in 17/19 cases). Two interventional radiologists rated the images separately and in consensus.

**Results** Visualization of the WEB device position and conformation was rated as superior or highly superior using the UTE sequence in 18/19 MRIs and equal in 1, compared to TOF. Reperfusion was visible in 7/17 cases in DSA. TOF was able to grade reperfusion correctly in 13 cases and UTE in all 17 cases. Of the two remaining cases without DSA correlation, one demonstrated neck reperfusion on UTE, but not on TOF.

**Conclusion** Contrast-enhanced UTE is a novel MRI sequence that shows added value to standard sequences in non-invasive and radiation-free follow-up imaging of intracranial aneurysms treated using a WEB device.

**REFERENCES**


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

**P25 SHORT- AND LONG-TERM MORTALITY OF SUBARACHNOID HEMORRHAGE ACCORDING TO HOSPITAL VOLUME AND SEVERITY USING A NATIONWIDE MULTICENTER STROKE REGISTRY**

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Introduction Recent improvements in treatments for subarachnoid hemorrhage (SAH) have decreased mortality rates; however, the outcomes of SAH management are dependent on many other factors. In this study, we used nationwide, large-scale, observational data to investigate short- and long-term mortality rates after SAH treatment and the influence of patient severity and hospital volume.

**Patients and methods** We selected patients with SAH treated with clipping and coiling from the Korean Acute Stroke Assessment Registry. High- and low-volume hospitals were defined as hospitals that perform >20 clipping and coiling procedures and ≤20 clipping and coiling procedures per year, respectively. Short- and long-term mortality were tracked using data from the Health Insurance Review and Assessment Service.

**Results** Among 2,634 patients treated using clipping and coiling, 1,544 (58.6%) and 1,090 (41.4%) were hospitalized in high- and low-volume hospitals, respectively, and 910 (34.5%) and 1,724 (65.5%) were treated with clipping and coiling, respectively. Mortality rates were 13.5%, 14.4%, 15.2%, and 16.1% at 3 months and 1, 2, and 4 years, respectively. High-volume hospitals had a significantly lower 3-month mortality rate. Patients with mild clinical status had a significantly lower 3-month mortality rate in high-volume hospitals than in low-volume hospitals. Patients with severe clinical status had significantly lower 1- and 2-year mortality rates in high-volume hospitals than in low-volume hospitals.

**Conclusion** Short- and long-term mortality in patients with SAH differed according to hospital volume. In the modern endovascular era, clipping and coiling can lead to better outcomes in facilities with high-stroke-care capabilities.

**REFERENCES**


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

**P26 WIDE NECK ANEURYSM OF ANTERIOR COMMUNICATING ARTERY TREATED BY SILK VISTA BABY: MEDIUM/LONG TERM FOLLOW-UP IN “CROSS” SECTION STENT DEPLOYMENT AND “KISSING” STENT TECHNIQUE**

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Wide neck aneurysm of the anterior communicating artery frequently involving A1–2 angle are challenging cases for the surgery and endovascular treatment.

This case series reports clinical experience using the Silk Vista Baby (SVB, Balt Extrusion, Montmorency, France), a flow diverter (FD) designed to treat intracranial aneurysms in small, distal vessels.

All patients underwent treatment with SVB in period July 2018–October 2021 and were retrospectively identified. Baseline patient and aneurysm characteristics, intra-procedural technical outcomes, modified Rankin Scale (mRS) at discharge, magnetic resonance imaging (MRI) results at 3/12/36 month follow-up, and angiographic results at 6/12 month follow-up were collected.

Total of 10 patients (13 aneurysm); mean age 64.7 years, mostly symptomatic (8/10, 80%), 3 patients had subarachnoid hemorrhage (3/10, 30%), were treated by 15 SVB stents.

Sufficient aneurysm coverage was achieved in 50% (5/10) of patients with a single device, deployed in “cross”, in 50% (5/10) two stents positioned by “kissing” technique were necessary for aneurysm exclusion.

Mortality did not occur (0/10, 0%); intra-procedural adverse device-related events included side branch occlusion and in-stent thrombosis (2/10, 20%) was observed.

In 70% (7/10), small aneurysmal remnant upon 3 months follow-up was observed; upon 6 month angiography showed complete occlusion (8/10, 80%) mostly treated by “kissing” stents (5/10 vs 2/10) with no significant stent deformation. No occlusion of the side covered branch was detected on 24.9 months MRI follow-up.

This small case series showed that the SVB FD is safe, feasible and effective to use in patients with wide neck anterior communicate aneurysms.

**REFERENCES**

