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Interventional
Radiology



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SOCIEDADE BENEFICENTE ISRAELITA BRASILEIRA

- Nothing to disclose





COVID-19 in Brazil

First case: Feb 26, 2020

First death: Mar 12, 2020

March 24 → Social isolation in San Paulo (largest city in Brazil and COVID-19 epicenter) – isolation rates up to 60%.

Closing of pubs, bars, restaurants, schools, parks, shopping malls

May 7, 2020 – government makes wearing face masks mandatory in public places

Government provides financial aid for low-income families (approx. U\$ 110)





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Pacaembu Soccer Stadium

Covid-19 in Brazil

94 field hospitals in the country, with 9914 hospital beds

Today: 4.5 million confirmed cases; over 138,000 deaths

By September 26, schools are not allowed to reopen

Unemployment rate 13.6% (increase of 26.7% during the pandemic)

87% drop in new cancer diagnoses



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COVID-19 positive patients

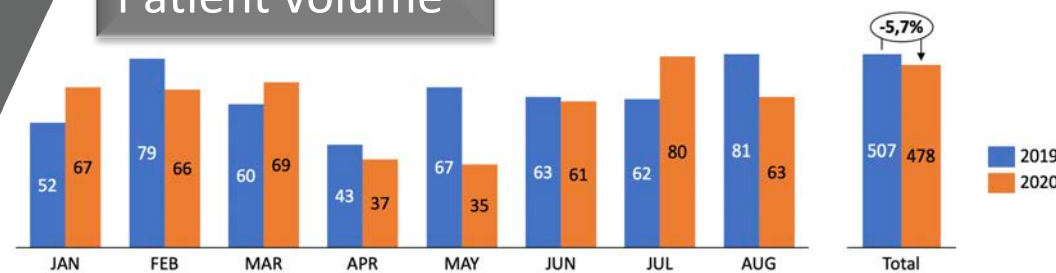
- Positive patients are led into the hospital through a separate entrance and when admitted, they stay in isolation ward or ICU
- In the IR department, every surgical equipment and interventional products are now kept outside the IR suite and only brought in when the IR specifically asks for them.
- The procedures were preferentially performed under general anesthesia to reduce aerosol dissemination



Changes in my department

- Drop of oncologic procedures number in IR (5.7% 2019-2020)
- All professionals must wear N95 masks
- Adaptations in surgical apparel – impermeable surgical gowns over the lead apron, N95 masks, disposable face shield.
- We reduced the operating room team members (only 1 fellow and 1 staff per procedure)

