

Study reveals insights from US cohort of the FLASH registry on mechanical thrombectomy for high-risk pulmonary embolism

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New research from the FLASH registry shines a light on the effectiveness of large-bore mechanical thrombectomy in managing high-

risk pulmonary embolism. The study, titled "Mechanical Thrombectomy for High-risk Pulmonary Embolism: Insights from the US Cohort of the FLASH Registry," provides valuable insights into this life-saving procedure.

The findings were released today in the *Journal of the Society for Cardiovascular Angiography & Interventions (JSCAI)*.

Pulmonary [embolism](#) (PE) is a potentially life-threatening condition caused by the blockage of blood vessels in the lungs. High-risk PE, in particular, requires immediate medical intervention. The study shows that [mechanical thrombectomy](#) can significantly improve outcomes for patients with high-risk PE.

Mechanical thrombectomy is a minimally invasive procedure that uses specialized instruments to remove [blood clots](#) in the [pulmonary arteries](#). Unlike traditional anticoagulant therapy alone, mechanical thrombectomy directly addresses the source of the blockage, improving outcomes for patients with PE.

The research analyzed data from the prospective, multicenter FLASH registry, a comprehensive database that tracks the outcomes of real-world patients with PE undergoing mechanical thrombectomy using the FlowTrieve System (Inari Medical).

Here, acute outcomes through 30 days were evaluated for the subset of patients with high-risk PE as determined by the investigational sites. An independent medical monitor adjudicated adverse events (AEs), including major AEs (MAEs): device-related mortality, major bleeding, or intraprocedural device- or procedure-related AEs.

Of 799 patients in the U.S. cohort, 63 (7.9%) were diagnosed with high-risk PE. Among these 63 high-risk patients, 30 (47.6%) had [systolic](#)

[blood pressure](#)

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