

Embosoft+
Microspheres



Indications:

- Embolization of Arteriovenous Malformations (AVMs);
- Embolization of neoplastic lesions;
- Embolization of hypervascular tumors, including uterine fibroids;
- Embolization of the arteries of the prostate for relief of symptoms related to Benign Prostatic Hyperplasia;



More selective embolization

Features:

- Smooth navigation through the microcatheter
- Low risk of catheter obstruction
- Effective embolization
- 5 size ranges
- High uniformity



5 different size ranges

The microspheres are available in 5 size ranges, identified by color:

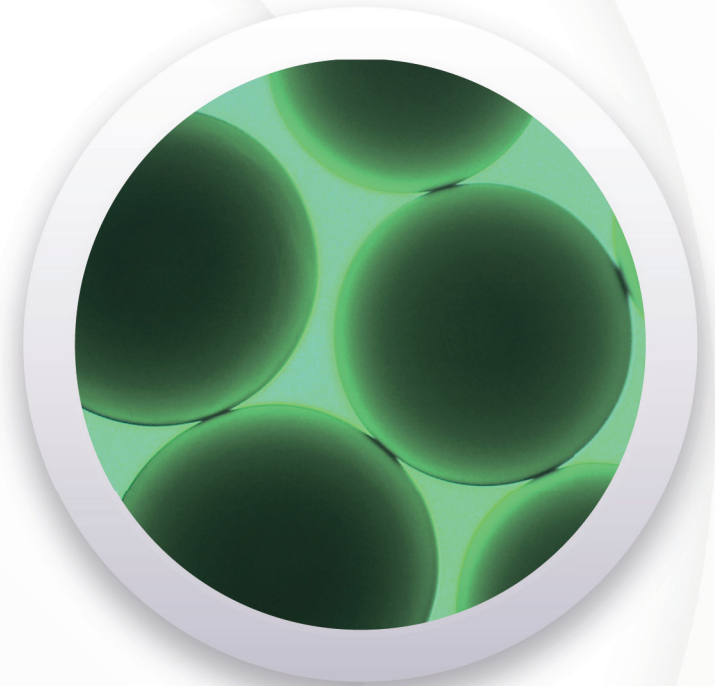
					
Range:	100-300µm	300-500µm	500-700µm	700-900µm	900-1100µm
Minimum microcatheter ID:	0.43mm - 0,017"	0.53mm - 0,021"	0.61mm - 0,024"	0.71mm - 0,028"	1.020mm - 0,040"

Exclusive material: Polifit70®

Embosoft Plus microspheres are composed of the exclusive Polifit70, developed exclusively by Scitech, which guarantees a well-defined spherical shape and a high level of compressibility.

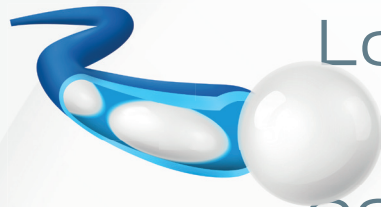
Bench tests have demonstrated a compressive ability of more than 36% without compromising its integrity when returning to the original shape, demonstrating high deformation resistance, high fragmentation resistance and viscoelasticity equivalent to market leaders.

More than **36%**
compression*



More flexible hydrophilic surface

* For the size 500-700um.



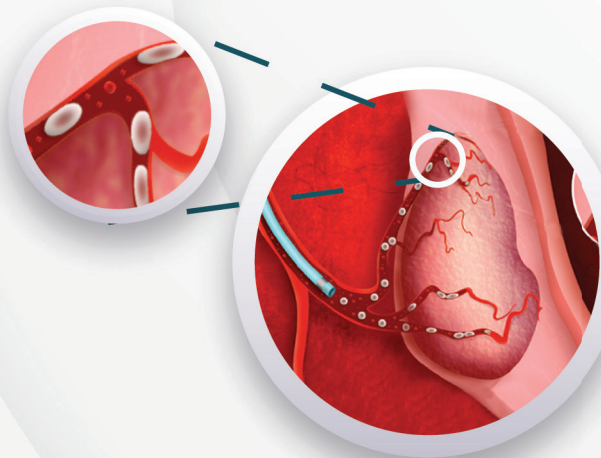
Low risk of microcatheter occlusion

Injection of the Embosoft Plus/Contrast solution should be done in small amounts, slowly, using a 1ml to 5ml syringe to ensure that the microspheres pass in a row through the lumen of the microcatheter and the risk of occlusion is reduced.



Easy visualization

Due to their color, Embosoft Plus Microspheres are easily visualized during injection.



Distal and selective embolization

The Embosoft Plus Microspheres provide selective, distal embolization with safe and effective vascular occlusion

Uterine Artery Embolization with Microspheres for the Treatment of Leiomyoma and Adenomyosis.

Dr. Denis Szejnfeld¹

CASE REPORT:

A 43-year-old patient presenting with hypermenorrhea and menorrhagia for 3 years. Initially treated with OAC with partial success in controlling the bleeding. At the time of consultation, she had iron deficiency anemia (Hb 9.2 mg/dL) on ferrous sulfate treatment. Patient without previous surgical treatment for myoma and without comorbidities. Patient with two previous pregnancies at term, without complications (last one 15 years ago). An MRI showed 6 intramural myomas measuring between 0.7 and 2.3 cm in addition to diffuse adenomyosis with thickening of the junctional zone with a maximum thickness of 2.3 cm. Uterine volume of 286 cm³.