Patient volume



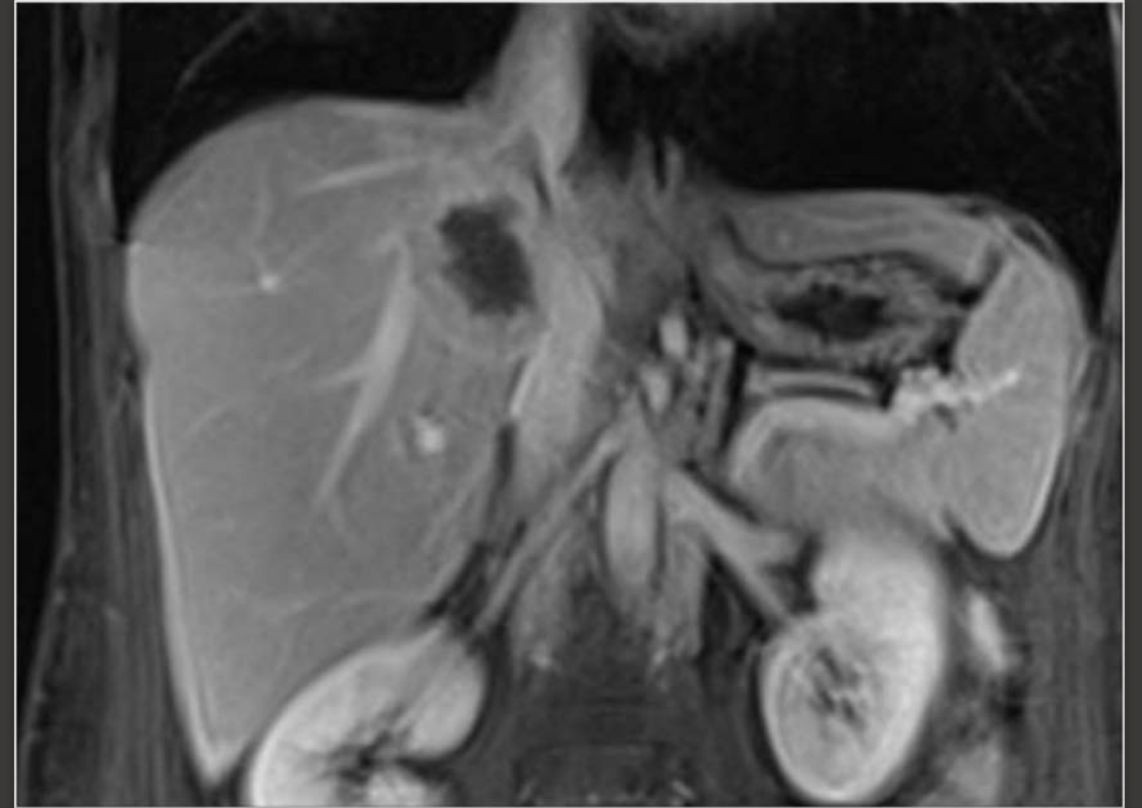
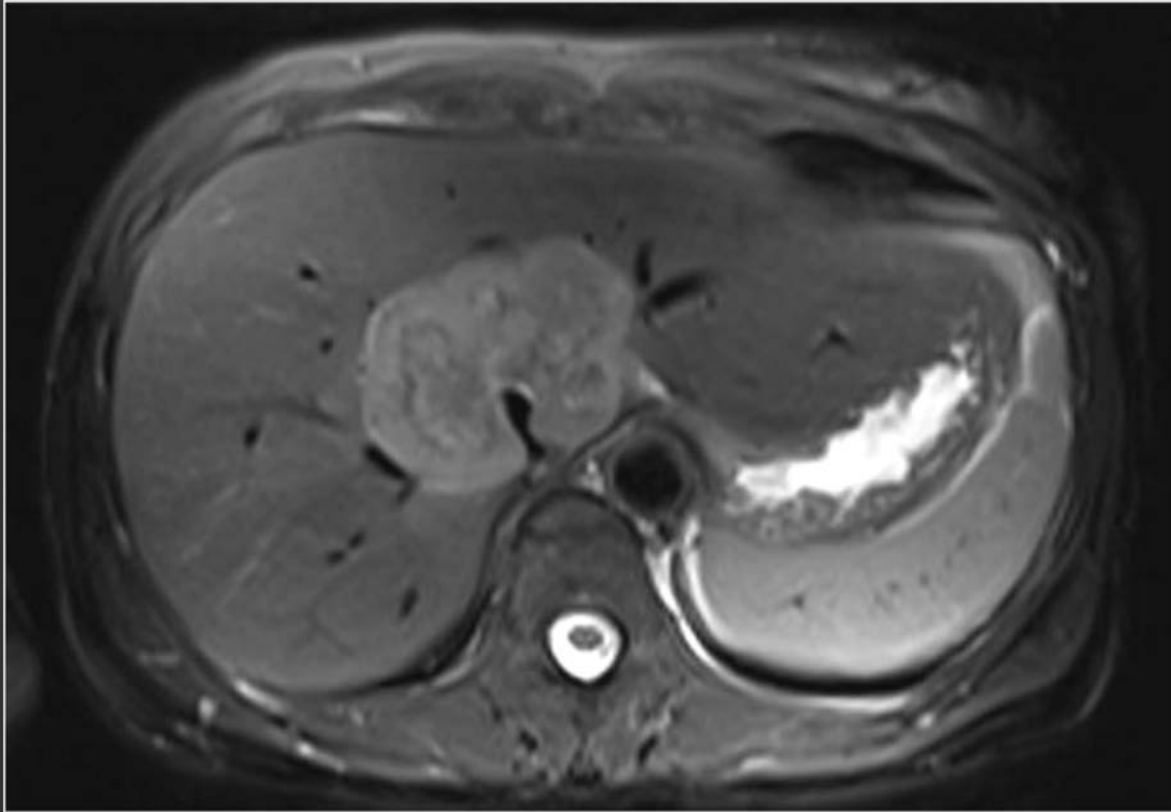


