**Results** We have 4 patients in pediatric population where radial approach was used. Indications included Juvenile Naso-pharyngeal Angiofibroma embolization (2), right ICA pseudoaneurysm which failed medical management (1), and right cerebellar AVM (1). In all cases, a 6F sheath with a 6F ENVOY guide catheter (Codman- DePuy Synthes, Raynam, MA) were used. One patient developed radial artery vasospasm, and 5 mg verapamil were administered intraarterially post procedure before removal of sheath. The patient did not have any complaints post-procedurally. All preprocedural objectives were met, and none of the interventions required changing to a transfemoral approach. The radial artery remained patent in all 4 patients post-procedurally.

**Conclusion** TRA is safe, effective, and well tolerated in appropriately selected pediatric population. Most importantly, the risk of bleeding and arterial damage, the most common complications following these procedures, is essentially eliminated with the Transradial approach. Ultrasound guided measurement of the artery to ensure caliber over 2 mm is recommended in this population to avoid complications.

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**E-004** THE UTILITY OF MICRO VASCULAR PLUG IN THE TREATMENT EMBOLIZATION OF VEIN OF GALEN MALFORMATION: A CASE REPORT, TECHNICAL CONSIDERATION, AND LITERATURE REVIEW

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**Background** Vein of Galen malformations (VOGM) are rare, accounting in recent literature for approximately thirty percent of pediatric venous malformations, caused by abnormal venogenesis during gestation. VOGM is divided into two categories,