EMBOLIZATION PROCEDURE:

Right femoral arterial access followed by angiographic studies and superselective catheterization of left and right uterine arteries. Embolization was performed with 1 syringe of Embosoft® 300 – 500 µm microspheres and 1 syringe of 500 – 700 µm on each side until the point of almost stasis of the main trunk and maintenance of the cervicovaginal branches (images below).

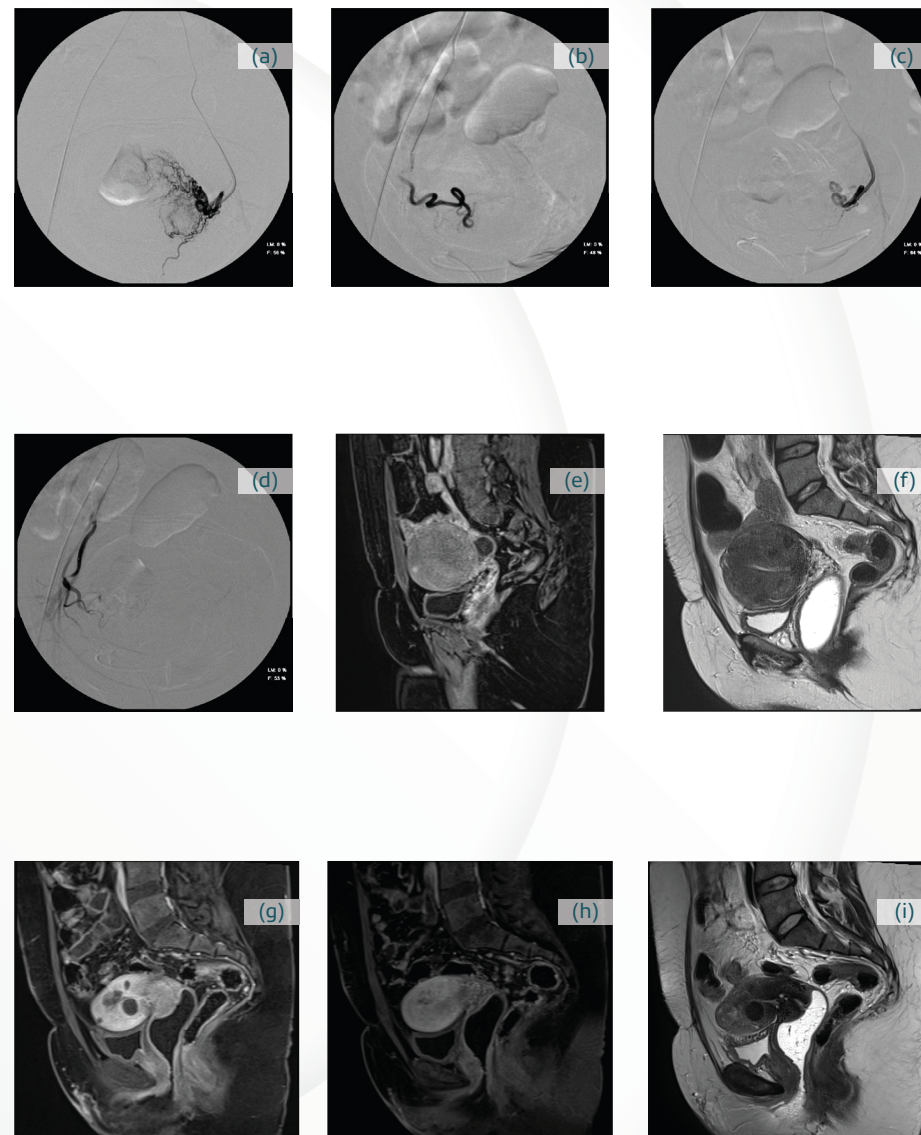
EVOLUTION:

The patient evolved uneventfully and was discharged the day after the procedure. Evolution in the first 4 days with pain controlled with NSAIDs. MRI at 6 months after the embolization procedure showing all myomas with 100% necrosis and significant reduction in the junctional zone (9 mm in the control study). Uterine volume of 103 cm³ (Initial volume of 286 cm³). Patient had total regression of symptoms, presenting a 3-day cycle with a small amount of menstruation).

IMPRESSION:

In this case, it can be observed that the association of Embosoft® 300-500 and 500-700 microspheres was effective and safe in the embolization of fibroids and adenomyosis, with satisfactory evolution from the radiological and clinical point of view.

Pelvic angiography demonstrates superselective catheterization of the left (A) and right (B) uterine arteries. Angiographic controls demonstrate the absence of hypervascularization and preservation of the left (C) and right (D) uterine arteries. Pre-embolization MRI of the pelvis with multiple hypervascularized myomatous nuclei (E, F). Postembolization MRI. There is a complete absence of contrast uptake by the myomas and improvement of adenomyosis (G, H, I).



¹ Hospital Certa – São Paulo - SP

Code Table

Size[μm]	Reference
100-300	128107
300-500	128108
500-700	128109
700-900	128110
900-1100	128111

Volume: 2ml

ANVISA: 10413960232



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