The Woven EndoBridge Device (WEB) is efficient and safe in the treatment of wide-neck bifurcation intracranial aneurysms. An important step in operative planning is establishing the appropriate dimension of the device, and achieve a good aneurysm catheterization. We describe a case of an anterior communicating artery wide-neck aneurysm treated with WEB with a challenge catheterization.

The treatment was planned with a WEB SL 10x8. For this device deployment was necessary a 0.033” inner diameter microcatheter. This microcatheter has a specifically engineered reinforced distal portion that allows device’s recapture and redeployment, but can make catheterization harder. The aneurysm catheterization was only possible after two 0.014” guidewires were advanced beyond anterior communicating artery. After this maneuver, the WEB was then deployed. Control cerebral angiogram at 3 months post-operatively revealed complete aneurysm occlusion. This experience showed that WEB can achieve good results for aneurysm greater than 10.0mm and sometimes and navigation could be the most complex step of the procedure. Two 0.014” guidewires can be an alternative when using 0.033” inner diameter.

**P16**

**SEMI-EMERGENT MANAGEMENT OF RUPTURED INTRACRANIAL BLOOD BLISTER-LIKE ANEURYSMS: SINGLE CENTRE EXPERIENCE**


**Introduction** Blood blister-like aneurysms (BBAs) are shallow, wide-necked aneurysms, account for 0.5–2% of ruptured intracranial aneurysms. Treatment options are complex and controversial, particularly regarding the timing of endovascular therapy. We prefer to treat these aneurysms at least a week after ictus, after balancing the risks of bleeding, vasospasm, and antiocoagulation.

**Aim of study** A tertiary neuroscience centre’s experience treating ruptured BBAs with an emphasis on endovascular treatment.

**Methods** Clinical records of all patients with subarachnoid haemorrhage secondary to ruptured BBAs presented to our institution between September 2014 and December 2021 were retrospectively reviewed. Data collected included details of aneurysms and treatment, clinical outcomes and follow-up imaging.

**Results** We included 19 patients. 14 patients (74%) were treated with endovascular flow diversion, 3 patients (16%) had endovascular coiling and 2 patients (10%) underwent surgical clipping. The median (IQR) time from admission to flow diverter treatment was 8 (4.5 to 15.25) days, during which no patient rebled. No haemorrhagic or thromboembolic complications occurred intraoperatively. All patients had clinical and MRI follow-up over an average of 18 months (range 6–60 months), with complete aneurysm obliteration noted in 17 patients (88%), and residual but stable aneurysm neck in 2 patients (12%). In clinical follow-up, 94% of patients (N=18) had a modified Rankin score of 2 or less after 180 days. No deaths were associated with the subarachnoid haemorrhage or treatment.

**Conclusions** Our endovascular treatment approach for ruptured blister aneurysms is safe and effective, with a low risk of procedural complications and favourable clinical outcomes.
REFERENCES


Do you have any conflict of interest to declare?: No

P17 HOW FAR CAN WE GO? WEB TECHNOLOGY FOR THE TREATMENT OF SIDEWALL IA. INITIAL EXPERIENCE IN A SINGLE INSTITUTION

Flow disruption technology using WEB device has been used safely for the treatment of wide-neck bifurcation aneurysms, but the use of this endovascular approach to treat side-wall lesions in terms of feasibility, safety, stability and aneurysm occlusion rateafter this treatment is unknown.

Materials and methods

Patients were carefully selected. IRB approved. Procedure related complications, procedural time, antipatelet therapy requirements. Web Occlusion Scale (WOS) was used for the Follow-up.

Results

From August 2017 and March 2021 a total of 14 wide-necked, sidewall, IA were selected for WEB treatment. Aneurysm mean size 5.3mm in width and 5.8 in height. Aneurysm Location: ICA 8 cases (five PComA, two Carotid-Aneurysm mean size 5.3mm in width and 5.8 in height. Aneurysm Location: ICA 8 cases (five PComA, two Carotid-Aneurysm mean size 5.3mm in width and 5.8 in height. Aneurysm Location: ICA 8 cases (five PComA, two Carotid-Aneurysm mean size 5.3mm in width and 5.8 in height. Aneurysm Location: ICA 8 cases (five PComA, two Carotid-

Conclusion

In our early experience using WEB device to treat different conditions than bifurcation IA’s, the results showed that endovascular approach was feasible in highly selected patients, safety profile in agreement with previous bifuarcation experiences and very effective to treat challenge cases with a high probability of recurrence or therapeutic failure.

REFERENCES


Do you have any conflict of interest to declare?: No

P18 ACUTE FLOW DIVERSION WITH PIPELINE FLEX AND PIPELINE VANTAGE WITH SHIELD TECHNOLOGY WITH SINGLE ANTIPLATELET COVER – SHORT TERM RESULTS

| 1N Skinner*, 1J Galea, 1J Van Beijnum, 2G Mattar, 1A Sastry, 1University Hospital of Wales, Cardiff, UK; 2University Hospital of Wales, Radiology, Cardiff, UK |

Introduction

Flow diversion in acute subarachnoid hemorrhage (aSAH) is controversial as the aneurysm is not immediately occluded and dual antiplatelet therapy potentially complicating surgical intervention. In high-risk aneurysms when clipping or clipping is not feasible, acute flow diversion may be considered as an alternative. There is minimal published data on safety and efficacy of acute flow diversion with single antiplatelet cover.

Aim of study

We aimed to demonstrate safety and efficacy of acute flow diversion with Pipeline Flex and Vantage with Shield technology with single antiplatelet cover.

Methods

This prospective single arm study assessed 33 patients treated for aSAH with Pipeline Flex or Vantage with Shield technology from February 2018 to October 2021. Patients received a single dose of intravenous aspirin or prasugrel 4 hours prior to device deployment. Rates of immediate complications and mortality were measured. Clinical and radiological outcomes were assessed at 6 months and 2 years.

Results

There was no device related mortality in the series. There were 2 strokes (6%) in the immediate post-operative period. There was 1 post-procedure rebleed (3%) with no clinical significance. Radiological outcomes demonstrated 88% complete occlusion at 6 months and 73% of patients had good clinical recovery on the Glasgow Outcome Scale. Two-year follow up on 8 patients demonstrated 100% occlusion rate.

Conclusion

Pipeline Flex and Vantage with Shield technology with phosphoryl choline surface modification is safe with no mortality and acceptable morbidity with single antiplatelet intra-operative cover. Initial results showed excellent occlusion and good clinical outcomes.

REFERENCES


Do you have any conflict of interest to declare?: No

P19 "BRAIN ANEURYSM FOUNDATION" – BRAIN ANEURYSM AWARENESS CAMPAIGN

A Sirvinskas*. Vilnius University Hospital, Interventional Radiology, Vilnius, Lithuania

10.1136/neurintsurg-2022-ESMINT.41

We would like to share our brain aneurysm awareness width scope campaign which we started in our country (Lithuania) with the ESMINT community. In a team with high-quality public relations specialists, we established the nonprofit