HydroSoft coil

HydroSoft® Advanced Embolic Coils: Soft and Conformable

Fill and Finish with Hydrogel • Helical shape • Designed to seek out small spaces and deliver hydrogel at the aneurysm neck • Utilizes the V-Trak® Advanced delivery system for excellent softness and control

Clinically Studied • Hydrogel coils at the aneurysm neck may reduce aneurysm recurrence rates compared to bare platinum coils2 • Hydrogel provides a stable, bio-inert scaffolding to facilitate neointima formation across the neck

Ease of Use • Delivery characteristics similar to a bare platinum coil • No prepping or steaming • 30 minute working time • Compatible with 0.0165“ to 0.021” inner diameter microcatheters [1].

HydroSoft coil allowed Guo et al. to deploy coated coils with good packing density. A slight expansion of these coils at the neck can be expected to reduce neck remnant and potentially inhibit recurrence [2].

GEL THE NEC (GTN) was a multicenter prospective registry developed to assess the safety and efficacy of HydroSoft coils in treating intracranial aneurysms.

Dabus et al. compared the angiographic and clinical outcomes of aneurysms treated with balloon assisted coiling (BACE) versus unassisted coil embolization (CE) in the ruptured aneurysm cohort.

GTN was performed at 27 centers in five countries. Patients aged 21-90 years with a ruptured aneurysm 3-15 mm in size were eligible for enrollment.

They analyzed demographics/comorbidities, aneurysm location, and geometry, including maximum diameter, neck size, and dome to neck ratio, immediate and long term angiographic outcomes (graded by an independent core laboratory using the modified Raymond Scale), and procedure related adverse events. Angiographic and clinical outcomes were studied using $\chi 2$and t tests.

Of the 599 patients in the GTN, 194 met the inclusion criteria. 84 were treated with BACE and 110 with CE. There were more prior smokers in the BACE group (p=0.01). The BACE group also had more vertebrobasilar aneurysms (p=0.006) and a larger mean neck size (p=0.02). More aneurysms were immediately completely occluded in the BACE group (p=0.02) Procedure- related major morbidity and mortality were no different between the techniques (p=0.4 and p=1, respectively).

In this prospective ruptured aneurysm cohort from the GTN, BACE resulted in greater occlusion rates compared with unassisted CE with similar morbi-mortality [3].

1)
http://microvention.com/index.php?id=20
2)
Guo XB, Fan YM, Zhang JN. HydroSoft coil versus HydroCoil for endovascular aneurysm occlusion study: a single center experience. Eur J Radiol. 2011 Aug;79(2):e42-6. doi: 10.1016/j.ejrad.2010.04.031. Epub 2010 May 26. PubMed PMID: 20537831.
3)
Dabus G, Brinjikji W, Amar AP, Delgado Almandoz JE, Diaz OM, Jabbour P, Hanel R, Hui F, Kelly M,

Layton KF, Miller JW, Levy EI, Moran CJ, Suh DC, Woo H, Sellar R, Hoh B, Evans A, Kallmes DF. Angiographic and clinical outcomes of balloon remodeling versus unassisted coil embolization in the ruptured aneurysm cohort of the GEL THE NEC study. J Neurointerv Surg. 2017 Aug 18. pii: neurintsurg-2017-013326. doi: 10.1136/neurintsurg-2017-013326. [Epub ahead of print] PubMed PMID: 28821627.