

## Management of aorto – iliac occlusive vascular disease with the Memotherm self – expanding nitinol stent

J. W. Shaw

*Director of Clinical Radiology, Ninewells Hospital, Dundee, UK*

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**SUMMARY.** This study reports on the application of the Memotherm nitinol self – expanding endovascular stent in the treatment of aorto – iliac occlusive vascular disease. Since it was released on the UK market in March 1994, the author has deployed 107 stents during 72 patient procedures, treating a total of 77 lesions in 71 different patients. The lesions consisted of 21 total occlusions and 56 stenoses. The indication for stenting was primary in 83% of the lesions and secondary to unsatisfactory PTA in the remainder. Primary procedure success, defined as successful stent delivery combined with satisfactory arterial patency, was achieved in 97% ( $n = 75$ ) of the lesions. Technical difficulties during deployment were experienced with 3 stents ( $<3\%$ ). Complications were limited to 1 post – stent thrombosis and 6 minor groin haematoma. Postprocedure assessment included clinical examination. A/B pressure ratios and patient questionnaire. Clinical improvement in patient symptoms was recorded in 96% of the lesions. Based on these results and on additional personal experience of 125 stents of alternative design, the author concludes that the Memotherm nitinol stent represents a significant technical advance in stent design, facilitating the successful management of more complex and extensive aorto – iliac pathology.

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## Ultrasound – guided ovarian cyst aspiration in pregnancy

S. M. Thomas, W. J. Walker

*Department of Diagnostic Radiology, Royal Surrey County Hospital, Guildford, Surrey, UK*

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**SUMMARY.** Ovarian cysts in pregnancy if symptomatic may require treatment because of the risks of torsion, rupture and obstructed labour. There is also a risk that such cysts are neoplastic and therefore potentially malignant. These lesions are a management dilemma because of the risks of surgery to both mother and fetus. Ultrasound – guided ovarian cyst aspiration is being increasingly recognized as a means of diagnosing and treating ovarian cysts in the non – pregnant patient. There are few published reports on its use in pregnant patients. We report the results of 14 ultrasound guided cyst aspirations in 12 pregnant patients. The technique and results are discussed. Two of the 12 cysts (17%) were eventually found to be due to neoplasms and one of these showed borderline malignancy at histology. Therefore, all cysts must be assessed to ensure that they have benign characteristics, and if not we would recommend these cysts be considered for surgery in the second trimester. There were no complications and all the pregnancies proceeded to term with normal deliveries. It is concluded that ultrasound – guided needle aspiration of ovarian cysts can be simply and safely performed in pregnancy.