

N-Butyl cyanoacrylate

N-Butyl cyanoacrylate (n-BCA, NBCA), a cyanoacrylate ester, is a butyl ester of 2-cyano-2-propenoic acid. It is a clear colorless liquid with a sharp, irritating odor. It is insoluble in water. Its chief use is as the main component of medical cyanoacrylate glues.

It can be encountered under various trade names, e.g. MediBond, MediCryl, PeriAcryl, GluStitch, Xoin, Gesika, VetGlu, Vetbond, LiquiVet, Indermil, LiquiBand, Histoacryl, and others.

Butyl cyanoacrylate (NBCA) - This material is approved by FDA in 2000 for embolization of cerebral arteriovenous malformation. When exposed to an environment containing anions such as blood or water, it polymerizes quickly. Catheters should be flushed with dextrose 5% to prevent premature polymerization within the catheter. NBCA completely occludes vessels and is permanent. However, the polymerization can spread distally or proximally of the intended location.

NHCA vs NBCA: Comparative Summary

Cyanoacrylates are fast-polymerizing liquid embolic agents used in endovascular procedures. The two most used types in neurointervention are:

- **NBCA** = N-butyl cyanoacrylate
- **NHCA** = N-hexyl cyanoacrylate

□ Chemical Structure

- **NBCA**: Shorter alkyl chain (4 carbon atoms)
- **NHCA**: Longer alkyl chain (6 carbon atoms)

→ Longer chains polymerize **more slowly**, allowing greater control.

□ Polymerization Speed

- **NBCA**: Very fast polymerization → hard to control
- **NHCA**: Slower polymerization → more time to reach the nidus

→ NHCA is more **forgiving** during injection.

□ Handling Characteristics

- **NBCA**: Higher risk of **catheter entrapment**, requires rapid and decisive injection

- **NHCA:** Easier manipulation, more predictable penetration, especially when diluted 1:4 with Lipiodol

□ Target Penetration

- **NBCA:** Often used for **proximal feeder** embolization or high-flow AVMs
- **NHCA:** Better suited for **deep intranidal** penetration due to slower flow and better control

□ Risk of Non-target Embolization

- **NBCA:** Higher risk due to abrupt polymerization
- **NHCA:** Lower risk with proper dilution and technique

□ Cost and Availability

- **NBCA:** Widely available, inexpensive
- **NHCA:** Slightly higher cost, less widely available

□ Common Dilution Agent

- Both are typically diluted with **Lipiodol** to modulate polymerization and increase radiopacity

□ Clinical Use Cases

Use Case	NBCA	NHCA
High-flow AVMs	□	⚠
Deep nidus penetration	⚠	□
Preoperative devascularization	□	□
Risky anatomy with tortuous feeders	⚠	□

⚠ Limitations

- Both are **permanent, non-resorbable**, and carry risk of embolizing healthy tissue
- Require experienced operators
- Neither offers the **plug-and-push** properties of agents like Onyx or PHIL

□ References

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Middle meningeal artery embolization using diluted **n-Butyl cyanoacrylate** with concomitant Dextrose 5% injection is associated with a high degree of distal penetration and complete branch occlusion and minimal risk of **cranial nerve palsy** or other **thromboembolic complications**¹⁾.

Unsorted

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