DEMOGRAPHICS, IMAGING FINDINGS, AND DIAGNOSIS IN PATIENTS WITH (POST)COITAL HEADACHES

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Introduction/Purpose To evaluate demographics, imaging findings and final diagnosis in patients presenting with (post)coital headaches.


Results We identified 31 patients (19 women) with a mean age of 44 years (range 23 to 71 years). Mean age at presentation was 49 years for women and 37 years for men. Comorbidities included hypertension, migraine headaches and smoking. Most patients initially underwent cross-sectional imaging (non-contrast CT head and CT angiogram or MRI head and MR angiogram). A bleed was identified in 6 cases (31.6%, 4 women and 2 men) with subarachnoid hemorrhage (SAH) in 4 cases, intraventricular hemorrhage (IVH) in 1 case and a combination of SAH and IVH in 1 case. Intracranial bleeds were secondary to ruptured cerebral aneurysms in 3 cases, non-aneurysmal perimesencephalic SAH in 2 cases and intracranial venous congestion in 1 case. Other findings without intracranial hemorrhage included incidental, unruptured cerebral aneurysms in 4 cases (all women), a carotid dissection in 1 case and reversible cerebral vasospastic syndrome in 1 case (both women). The remainder of the patients (n=19) did not show any imaging findings.

Conclusion (Post)coital headaches can be due to acute intracranial hemorrhage which may have a serious underlying cause such as a ruptured brain aneurysm. Women more commonly demonstrate an underlying vascular pathology. Cross-sectional imaging, including vascular imaging, is helpful in these patients to exclude the need for emergent intervention and to guide further management.

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COATING STUDY: A RCT EVALUATING THE COATED FLOW DIVERTER P64-MW-HPC

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Introduction/Purpose Flow Diversion is increasingly used for the treatment of intracranial aneurysms due to its high efficacy. However its us is still restricted to unruptured and recanalized aneurysms due to the need of a dual antiplatelet therapy to prevent thromboembolic complications. P64-MW-HPC (phenox, Bochum, Germany) is a coated flow diverter. Hydrophilic Polymer Coating (HPC) is a glycopyralx-like glycan based polymer covalently bonded to the surface of the p64 flow diverter, which is supposed to reduce platelet aggregation. COATING is a RCT dedicated to the comparative evaluation of this coated flow diverter.

Materials and Methods COATING is a RCT comparing the rate of thromboembolic complications in patients treated with bare p64-MW-HPC under dual antiplatelet treatment and patients treated with coated p64-MW-HPC under single anti platelet treatment. The primary safety endpoint is the number of diffusion-weighted imaging lesions depicted within 48 hours (+/- 24 hours) of the index procedure by 3T-MRI. COATING study is conducted in 14 Interventional Neuroradiology centers in Europe (France, Germany, Italy, United Kingdom). The population of the study will be 170 patients (85 per arm. An interim analysis will be conducted after inclusion of 50% of the population.

Results A detailed presentation of the COATING protocol as well as the status of inclusions at the time of presentation will be presented.

Conclusions COATING study is the first comparative study to properly evaluate a coated flow diverter. The results of this study will potentially change the indications of flow diversion of the endovascular treatment of intracranial aneurysms.

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PREDICTORS OF FIRST PASS EFFICACY IN POSTERIOR CIRCULATION ACUTE ISCHEMIC STROKES

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Introduction First-pass efficacy (FPE), defined as achieving complete or near-complete revascularization of an occluded vessel with first attempt, has recently emerged as an important angiographic predictor of successful endovascular thrombectomy (ET) in acute ischemic strokes (AIS). There is growing evidence that FPE is associated with better clinical outcomes. However, its predictors and clinical outcomes in posterior circulation AIS (pcAIS) remain under-explored. In this study, we investigate the efficacy of ET and address the clinical, radiological, and procedural predictors of FPE in pcAIS.

Methods Patients with pcAIS from the Thrombectomy and Aneurysm Registry (STAR) were included. Baseline characteristics and clinical outcomes were evaluated by first-pass outcomes under two groups: FPE and non-FPE. FPE was defined as modified Thrombolysis and Cerebral Infarction (mTICI) score ≥ 2c after first pass of ET. Baseline characteristics