

Procedural Information

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

T3 paraspinal lesion aspiration

Case Description

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

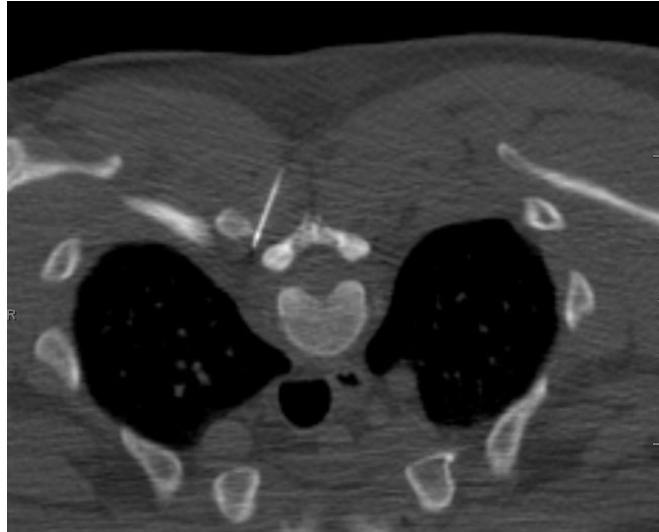
The patient tolerated the procedure very well, without complication. A diagnosis of infection was confirmed. Without a steerable needle, the lesion would likely have been referred for open surgical biopsy.

Morrison

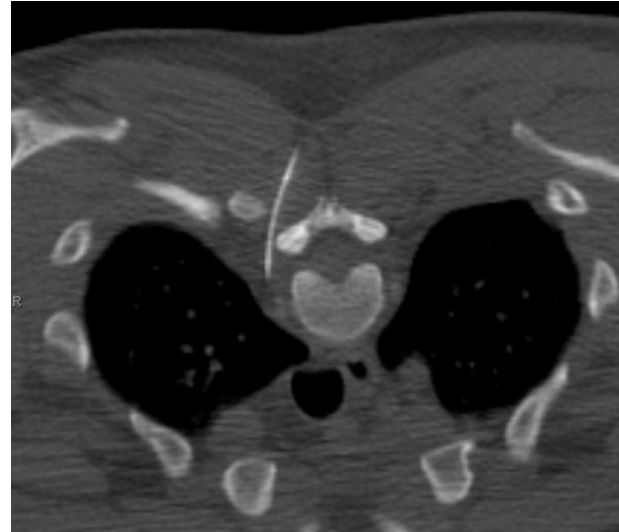
Steerable Needle®

Clinical Case Review 4

T3 paraspinal lesion aspiration



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.

Case and image courtesy of William B. Morrison, Thomas Jefferson University Hospital, Philadelphia, PA, USA.

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