Abstract E-185 Figure 1

stenois. In addition, one patient experienced intracranial hemorrhage 9 months after the initiation of DAPT.

Conclusions Progression of in-stent stenosis and new ipsilateral ischemic events are limited in the presence of DAPT. However, hemorrhagic events related to DAPT may occasionally occur.

Disclosures D. Lauzier: None. S. Cler: None. J. Osbun: 2; C; Medtronic, Microvention. A. Chatterjee: None. C. Moran: 2; C; Medtronic, Cerenovus. A. Kansagra: 2; C; Microvention, Penumbra.

E-186 MIDDLE MENINGEAL ARTERY EMBOLIZATION WITH N-BUTYL-2-CYANOACRYLATE (NBCA) FOR MANAGEMENT OF CHRONIC SUBDURAL HEMATOMA, A SINGLE CENTER EXPERIENCE


Introduction Chronic subdural hematomas (CSDH) with recurrence after burr hole irrigation cause significant morbidity, especially in elderly population where prevalence is higher. Use of N-butyl-2-cyanoacrylate (NBCA) has proven to be an effective and safe therapeutic agent for embolization of middle meningeal artery. In our study we present a retrospective analysis of 20 patients who underwent MMA embolization.

Methods In a prospectively maintained database in a single center we retrospectively analyzed 20 patients that were admitted to our institution that were diagnosed with CSDH and underwent MMA embolization with NBCA between January 1st, 2021 and December 31st, 2021. Primary endpoint was need for surgical intervention (burr hole and irrigation). Secondary endpoint was imaging stability and/or near stability, and functional outcome (measured by the modified Rankin Scale [mRS]). For the secondary endpoint, imaging and clinical assessment done at 1 and 3 months.

Results A total of 20 patients that required non-emergent MMA embolization were included in our study. 70% (14) were patient that were admitted for change in mental status directly related to CSDH. These patients were ruled out to be secondary to other reversible causes of encephalopathy. Other patients, 30% (6) underwent MMA embolization as an elective procedure. Out of the 20 patients, 100% had resolution of CSDH defined by stability of hematoma on head computed tomography (CT) on the week after the procedure, 1 month, and 3 months later. As well, all patients had an mRS of <2 at 1 and 3 months. None of the patients included required surgical intervention with irrigation for resolution of SDH after MMA embolization.

Conclusion MMA embolization with NBCA is an effective and safe method for management of CSDH as has been shown in prior retrospective studies. Surgical intervention with burr hole drilling and irrigation may increase morbidity and hospital stay and may not address the primary cause of bleeding. Randomized trials will help determine if MMA embolization is safe and effective for treatment of CSDH reducing morbidity and mortality.


E-187 PIPELINE EMBOLIZATION STENT FOR TREATMENT OF GIANT SUPRACLINOID ANEURYSMS: A CASE SERIES

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Background Cerebrovascular aneurysms of the supraclnoid region are a technical challenge and can particularly difficult to treat when greater than 25mm in diameter. Such giant aneurysms can be approached with various skull-based and endovascular surgical techniques and the advent of the Pipeline embolization stent presents a new treatment modality. Previously used for treatment of small aneurysms, the Pipeline is a flow diverter device that is more recently being investigated in its use for treatment of giant aneurysms with few studies to date published on its procedural outcomes.

Methods Here, we highlight the case of 3 patients presenting symptomatically to Henry Ford Hospital with giant supraclnoid aneurysms treated with the Pipeline stent and monitored on follow-up visits. We further review the most current case reports and the two clinical trials to-date investigating the utility of the Pipeline stent in treatment of large and giant cerebral aneurysms, highlighting the emerging evidence of its efficacy and long-term patient outcomes.

Results We report successful resolution of presenting symptoms and radiographic evidence of aneurysm size reduction on all patient follow-ups after placement of a single Pipeline stent in each case (Figure 1). We further report one incidence of an intra-operative embolic stroke complication with near-complete recovery on close follow-up and no post-operative complication in all cases (Table 1).