Changes in my department

- Every procedure is performed in negative pressure rooms implanted during the pandemic
- All patients (symptomatic or not) are being tested for COVID-19 acute infection (PCR) before admission day
- Specialty societies created protocols to guide which treatments should be postponed during the pandemic

Exciting case

GDS, 35-year-old female
Unresectable cholangiocarcinoma



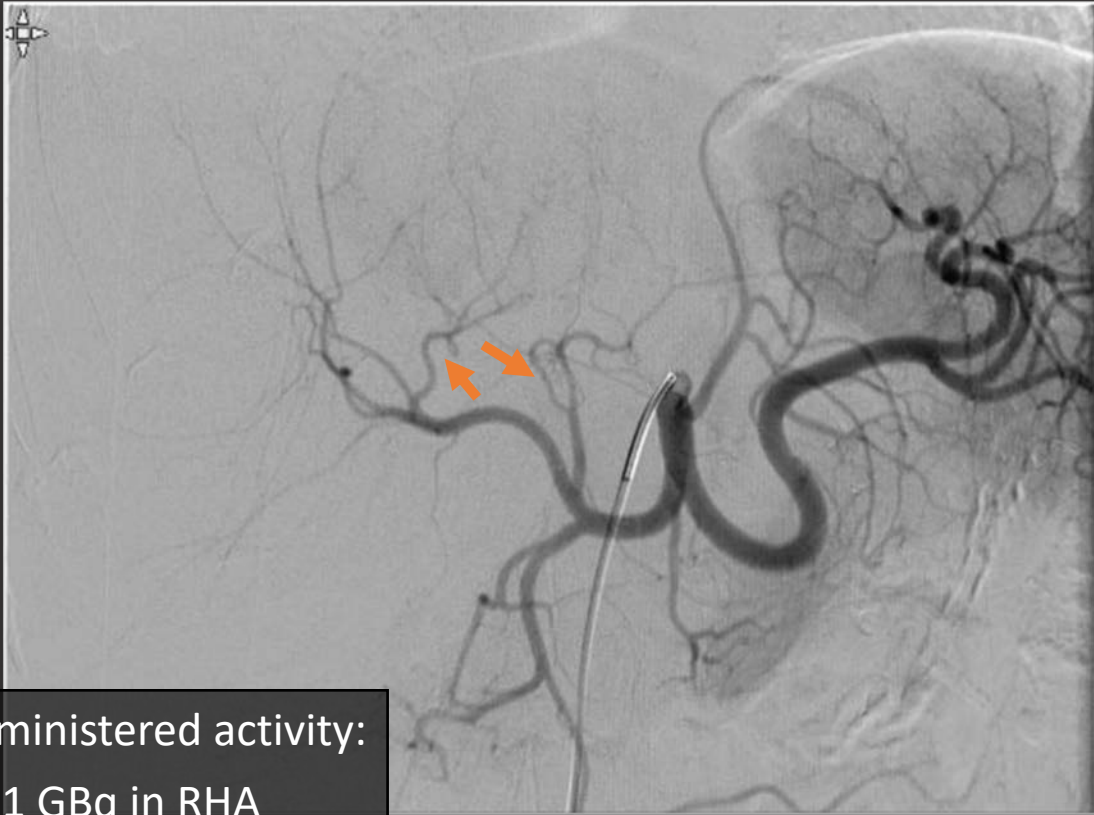
MRI at admission

Curative selective Y-90 radioembolization for
cholangiocarcinoma



