

# T3 PARASPINAL LESION ASPIRATION

## Procedural information

Date of procedure	November 2015
Location	Philadelphia, PA, USA
Hospital	Thomas Jefferson University Hospital
Physician	William B. Morrison, MD

## Case history

26 year old patient with a soft tissue lesion adjacent to the T3 vertebral body, a presumed early manifestation of infection. No other sites were involved, and the adjacent disc showed normal signal characteristics. Therefore, the T3 paraspinal lesion needed to be accessed.

## Procedural details

On CT planning, rib anatomy left no window straight into the lesion without penetrating the pleural margin.

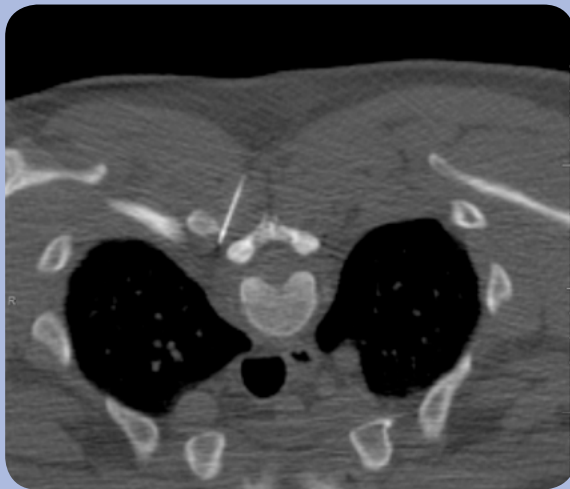
Morrison Steerable Needle™ was placed in the most sagittally oriented window between ribs that was available. Next, a maximal curve was applied and the needle was slowly advanced, while observing under CT-fluoroscopy.

Morrison Steerable Needle™ curved medially into the lesion, avoiding the pleural margin. Aspiration was performed.

## Results and comments

The patient tolerated the procedure very well, without complication. A diagnosis of infection was confirmed.

Without a steerable needle, the lesion would likely have been referred for open surgical biopsy.



Morrison Steerable Needle™ is inserted and advanced straight.



Maximal curvature is applied to Morrison Steerable Needle™ and needle is carefully advanced.



Needle tip is positioned at the lesion.