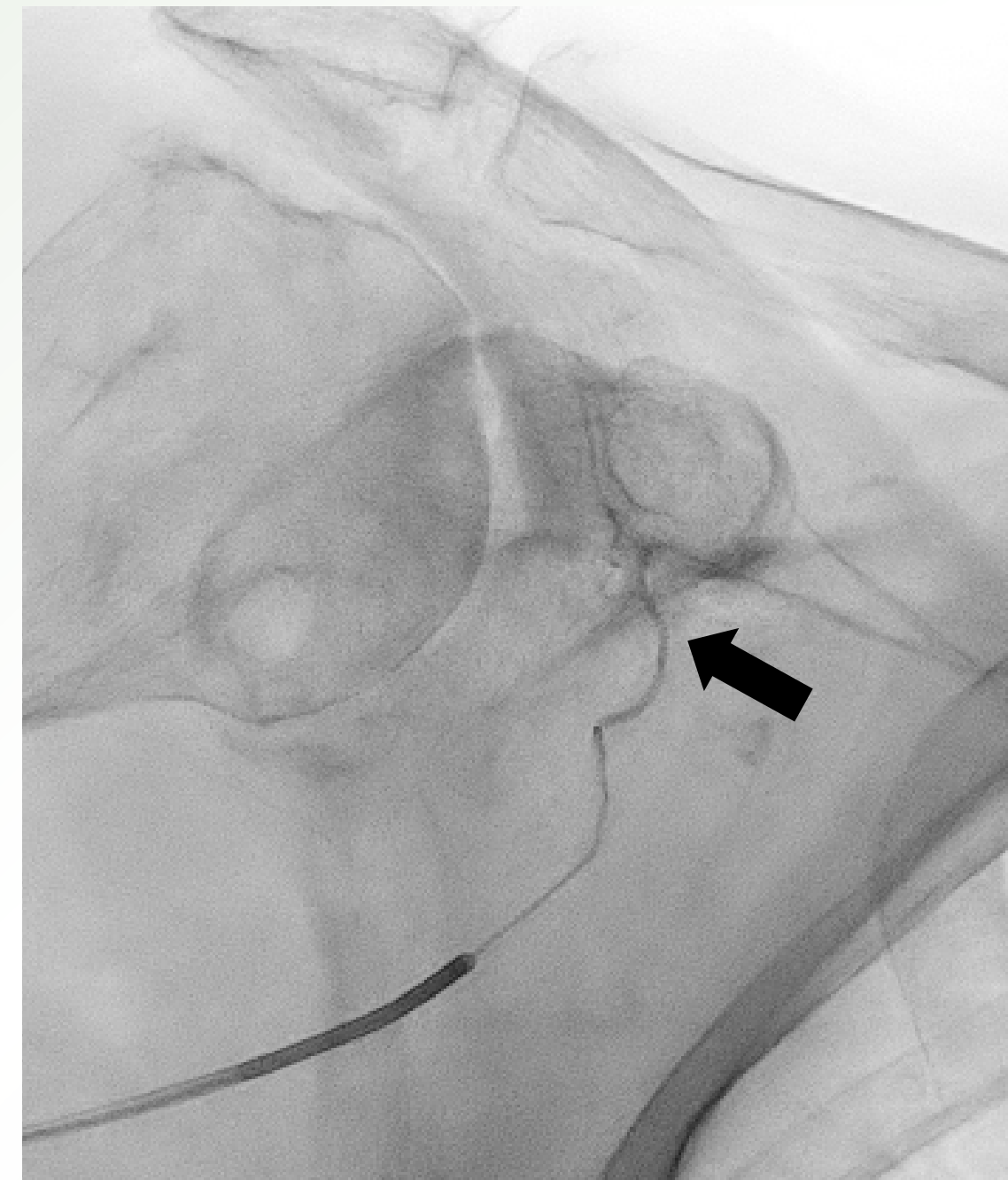
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Super-selective angiography with Progreat Lambda 1.7Fr triple angle microcatheter from coracoid artery (white arrow) shows blush enhancement of rotator interval (circle). Embolization material is visible in the artery, with contrast stasis (black arrow). Final angiography confirms the coracoid artery remains open and the blush is gone.

