

# Tubridge flow diverter

- Tubridge flow-diverting stent for treatment of unruptured intracranial complex aneurysms
- Safety and Effect of Flow Diverters in the Management of Large and Giant Unruptured Intracranial Aneurysms
- Threshold ratio of stent-to-vessel diameter related to in-stent stenosis after flow diverter treatment of intracranial aneurysm
- Exploration of the effect of morphology and location on hemodynamics of small aneurysms: a variable-controlled study based on two cases with tandem aneurysms
- Tubridge flow diverter for the treatment of dissecting aneurysms in the middle cerebral artery
- Risk Factors for Incomplete Occlusion in Patients with Small Intracranial Aneurysms (<7 mm) after Flow-Diversion Treatment: A Multicenter Experience
- Comparison of Tubridge and Pipeline Embolisation Devices in intracranial aneurysms: a multicentre, propensity-matching analysis on the patency of branch vessels
- Analysis of the safety and efficacy of flow diverter device in the treatment of tandem aneurysms in the internal carotid artery

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In China, the application of nitinol Tubridge flow diverter (TFD) has become popular for treating intracranial aneurysms (IAs). In this study, we investigated the safety outcomes of the application of TFD for treating IAs in real-world scenarios.

**Methods:** We retrospectively analyzed aneurysms treated with TFD in 235 centers throughout China between April 2018 and April 2020. The primary endpoint was the event-free survival rate at 12 months, defined as the occurrence of morbidity (spontaneous rupture, intraparenchymal hemorrhage (IPH), ischemic stroke, and permanent cranial neuropathy) or death. Univariate and multivariate analyses were performed to assess the risk factors. A good outcome was defined as a modified Rankin Score (mRS) of 0-2.

**Results:** We included 1281 unruptured aneurysms treated with TFD. The overall neurological morbidity and death rates after 12 months were 5.4 and 2.8%, respectively. Ischemic strokes were the most common complication (4.2%, P < 0.001). Cranial neuropathy, IPH, and spontaneous rupture occurred in 0.3%, 0.3%, and 0.5% of aneurysms, respectively. Univariate and multivariate analyses indicated that the male gender, older age, larger aneurysm diameter, and aneurysm located on BA were the independent risk factors for neurologic events. Aneurysm located on BA was the independent risk factor for ischemic strokes. Most patients (1222) had access to the mRS, and 93.2% of them achieved good outcomes.

**Conclusion:** Treatment of IAs with TFD was associated with low morbidity and mortality, most of which were ischemic events. Large posterior aneurysms might be associated with a higher complication rate.

Trial registration: Retrospectively registered <sup>1)</sup>.

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A study found no difference in complication, occlusion, and clinical outcome between PED and Tubridge flow diverter for unruptured PCAs <sup>2)</sup>

1)

Li Q, Zhu D, Lv N, Yang P, Zhou Y, Zhao R, Yang W, Lv M, Li T, Zhao W, Qi T, Jiang W, Duan C, Zhao G, Duan G, Wu Y, Zheng Q, Li Z, Zuo Q, Dai D, Fang Y, Huang Q, Hong B, Xu Y, Gu Y, Guan S, Liu J. Clinical Outcomes On Tubbridge Flow Diverter in Treatmenting Intracranial Aneurysms: a Retrospective Multicenter Registry Study. Clin Neuroradiol. 2024 Feb 15. doi: 10.1007/s00062-024-01393-4. Epub ahead of print. PMID: 38361028.

2)

Jin H, Lv J, Meng X, Liu X, He H, Li Y. Pipeline versus Tubbridge in the treatment of unruptured posterior circulation aneurysms. Chin Neurosurg J. 2023 Aug 4;9(1):22. doi: 10.1186/s41016-023-00337-0. PMID: 37542351.

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