LONG-TERM FOLLOW-UP OF THE PCONUS DEVICE FOR THE TREATMENT OF WIDE-NECK BIFURCATION ANEURYSMS

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Purpose Wide-neck bifurcation aneurysms (WNBA) remain challenging for the neurointerventionist and/or neurosurgeon despite many recent advances. The pCONus (Phenox, Bochum, Germany) is an emerging device for endovascular neck protection, we report the first long-term results of this device.

Methods We performed a retrospective analysis of all consecutive intracranial WNBA treated with the pCONus. Patients’ characteristics were reviewed, procedural complications, angiographic (Roy-Raymond scale) and clinical outcomes were documented.

Results Between January 2016 and September 2019, 43 patients (74% female, median age 56 [49–66] years) with 43 WNBA (mean width of 6.8+/−2.1mm, dome/neck ratio of 1.3+/−0.2 and neck of 5.2+/−1.3mm) were included. A procedural angiographic complication was reported in 5 patients (12%), no patient presented a post-operative neurological deficit or long-term complication, mortality rate was 0%. At last follow-up (median of 46.5 months [38.3–51.7]), an adequate occlusion (complete and neck remnant) was observed in 37/43 patients (86%) and an aneurysm remnant in 6/43 (14%). Four patients (9%) needed retreatment. No in-stent stenosis or branch occlusion were depicted.

Conclusion pCONus device provides a safe and efficient alternative for endovascular wide-neck bifurcation aneurysms management, with long-term stability.

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FEASIBILITY AND SAFETY OF MECHANICAL THROMBECTOMY FOR SOLE PRIMARY ANGULAR ARTERY M3 AND M4 MCA OCCLUSIONS

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Introduction/Purpose To evaluate the feasibility, safety, and outcome in patients with isolated angular artery occlusion who underwent mechanical thrombectomy for primarily receptive aphasia among other neurological deficits.

Materials and Methods We retrospectively reviewed our prospectively maintained neurointerventional database from January 2018 to September 2021 and identified all patients who underwent mechanical thrombectomy for isolated angular artery occlusion. Patient demographics, procedural data, imaging follow up results and clinical outcome information was collected.

Results We identified 4 patients, all men, with ages 36, 62, 63 and 81. Angular artery occlusion was located at the M3 or