Materials and Methods Patients were carefully selected. IRB approved. Clinical, anatomical, angiographical, and technical considerations were analyzed. Procedure-related complications, procedural time, antiplatelet therapy requirements. Web Occlusion Scale (WOS) was used for the Follow-up.

Results From August 2017 and March 2021 a total of 14 wide-necked, sidewall, IA were selected for WEB treatment. Aneurysm mean size 5.3 mm in width and 5.8 in height.

Aneurysm Location: ICA 8 cases (five PComA, two Carotid-ophtalmic segment, one AChoA segment), Superior Cerebellar Artery SCA in 5 patients (33%), and one impressive case in posterior circulation associated with a basilar fenestration next to VBj. Eight cases were unruptured (57%), and six cases with a history of SAH-acute setting. DAPT was used preoperatively in all elective cases but no patient remained under antiplatelets after the procedure. Technical success of 100%. Mean procedure time: 24 min. None related procedure complications were recorded. Immediately angiographic occlusion was evidenced in 9 cases. Radiological Follow up (ranging 1 – 26 months) available in 9/14 showed a WOS adequate occlusion in all cases.

Conclusion In our early experience using WEB device to treat different conditions than bifurcation intracranial aneurysms, the results showed that the endosaccular approach was feasible in highly selected patients, the safety profile in agreement with previous bifurcation experiences, and very effective to treat challenge cases with a high probability of recurrence or therapeutic failure.

REFERENCES

Disclosure Boris Pabon proctorship con MEDTRONIC, Microvention Consultant MIVI
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.

REFERENCES

Disclosure Boris Pabon: proctorship con MEDTRONIC, Microvention Consultant MIVI