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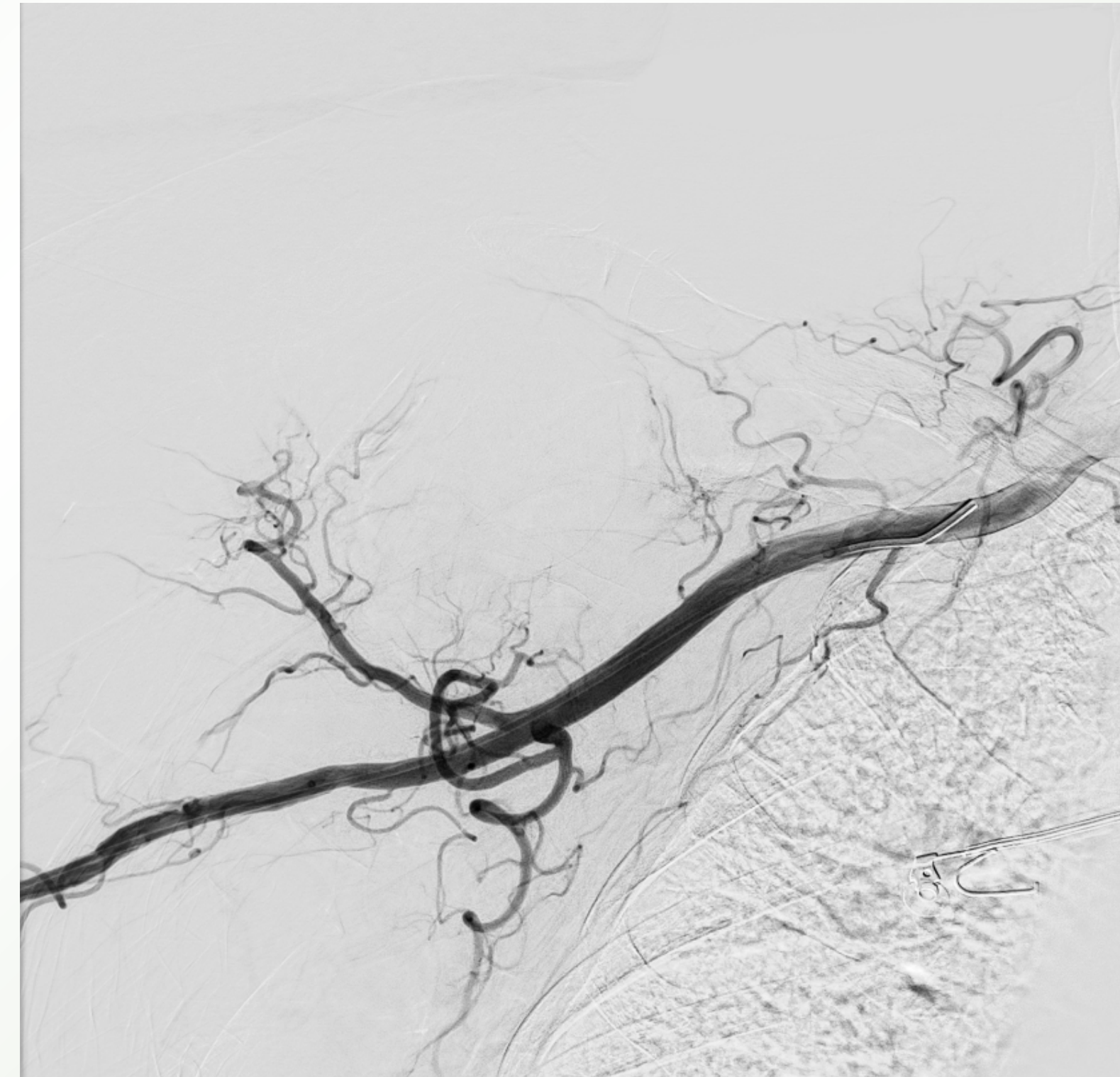
