
Rafael De la Garza Ramos MD, Jonathan Nakhla MD, Murray Echt MD, Phillip Cezayirli MD, Aleka N Scoco MD, Ryan Holland MD, Allan Brook MD, David J Altschul MD

Department of Neurological Surgery, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York

Poster ID: 41432
Disclosures

- None
Introduction

• Deep vein thrombosis (DVT) is a known complication in patients with subarachnoid hemorrhage (SAH).
• The purpose of this study was to investigate whether the use of the AngioSeal vascular closure device would increase the risk of ipsilateral DVT compared to manual compression after angiography in patients with SAH.
Methods

• We conducted a retrospective chart review in a cohort of 312 patients admitted for neurovascular examination for subarachnoid hemorrhage at a single institution over a 12-year period (2005 to 2017).

• We compared the incidence of deep vein thrombosis (occurring within 14 days) between patients who underwent manual compression versus the AngioSeal closure device.
Results

• A total of 435 patients underwent angiography for SAH; 304 underwent manual compression (69.9%) and in 131 patients AngioSeal closure device was used (30.1%).

• For ipsilateral DVTs, there was a 4% rate in the manual compression group and 4.6% in the AngioSeal closure device group (p-value = 0.761).

• After controlling for use of chemoprophylaxis, the use of AngioSeal closure device did increase the risk of acute ipsilateral DVT (OR 1.13, 95% CI 0.38-3.37, p-value 0.821).
Conclusion

• In patients undergoing cerebral angiographic procedures with access through the femoral artery, the use of AngioSeal closure device was not found to be associated with a significant increase in incidence of ipsilateral femoral DVT within 14 day.