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### Counterpoint—Response to "In Memoriam: The Matrix Coil"

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first clinical results with new devices. In addition, device manufacturers should assume their public responsibility instead of mainly striving for financial profit and high stock prices.

Only then can scientific and financial blunders like the Matrix coil be averted. For now, finally, we hang out the flag for the burial of the Matrix coil.

## REFERENCES

1. McDougall CG, Claiborne Johnston S, Gholkar A, et al. **Bioactive versus bare platinum coils in the treatment of intracranial aneurysms: the MAPS (Matrix and Platinum Science) Trial.** *AJNR Am J Neuroradiol* 2014;35:935–42
2. Rezek I, Mousan G, Wang Z, et al. **Coil type does not affect angiographic follow-up outcomes of cerebral aneurysm coiling: a systematic review and meta-analysis.** *AJNR Am J Neuroradiol* 2013;34:1769–73
3. Pierot L, Cognard C, Ricolfi F, et al. **Mid-term anatomic results after endovascular treatment of ruptured intracranial aneurysms with Guglielmi detachable coils and Matrix coils: analysis of the CLARITY series.** *AJNR Am J Neuroradiol* 2012;33:469–73
4. Smith MJ, Mascitelli J, Santillan A, et al. **Bare platinum vs Matrix detachable coils for the endovascular treatment of intracranial aneurysms: a multivariate logistic regression analysis and review of the literature.** *Neurosurgery* 2011;69:557–64
5. Murayama Y, Tateshima S, Gonzalez NR, et al. **Matrix and bioabsorbable polymeric coils accelerate healing of intracranial aneurysms: long-term experimental study.** *Stroke* 2003;34:2031–37
6. Matrix newsletter. Fremont, California: Boston Scientific; 2004
7. Sluzewski M, van Rooij WJ. **Questionable interpretation of results of ACTIVE study on Matrix coils by Boston Scientific.** *AJNR Am J Neuroradiol* 2005;26:2163–64
8. Sluzewski M, van Rooij WJ. **Reply to letter regarding interpretation of results of ACTIVE study.** *AJNR Am J Neuroradiol* 2005;26:2436–37
9. Gonzalez NR, Patel AB, Murayama Y, et al. **Angiographic evidence of aneurysm neck healing following endovascular treatment with bioactive coils.** *AJNR Am J Neuroradiol* 2005;26:912–14
10. Mach bands. [http://en.wikipedia.org/wiki/Mach\\_bands](http://en.wikipedia.org/wiki/Mach_bands). Accessed Feb 3, 2014
11. Kiyofuji S, Matsumaru Y, Tsuruta W, et al. **Emergence of the white-collar sign after coil embolization of cerebral aneurysms.** *Acta Neurochir (Wien)* 2014;156:11–16
12. Szikora I, Seifert P, Hanzely Z, et al. **Histopathologic evaluation of aneurysms treated with Guglielmi detachable coils or Matrix detachable microcoils.** *AJNR Am J Neuroradiol* 2006;27:283–88
13. Feng L, Vinuela F, Murayama Y. **Healing of intracranial aneurysms with bioactive coils.** *Neurosurg Clin N Am* 2005;16:487–99, v–vi
14. Lee D, Yuki I, Murayama Y, et al. **Thrombus organization and healing in the swine experimental aneurysm model. Part I. A histological and molecular analysis.** *J Neurosurg* 2007;107:94–108
15. Cloft HJ. **Have you been smoking something that is biologically active?** *AJNR Am J Neuroradiol* 2006;27:240–42
16. Ishii A, Murayama Y, Nien YL, et al. **Immediate and midterm outcomes of patients with cerebral aneurysms treated with Matrix1 and Matrix2 coils: a comparative analysis based on a single-center experience in 250 consecutive cases.** *Neurosurgery* 2008;63:1071–77
17. Murayama Y, Vinuela F, Ishii A, et al. **Initial clinical experience with Matrix detachable coils for the treatment of intracranial aneurysms.** *J Neurosurg* 2006;105:192–99
18. Pierot L, Bonafé A, Bracard S, et al, for the French Matrix Registry Investigators. **Endovascular treatment of intracranial aneurysms with Matrix detachable coils: immediate posttreatment results from a prospective multicenter registry.** *AJNR Am J Neuroradiol* 2006;27:1693–99
19. van Rooij WJ, Sluzewski M. **Registry on Matrix coils: bias in inclusion, exclusion, and publication.** *AJNR Am J Neuroradiol* 2007;28:398–99