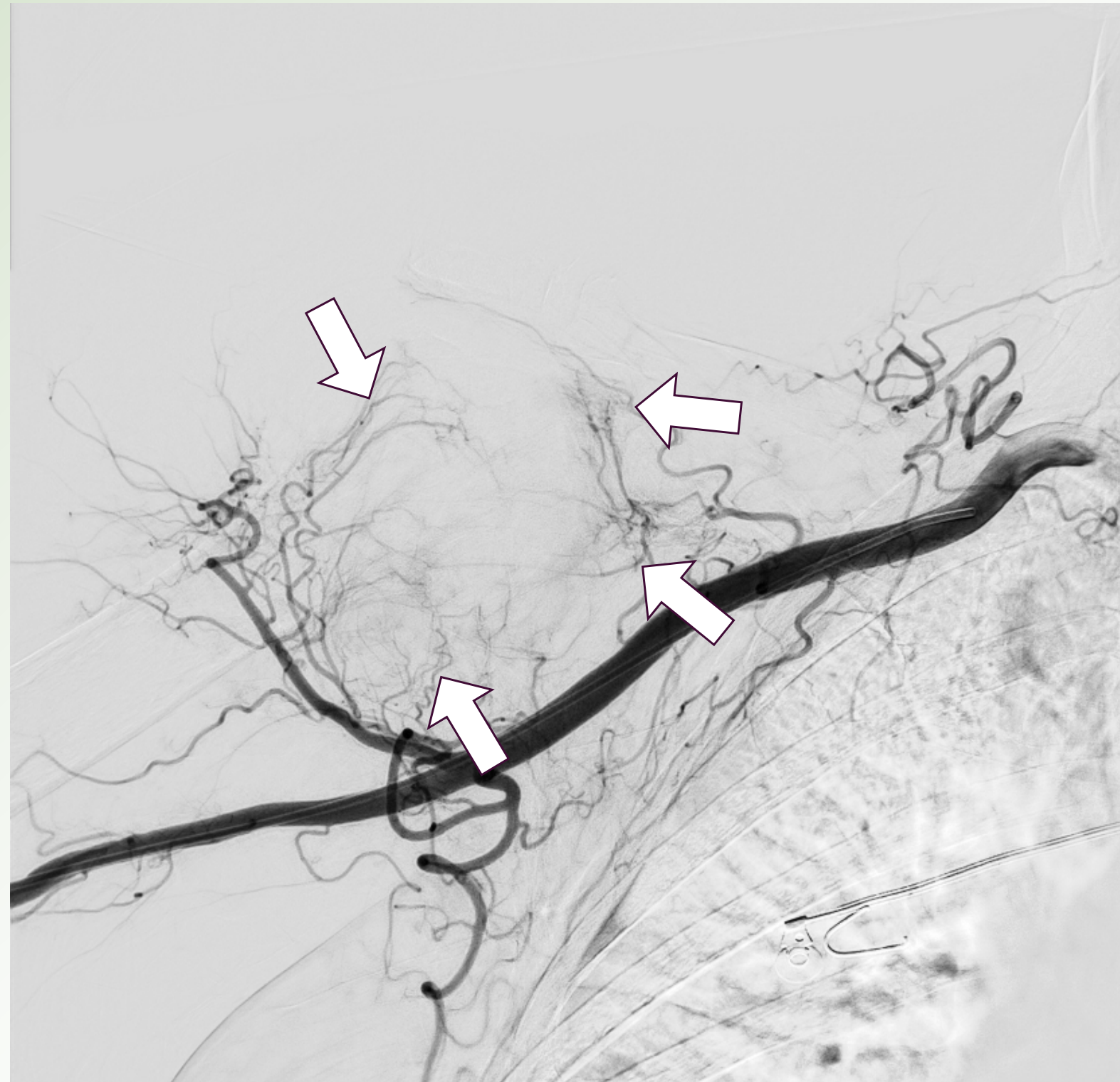
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