was achieved in 87.5%(7/8). There was one delayed death at 2-year from an unrelated cause.

Conclusions pCONUS 2 and pCONUS 2-HPC have good medium-term safety profiles with no procedure-related mortality and acceptable morbidity. Good occlusion rates was noted at 6-months (85.7%) and 2 years (87.5%).

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Disclosure Nothing to disclose

EP13

PCONUS-2 HPC IN THE TREATMENT OF RUPTURED WIDE NECKED INTRACRANIAL ANEURYSMS WITH SINGLE ANTIPLATELET USE- SHORT TERM RESULTS

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10.1136/neurintsurg-2021-ESMINT.13

Introduction pCONUS 2-HPC (Hydrophilic Polymer Coating) are novel bifurcation aneurysm implants designed to support the endovascular coil occlusion of wide necked bifurcation aneurysms. Use of pCONUS-2 HPC in ruptured intracranial aneurysm using single antiplatelet loading dose is controversial. The device 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 and shortening the length of the device shaft. This allows the pCONUS-2 HPC device to be used in cases where there is a larger angle between the parent vessel and the aneurysm.¹

Aims of the Study To summarise device intraprocedural complications, periprocedural outcomes and 6-months follow-up of pCONUS-2HPC with pre procedure single antiplatelet loading dose.

Methods This prospective, single-arm study reviewed a total of 4 patients with 4 wide necked aneurysms treated over 1 year period, between 13/05/2020 and 18/05/2021 at our tertiary centre. All patients with acute ruptured wide necked intracranial aneurysms were included in the study. All patients were preloaded with prasugrel 4 hours before procedure.

Results The mean age of the cohort was 55.7 years. All patients received loading dose of 30–60 mg prasugrel 4 hours before the procedure. There was no mortality or stroke in the series. At 6 months, satisfactory occlusion was achieved in 75% (3/4) aneurysms. There was 1 early coil impaction recurrence that was retreated.

Conclusions pCONUS 2-HPC with single antiplatelet loading dose is feasible with no immediate complications in our series.

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Disclosure Nothing to disclose

EP14

CONTOUR® PLUS COILING WITH JAILED MICROCATHETER FOR BETTER OCCLUSION (COCOJAMBO) IN WIDE-NECKED INTRACRANIAL ANEURYSMS: PROOF OF PRINCIPLE AND ANGIOGRAPHIC RESULTS

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10.1136/neurintsurg-2021-ESMINT.14

Purpose Wide-necked bifurcation aneurysms, partially thrombosed, and giant aneurysms are challenging to treat. We report our preliminary experience with a Contour®-assisted coiling technique and discuss the periprocedural safety, feasibility, and effectiveness of the approach.

Methods We retrospectively reviewed consecutive patients who received endovascular treatment for intracranial aneurysms with an intra-aneurysmal flow disruptor (Contour) between October 2018 and December 2020 and identified patients treated with a combination of Contour and platinum coils. Clinical and procedural data were recorded.

Results For this analysis, 5 patients treated with CoCoJaMBO were identified (2 female). The mean age was 62.4 ± 7.4 years. Four of 5 aneurysms were associated with previous acute subarachnoid hemorrhage (SAH). The mean dome height was 12 ± 8.5 mm, the mean dome width 10.2 ± 6.3 mm and the mean dome to neck ratio 2.5 ± 1.2 . Adequate occlusion at the end of procedure was achieved in 4 of 5 cases. In one SAH patient, a parent vessel was temporarily occluded but could be reopened rapidly. One device detached prematurely without any sequelae. No other procedural adverse events were recorded. Six month follow up data will be available for presentation but were not available at the time of completion of this abstract

Conclusion From this initial experience, Contour with adjunctive coiling is a safe and technically feasible method for endovascular treatment of large, wide-necked, partially thrombosed, or ruptured bifurcation aneurysms. Further studies with larger numbers of patients and longer follow-up are needed to confirm our results.

Disclosure FW and OJ are consulting for Cerus Endovascular. JH and SP have no Conflicts of interest.

EP15

STENT-ASSISTED COILING OF THE ACUTE RUPTURED CEREBRAL ANEURYSMS

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10.1136/neurintsurg-2021-ESMINT.15

Introduction Aneurysmal subarachnoid hemorrhage is a serious threat to life of patients, with a risk of unfavorable outcomes of up to 80%. An international ISAT study (Molyneux, 2002) proved the preference of endovascular treatment of aneurysms in the acute period of rupture, but the issue of incomplete occlusion and recanalization of aneurysms has not been fully resolved.

The study aims at showing the efficacy and safety of stent-assisted coiling of acute ruptured aneurysm as compared with balloon-assisted coiling.