noted (4 cases of stable residual aneurysmal filling and 4 of aneurysmal recanalization). Two of those recurrent aneurysms were retreated by coiling and embolization. The overall directly procedural-related complication rate was 4.7%, including one death. Seven cases of in-stent-stenosis (12.3%; morbidity n=0) were detected on long-term follow-up with 6 of them when using the kissing-Y stenting technique.

Conclusions Endovascular treatment of various complex intracranial aneurysms using the Acandis Acculon stent systems is safe and efficient with high aneurysm occlusion rates combined with low complication rates at long-term follow-up. Overall, rates of in-stent-stenosis are low but seem to depend on the treatment technique (single stent-assisted versus kissing-Y stenting with coiling).

REFERENCES

Disclosure Nothing to disclose

REFERENCE

Disclosure Boris Pabon proctorship con MEDTRONIC, Microvention Consultant MIVI
**Introduction** Evaluating the final length and positioning of flow diverting (FD) stents inside patient arteries for optimal device size selection remains a challenging, yet crucial, task in complex aneurysm treatment.

**Aim** This study reports the accuracy of PreSize Neurovascular software in predicting FD deployed length and impact of PreSize’s use on device size selection. PreSize (Oxford Heartbeat Ltd) is a visualisation/simulation software for neurovascular FD intervention planning in aneurysm treatment.

**Methods** Imaging data from 80 FD cases using Derivo Embolisation Device (Acandis GmbH), collected from University Medical Center Hamburg-Eppendorf, were retrospectively analysed. Prediction accuracy was defined as agreement between PreSize simulation and actual deployed FD length measured in angiography. Two experienced Interventional Neuroradiologists (INRs), blinded to post-deployment angiographies, selected optimal sizes using PreSize in a subset of 25 cases. PreSize-informed device choices (diameter/length) were compared to deployed devices (informed by conventional planning).

**Results** Investigated FDs had a mean nominal length of 26.9 mm (15–50 mm). PreSize predicted deployed FD length with a mean accuracy of 94% (95% confidence interval [93%, 95%]). PreSize-informed devices were shorter (Wilcoxon signed-rank test, Z=21.5, p<0.01) by 5.2 mm on average (up to 20 mm) compared to conventionally chosen devices. In 32% of cases, shorter PreSize-informed devices would have resulted in fewer FD-covered vessel bends while achieving sufficient aneurysm coverage. In 88% of cases, PreSize’s automatic size suggestion was INR’s selection.

**Conclusions** PreSize predicted deployed FD lengths with high accuracy. Results indicate INRs’ propensity to select shorter devices with PreSize, supported by its precise deployment simulation and visualisation.

**Disclosure** Outside of the submitted work Dr. Fiehler reports grants and personal fees from Acandis, grants and personal fees from Cerenovus, grants and personal fees from Medtronic, grants and personal fees from Microvention, personal fees from Penumbra, and personal fees from Phenox outside the submitted work; shareholder Tegus, CEO Eppdata. Outside of the submitted work Dr. Bester reports personal fees as proctor and consultant from Acandis.

**REFERENCE**

**Disclosure** Nothing to disclose

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**EP12**

**PCONUS 2 HPC IN THE TREATMENT OF WIDE NECKED INTRACRANIAL ANEURYSMS: MEDIUM TERM RESULTS**

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**Introduction** pCONUS 2 HPC (Hydrophilic Polymer Coating) are novel bifurcation stents designed to assist endovascular coil occlusion of wide necked aneurysms (WNAs). They are neck bridging devices that prevent coil extrusion into the parent vessel.¹ It innovates on the previous generation by increasing the number of wire petals in the crown of the device from four to six, increasing stability of the implant, increasing the number of wire petals in the crown of the device from four to six, increasing stability of the implant, and shortening the length of the device shaft.

**Aims** To summarise periprocedural outcomes, 6-month and 2-year follow-up results following its introduction in a tertiary centre.

**Methods** This prospective study reviewed total of 24 patients with 24 WNAs treated over 42 months between 01/11/17 and 18/05/2021. All patients with wide necked intracranial aneurysms (ruptured and unruptured) with dome to neck ratio < 2 with pCONUS-2 or HPC device were included in the study.

**Results** The mean age of the cohort was 57.9 years. 20 unruptured and 4 ruptured aneurysms were treated. 11/24 aneurysms were located at the MCA bifurcation, 8/24 basilar tip, 3/24 in ICA terminus, 1 AnCOM and 1 pericallosal locations. No immediate mortality. There was one periprocedural retroperitoneal bleed and one minor stroke (4.1%). At 6 months, satisfactory Raymond-Roy occlusion was achieved in 85.7% (18/21). At 2 years, satisfactory Raymond-Roy occlusion...