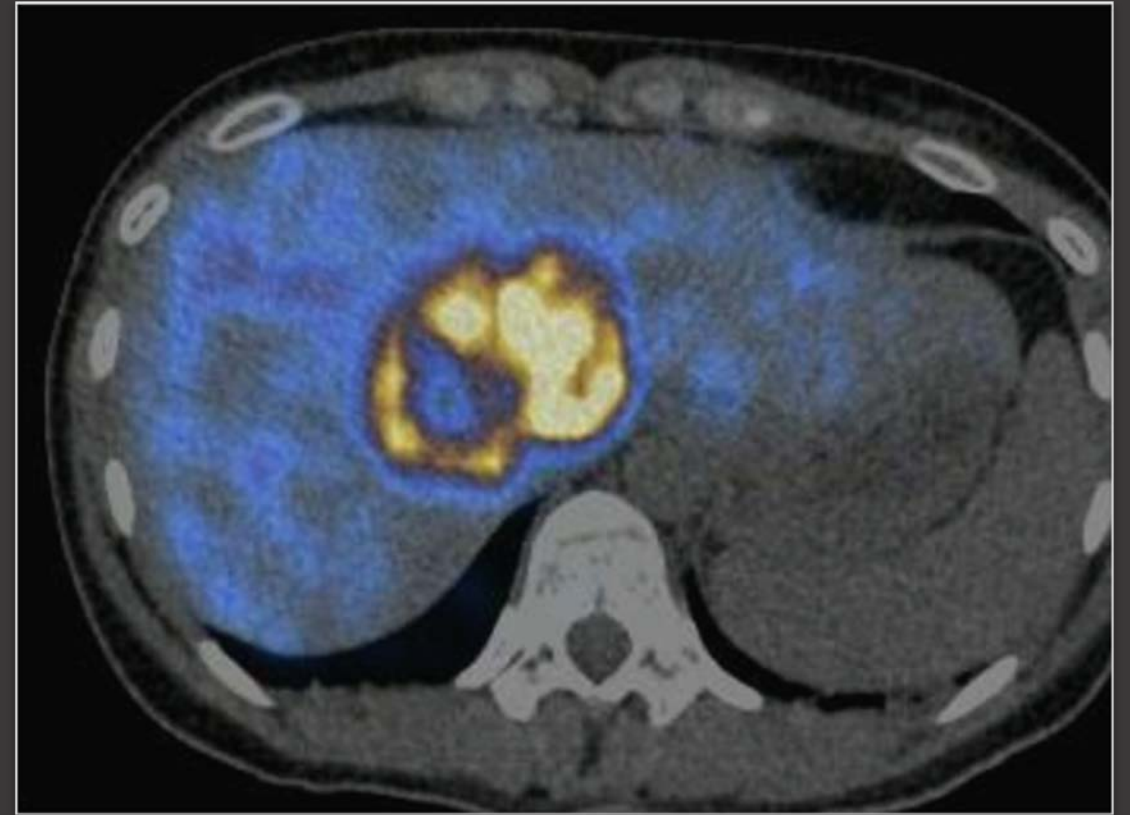
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Administered activity:
1.31 GBq in RHA
0.41 GBq in LHA

Selective
Y-90 injection
(cone-beam CT)



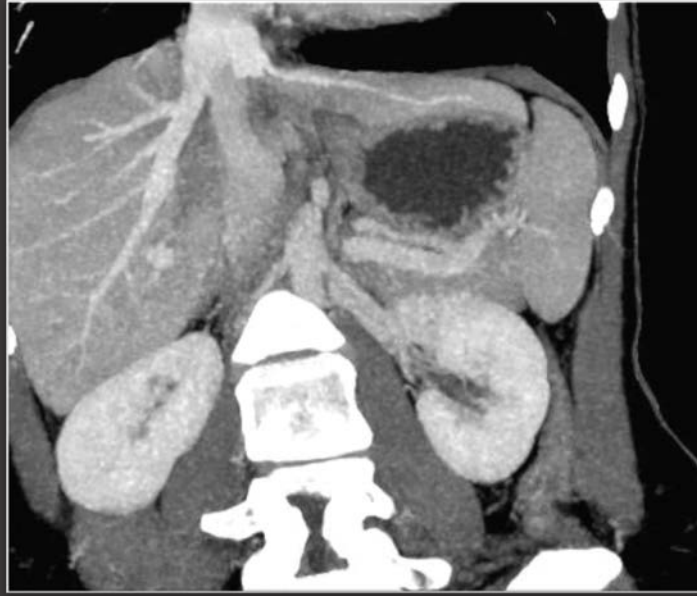
PET-scan 4h after
Y-90 injection



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Post SIRT CT and PET scan



Remaining liver



Tumor burden

Venous compression

FDG uptake (SUV 10.5 → 4.4)



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Post liver resection (segment IVa, IVb, V, VIII)





THANK YOU