organization "Brain aneurysm foundation" and collected very interesting data about public awareness of brain aneurysms and already achieved valuable results (collected PHASES risk prediction scores; reached more than half of a million people through soc media).

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

P20
LONG-TERM FOLLOW-UP OF THE PCONUS DEVICE FOR THE TREATMENT OF WIDE-NECK BIFURCATION ANEURYSMS
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Introduction 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.

Aim of study 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 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.

REFERENCES

Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement Consultancy for Rapid Medical (travel grant only)

P21
COMPARISON OF CLOPIDOGREL AND TICAGRELOR FOR THE DUAL ANTIPLATELET THERAPY OF PATIENTS WITH UNRUPUTED CEREBRAL ANEURYSMS UNDERGOING ENDOVASCULAR TREATMENT
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Introduction Thromboembolic events are among the most critical complications in neuroendovascular procedures, and dual antiplatelet therapy (DAPT) can reduce them. The effects of using aspirin and clopidogrel in the DAPT are well characterized but using aspirin and ticagrelor has been less studied.

Methodology A retrospective cohort study was conducted between April 1, 2015, and December 30, 2020. The study included patients with endovascular treatment with diverting and non-flow diverting stents for unruptured cerebral aneurysms who received DAPT with aspirin and clopidogrel or with aspirin and ticagrelor.

Results One hundred forty-eight patients with unruptured intracranial aneurysms with diverting and non-diverting stents started DAPT with aspirin (100mg/day) and clopidogrel (75mg/day). Twenty-four of these patients had a poor response to clopidogrel according to the VerifyNow® test and had their DAPT changed to aspirin (100mg/day) and ticagrelor (90 mg/every 12 hours). One thrombotic complication (0.81%) and one bleeding complication (0.81%) occurred in patients receiving DAPT with clopidogrel and aspirin during the procedure. None of these complications (0.00%) occurred in patients receiving DAPT with ticagrelor and aspirin. At the six-month follow-up, four patients (3.15%) in the clopidogrel group presented thrombotic complications and none (0.00%) in the ticagrelor group. Regarding the hemorrhagic complications, four patients (3.23%) in the clopidogrel group had these complications, and one (4.17%) in the ticagrelor group six months after the procedure.

Conclusion DAPT with ticagrelor and aspirin is a safe and effective alternative to DAPT with clopidogrel and aspirin for patients with an inadequate response to clopidogrel.

REFERENCES

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