

## Reply to: Inferior Vena Cava Filter Placement and Retrieval in a Patient with Dual IVC

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To the Editor,

We appreciate Drs. Collin and Freedman sharing their use of the “Stiff-Wire Displacement Technique” that we illustrated in our review, “Advanced Techniques for Removal of Retrievable Inferior Vena Cava Filters” [1]. Their juxta-filter wire nicely adjusted the angulation of the second inferior vena cava (IVC), making the filter apex addressable. This same type of wire effect has been used in other endovascular cases—for example, in the deployment of thoracic endografts, where a stiff wire may undesirably distort the landing zone by straightening out the anatomy. That aside, the rate of caval filter placement continues to grow worldwide, retrievable filters exceed permanent ones, and the call to remove no-longer-needed IVC filters is an important one to heed. It is remarkable that devices placed approximately 200,000 times per year are supported by such limited randomized data. This absence is made more conspicuous by the increasing

recognition that late complications occur. The days of “filter and go” are gone. With that, the ingenuity of interventional radiologists will continue to yield new ways to remove them.

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**Conflict of interest** The other author declares that he has no conflict of interest.

### Reference

1. Iliescu B, Haskal ZJ (2012) Advanced techniques for removal of retrievable inferior vena cava filters. *Cardiovasc Intervent Radiol* 35:741–750

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