Conclusion Embolization of DAVF of the anterior cranial fossa via retrograde using a transvenous approach with embolic agents is safe, effective, and a good choice for the management of this rare condition.

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Disclosure Boris Pabon: proctorship con MEDTRONIC, Microvention Consultant MIVI

EP24 ROLE OF CONE-BEAM CT IN THE STUDY OF CEREBRAL AND SPINAL DURAL ARTERIOVENOUS FISTULAS: QUALITATIVE ANALYSIS

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Introduction Dural arteriovenous fistula (DAVF) are a rare vascular pathology with variable symptoms and localizations. Treatment of DAVFs with endovascular treatment and/or microsurgical disconnection requires a precise understanding of the angioarchitecture and anatomic delineation to apply safe and effective treatments.^{1 2}

Aim of the Study This study aims to assess the role of Cone-Beam CT (CBCT) in the endovascular or neurosurgical management of the DAVFs.

Methods In this retrospective study were recruited 20 consecutive patients with DAVFs. All of them underwent 2D digital subtraction angiography (DSA), completed by angio-Cone-Beam-CT (A-CBCT). Data obtained by 2D DSA and A-CBCT were independently and retrospectively reviewed by two expert interventional neuroradiologists.

Results From the comparison between DSA and A-CBCT both the observers assigned higher scores to A-CBCT ($p < 0,001$). A-CBCT demonstrated its superiority especially in identifying the fistula site (observer 1: $p < 0,001$, observer 2: $p = 0,003$) and adjacent anatomic landmarks ($p < 0,0001$). Interobserver agreement between the two readers for the A-CBCTA was good ($\tau = 0,60$, $p = 0,004$), while it was fair for DSA ($\tau = 0,32$, $p = 0,005$). This resulted in fair agreement ($\tau = 0,34$, $p = 0,01$) in the relative A-CBCT efficacy value with no significant difference seen between the two observers ($p = 0,2$).

Conclusions A-CBCTA, in addition to 2D DSA represents a technique that has the potential to improve the anatomic landmarks and localization of DAVFs and therefore treatment planning.

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Disclosure Nothing to disclose

EP25* A RETROSPECTIVE CASE SERIES OF TECTAL ARTERIOVENOUS MALFORMATIONS: CLINICAL CHARACTERISTICS, ANGIOARCHITECTURE DESCRIPTION AND THERAPEUTIC MANAGEMENT

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Introduction Tectal arteriovenous malformations (TAVMs) are rare lesions deeply located close to eloquent structures making them challenging to treat.

Aim of Study To present clinical revealing conditions, angiographic features and treatment strategies of TAVMs through a single center retrospective case series.

Methods TAVMs were defined as a nidus located in the parenchyma or on the pia mater of the posterior midbrain. Records of consecutive patients admitted with TAVMs over a 21-years' period were retrospectively analyzed.

Results Thirteen patients (1.63% of the complete cohort; 10 males), mean age 48 years, were included. All patients presented with intracranial hemorrhage. Two patients (15%) died after an early recurrent bleeding. Mean size of the TAVMs was 10.1 ± 5 mm. Multiple arterial feeders was noted in every cases. Eleven patients underwent an exclusion treatment; 8 via embolization (6 via arterial access and 2 via venous access) and 4 via stereotactic radiosurgery (SRS) (1 patient received both). Overall success treatment rate was 7/11 patients (64% overall; 63% in the embolization group, 25% in the SRS group). Two hemorrhagic events lead to a worsened outcome, one during embolization and one several years after SRS. All other patients remained clinically stable or improved.

Conclusion TAVMs are rare but stereotypic lesions found in a hemorrhagic context. Multiple arterial feeders are always present. Endovascular therapy seems to be an effective technic with relatively low morbidity; SRS had a low success rate but was only use in a limited number of patients.

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Disclosure Nothing to disclose

EP26* RADIONECROSIS AS A CONSEQUENCE OF CUMULATIVE EFFECT OF ENDOVASCULAR AND RADIOSURGICAL TREATMENTS FOR INTRACRANIAL AVMS

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The aim of the study is to investigate the late occurrence of cerebral radiation necrosis after Radiosurgery for intracranial