reported slightly higher depression scores (5.60 vs 6.58, PHQ-9), increased anxiety (5.60 vs 5.83, Hamilton Anxiety Scale), increased social support (6.40 vs 6.72, Multidimensional Scale of Perceived Social Support), decreased fatigue (2.80 vs 2.59, Fatigue Severity Scale), increased independence (83 vs 100, Barthel Index), increased emotional well-being (86.40 vs 88.67, SF36), increased role limitations due to emotional problems (86.67 vs 66.67, SF36), decrease in role limitation due to physical health (55.00 vs 66.67; SF36), increase in physical function (70.00 vs 98.75, SF36), moderate increase in energy/fatigue (51.00 vs 42.08, SF36), decrease in favorable general health (83.00 vs 77.08, SF36), and similar slight sleep disturbance (41.48 vs 42.60, PROMIS T-Score).

Conclusions The initial results of this ongoing study illustrate the feasibility and challenges of mental health screening and prophylactic randomized treatment in the acute care setting for post-SAH patients. Recruitment has been a challenge in this patient population. Here we describe the trends we see in outcomes at 12-months compared to baseline. These trends suggest that despite clinical improvement there may be an increase in depression and anxiety development one-year post-SAH.


Abstract E-195 Figure 1

Conclusions Head and neck AVMs can be treated successfully with a primarily endovascular management strategy by a multidisciplinary team with the goal of symptomatic control.

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E-196 EVOLUTION OF TRANSVENOUS EMBOLIZATION IN VEIN OF GALEN MALFORMATION: A CASE SERIES

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Introduction Vein of Galen Malformations (VOGM), in infants, presents with congestive heart failure, macrocephaly, failure to thrive, developmental delays, or other serious neurological impairment. Transarterial embolization (TAE) has markedly improved since the inception of endovascular therapy. In our practice, we obtain total obliteration in close to 80% of all cases with TAE. The remaining 20% of our cases typically have small arterial contributors that are uncatheterizable. Transvenous embolization (TVE) then becomes an attractive option. Here, we report our experience with various TVE techniques we have employed over time.

Methods A retrospective review of our clinical database for patients with the diagnosis of VOGM treated between January of 2004 and August of 2021 was performed. Patients who underwent TVE were selected for detailed analysis and further chart/imaging review.

Results Prior to 2004, three patients were treated by one of the authors (AB) with TT technique. The patients’ heart failure resolved, but the treatment led to poor clinical outcome and developmental delay. Our overall cohort of TVE in VOGM contains 14 patients with mostly choroidal VOGMs (13/14; 92.9%) and one mural VOGM (1/14; 7.1%). The age...