clinical baseline and a wider neck independently predict an increased risk of neurological morbidity/mortality.

Disclosures A. Griffin: None. E. Hauck: None.

E-012 PREDICTORS OF ANEURYSM RECURRENCE AFTER ENDOVASCULAR EMBOLIZATION WITH THE SMART COIL SYSTEM

M Anadani*, M Sattur, E Almallouhi, S Al kasab, A Spiotta. Neurology, Medical University of South Carolina, Charleston, SC

10.1136/neurintsurg-2019-SNIS.87

Background/Objective Endovascular aneurysm embolization is effective and safe. However, the angiographic recurrence continues to be an issue after endovascular embolization. In this study, we aimed to report the rate of recurrence at 1-year follow-up angiography and to investigate the predictors of recurrence.

Methods We used the SMART registry to identify subgroup of patients who underwent endovascular embolization with SMART coils and had one year follow up angiography. The primary outcome of this study was angiography recurrence at 1 year. We used stepwise regression analysis to identify the predictors of recurrence.

Results A total of 466 patients were included of whom 78 (16%) had recurrence at 1 year follow up angiography. Mean age was 60 years and 74% were female. 112 (24%) of treated aneurysms were ruptured and 125 (27%) were ≥4 mm in size. On Multivariate analysis, Immediate post procedure Ray mond II and III (vs Raymond I), neck size ≥4 (vs.<4), stent-assisted coiling, and age were associated with the risk of recurrence at one-year follow-up.

Conclusion In this study we identified the predictors of aneurysm recurrence after endovascular embolization with SMART coils.


E-013 DELAYED POST-OPERATIVE COIL MIGRATION AFTER SUCCESSFUL BALLOON-ASSISTED COILING OF A BASILAR Apex ANEURYSM

S Ahmed*, J Mann, L Peeling, M Kelly. Neurosurgery, University of Saskatchewan, Saskatoon, SK, Canada

10.1136/neurintsurg-2019-SNIS.88

A 69-year-old female patient presented with a ruptured small basilar apex aneurysm. Balloon-assisted coil embolization was performed, and the patient remained stable post-operatively. A CT-scan performed 12 days after the procedure showed coil migration from the aneurysm, and repeat angiography confirmed coil migration into the left proximal posterior cerebral artery segment. The patient gave consent for a revision procedure, where an LVIS Jr. stent and 7 micro-coils were placed into the aneurysm to re-secure the aneurysm. The patient suffered no further complications and was discharged home on dual antiplatelet therapy. Modified Rankin Score at 90-days was 1. We review the literature regarding delayed coil migration, and discuss management considerations.

Disclosures S. Ahmed: None. J. Mann: None. L. Peeling: None. M. Kelly: None.