## EDITORIAL

# Counterpoint—Response to “In Memoriam: The Matrix Coil”

A.S. Turk, D. Fiorella, J. Mocco, and C. Derdeyn

In this issue of the *American Journal of Neuroradiology* (AJNR), the Matrix and Platinum Science (MAPS) trial results are published.<sup>1</sup> The trial concluded that there was no superiority of the Matrix coil (Stryker, Kalamazoo, Michigan) over bare platinum coils. The MAPS investigators and sponsor should be congratulated on their willingness to test the efficacy of Matrix. The MAPS trial in no way negates the premise that the modification of coil surfaces or composition could potentially enhance coil performance and/or the long-term durability of coil embolization. To broadly extrapolate the MAPS results to all surface modified coils makes little sense.

While the approach taken by industry to promote the Matrix coil during the product launch certainly had serious flaws, this controversy should not cloud, or in any way diminish, the important clinical data provided by the MAPS study. With the benefit of hindsight, it appears that the coil vendor, as well as physician users, share responsibility for not demanding more robust data of improved efficacy over bare platinum coils before the routine use of Matrix in patients. Fortunately, our field continues to mature, and we have evolved past this to a large extent, as evidenced by the myriad industry-sponsored comparative coil trials that have been completed (Cerecyte trial, HydroCoil Endovascular Aneurysm Occlusion and Packing study) and those that are currently underway (Patients Prone to Recurrence After Endovascular Treatment, Hydrogel Endovascular Aneurysm Treatment trial, Framing Eighteen Coils in Cerebral Aneurysms trial).<sup>1,2</sup> These trials, like MAPS, represent real progress within our field and reflect recognition by physicians, as well as industry, that treatment decisions must be guided by reliable clinical trial data rather than marketing concepts that are based largely on preclinical studies.

Extensive preclinical studies were performed to better understand the results of coating bare platinum coils with a bioresorbable polymer. In retrospect, many of these studies were suboptimal in that they used an experimental aneurysm model that is now known to have low hemodynamic stresses and a high incidence of spontaneous thrombosis.<sup>3</sup>

The canine bifurcation model represents a better one for determining aneurysm coil performance, both angiographically and histologically.<sup>4–9</sup> In this model, the original version of Matrix was shown to undergo greater coil compaction and aneurysm neck recurrence compared with the conventional bare platinum Guglielmi detachable coil (GDC; Boston Scientific, Natick, Massachusetts), indicating that either the coil or the coating resulted in

reduced performance.<sup>10</sup> However, the addition of complex 360° shapes improved the angiographic outcomes for both Matrix and GDC coils—making the 2 more comparable.

In a detailed analysis, the actual benefit of Matrix surface modification was in the histopathologic results, which showed that Matrix-treated aneurysms showed improved endothelialization, manifest as an absence of endothelialized clefts at the aneurysm neck (which are prevalent in GDC-treated aneurysms).<sup>10</sup> Endothelialized clefts have been proposed as the etiology for late angiographic recurrences.<sup>5</sup> Late recurrences have been reported at 3 years in up to 15% of aneurysms that had been completely occluded acutely and in short-term follow-up.<sup>11</sup> While the MAPS trial showed that in the short term, Matrix was essentially equivalent to platinum coils, the real benefits of surface modification may be manifest in the results at late (3- and 5-year) follow-up.

Furthermore, in subgroup analysis, when aneurysms were adequately occluded (Raymond-Roy scale 1 or 2), Matrix had significantly better outcomes with only 2.7% requiring retreatment compared with 9.6% ( $P = .01$ ) with platinum coils.<sup>12</sup> However, aneurysms with residual flow (Raymond-Roy scale 3) demonstrated poor outcomes in both arms—Matrix (24.2%) and platinum (16.1%) ( $P = .17$ ). These observations coincide well with the known polyglycolic/polylactic acid (PGLA) characteristics, the polymer coating on Matrix coils. When exposed to high-flow states, PGLA experiences an acceleration of breakdown, nullifying any potential gain due to the bioactive component of the coil. These results suggest that the short-term issues with Matrix were more likely related to the adequacy of mechanical occlusion rather than the efficacy of the bioactive coating.

