who remain in our care or were cured, 4 (33.3%) experience a mild developmental delay and 8 (66.6%) are neurologically intact/developing normally.

Conclusion We report that trans-umbilical access for endovascular embolization of VOGM and a similar high-flow malformation was a safe and effective therapy for 15 cases which demanded immediate intervention in the neonatal period. The benefits of trans-umbilical access are sparing of the femoral arteries for future treatments and potential applicability to other high-flow fistulas of the brain. It should be noted that this procedure may be the difference between life and death, and as such we stress the importance of effective UA and UV catheterization in the NICU.

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0-044 INCREASED INCIDENCE OF RUPTURED CEREBRAL ARTERIOVENOUS MALFORMATIONS AND MORTALITY IN THE UNITED STATES: UNINTENDED CONSEQUENCES OF THE ARUBA TRIAL?

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Introduction/Purpose The findings of the A Randomized Trial of Unruptured Brain Arteriovenous Malformation (ARUBA) trial, which determined that medical management was superior to prophylactic interventional therapy for the treatment of unruptured cerebral arteriovenous malformations (cAVMs), remain polarizing and controversial. Previous analyses of national registry data have demonstrated decreased rates of endovascular and surgical intervention for unruptured cAVMs following the publication of the ARUBA trial in 2014.

Materials and Methods Adult cAVM patient admissions were identified in the National Inpatient Sample (NIS) from 2009 to 2019 using International Classification of Diseases, Ninth and Tenth Revision, Clinical Modification codes. The incidence of cAVM rupture and in-hospital mortality were compared between the pre- (2009–2013) and post-ARUBA trial eras (2014–2019) using complex samples weighted estimates.

Results Among 121,415 hospitalizations for cAVM during the study period, 31,389 (25.9%) were admissions for acutely ruptured malformations. The incidence of both ruptured cAVM (13.3% vs. 34.4%, p<0.001) as well as rates of in-hospital mortality (2.0% vs. 7.6%, p<0.001) significantly increased in the post-ARUBA trial era. Following multivariable regression analysis adjusting for age, illness severity, and acute neurological condition, the post-ARUBA trial era was independently associated with both cAVM rupture (aOR 1.99, 95% CI 1.72 to 2.29; p<0.001) and in-hospital mortality (aOR 1.94, 95% CI 1.37 to 2.75; p<0.001).

Conclusion The incidence of ruptured cAVM increased following 2014, potentially a reflection of a paradigm shift to conservative and non-interventional management strategies in unruptured cAVM patients. Further studies may be necessary to exclude other confounders contributing to this rise.


0-045 Transvenous Embolization of Spinal Epidural Arteriovenous Fistula with Compressive Myelopathy

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Introduction Spinal Epidural Arteriovenous Fistula (SEDAVF) is a rare form of arteriovenous shunting between the epidural arcade and venous plexus, resulting in arterialization of the epidural plexus. Although the current mainstay treatment of such lesions involves trans-arterial embolization (TAE), we present a case describing an alternate trans-venous embolization (TVE) approach for these lesions.

Materials and Methods An elderly female with lumbar stenosis and neurogenic claudication presented with progressive leg paresthesias and weakness. On imaging, she was found to have a rapidly shunting spinal epidural arteriovenous fistula with seven arterial feeders from T12-L3. The fistula had extradural venous drainage into epidural and paraspinal venous plexuses. No intradural pathology was noted. After a transfemoral vein access, a microcatheter was advanced within the left descending lumbar vein. A 4 x 8 mm coil was then deployed within the vein followed by injection of liquid embolization agent.

Results Transvenous embolization (TVE) resulted in significant reduction in shunting through the SEDAVF, with a minor residual flow seen from the left L2 artery. To obliterate this, another microcatheter was then navigated through the left L2 artery for TAE with liquid embolization agent (figure 1). Post-procedural angiography showed no residual shunting and computed tomography showed stable canal stenosis. She was discharged home the same day at her neurological baseline.

Conclusion TAE although the current mainstay treatment of SEDAVF, carries a risk of reflux into critical arterial branches such as radiculomedullary arteries supplying the spinal cord. TVE is an alternate approach that avoids this complication, increases the likelihood of crossing the fistula due to proximity to the shunt and can be used for treatment of SEDAVFs with multiple arterial feeders.


0-046 Cerebral Vasospasm Following Arteriovenous Malformation Rupture: A Population-Based Cross Sectional Study

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Introduction/Purpose Limited evidence exists characterizing the incidence, risk factors, and clinical outcomes of arterial vasospasm secondary to cerebral arteriovenous malformation (cAVM) rupture. We utilize a population-based national registry to investigate this largely unexamined clinical entity.

Materials and Methods Weighted discharge data from the National Inpatient Sample during the period of 2015 to 2019