We believe that collaborative doctor/industry relationships are an important synergistic dynamic that is essential for continued technologic advancement in our specialty. It is critical that high standards be set for new technologies, particularly for those designed to treat diseases with well-established safe therapies. Regimented postmarket data collection and evaluation should occur with all new technologies, ensuring that marketing claims are not confused with scientific evidence.<sup>13</sup> However, to mix concerns with technology marketing or limitations in the implementation of a technology with a perception of failure of the fundamental scientific premise would be a mistake.

In our opinion, the concept of platinum coil surface modification to stabilize or increase the rate of thrombus organization is still valid and continues to have promise for enhancing long-term aneurysm occlusion stability. Time will tell whether this benefit will be reflected in the late-term MAPS data; the current data do not negate the fundamental concepts of bioactive coatings. As such, continued innovation toward the development of better delivery mechanisms or more durable bioactive responses is entirely reasonable.

## REFERENCES

1. Molyneux AJ, Clarke A, Sneade M, et al. **Cerecyte coil trial: angiographic outcomes of a prospective randomized trial comparing endovascular coiling of cerebral aneurysms with either cerecyte or bare platinum coils.** *Stroke* 2012;43:2544–50
2. White PM, Lewis SC, Nahser H, Sellar RJ, Goddard T, Gholkar A. **HydroCoil Endovascular Aneurysm Occlusion and Packing Study**

(HELPS trial): procedural safety and operator-assessed efficacy results. *AJNR Am J Neuroradiol* 2008;29:217–23

3. Bouzeghrane F1, Naggara O, Kallmes DF, et al. **In vivo experimental intracranial aneurysm models: a systematic review.** *AJNR Am J Neuroradiol* 2010;31:418–23
4. Mawad ME, Mawad JK, Cartwright J, et al. **Long-term histopathological changes in canine aneurysms embolized with Guglielmi detachable coils.** *AJNR Am J Neuroradiol* 1995;16:7–13
5. Raymond J, Guilbert F, Metcalfe A, et al. **Role of the endothelial lining in recurrences after coil embolization: prevention of recanalization by endothelial denudation.** *Stroke* 2004;35:1471–75
6. Raymond J, Leblanc P, Morel F, et al. **Beta radiation and inhibition of recanalization after coil embolization of canine arteries and experimental aneurysms: how should radiation be delivered?** *Stroke* 2003;34:1262–68
7. Reul J, Weis J, Spetzger U, et al. **Long-term angiographic and histopathologic findings in experimental aneurysms of the carotid bifurcation embolized with platinum and tungsten coils.** *AJNR Am J Neuroradiol* 1997;18:35–42
8. Strother CM, Graves VB, Rappe AA. **Aneurysm hemodynamics: an experimental model.** *AJNR Am J Neuroradiol* 1992;13:1089–95
9. Turk AS, Aagaard-Kienitz B, Niemann DB, et al. **Natural history of the canine vein pouch aneurysm model.** *AJNR Am J Neuroradiol* 2007;28:531–32
10. Turk AS, Luty CM, Carr-Brendel V, et al. **Angiographic and histological comparison of canine bifurcation aneurysms treated with first generation Matrix and standard GDC coils.** *Neuroradiology* 2008;50:57–65
11. Raymond J, Guilbert F, Weill A, et al. **Long-term angiographic recurrences after selective endovascular treatment of aneurysms with detachable coils.** *Stroke* 2003;34:1398–403
12. McDougall CG, Claiborne Johnston S, Gholkar A, et al. **Bioactive versus bare platinum coils in the treatment of intracranial aneurysms: the MAPS (Matrix and Platinum Science) Trial.** *AJNR Am J Neuroradiol* 2014;35:935–42
13. Fargen KM, Frei D, Fiorella D, et al. **The FDA approval process for medical devices: an inherently flawed system or a valuable pathway for innovation?** *J Surg* 2013;5:269–75

## EDITORIAL

# MR-Guided, Focused Ultrasound: Applications to Essential Tremor and Other Neurologic Conditions

G. Suffredini and L.M. Levy

In this issue of the *American Journal of Neuroradiology*, a novel approach by means of MR-guided, focused sonography surgery (MRgFUS) is used to treat essential tremor.<sup>1</sup> The results indicate that clinical improvement is significantly related to total lesion size. No relationship was found between the imaging characteristics of the lesion and sonication number, power, or maximal temperature. Although the authors describe an important advance in the use of this procedure, the study also raises a number of questions regarding the broad application of this technique to various neurologic conditions.

The use of focused sonography to treat brain disorders has evolved over the past 70 years. In the 1950s, Francis and William Fry developed a system of converging sonography beams to pro-