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


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

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. Base-line 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
Introduction Contour Neurovascular System embolization device is a novel tool for the treatment of intracranial aneurysms. A total of 13 patients were treated with Contour device at our center. Imaging follow-up was obtained with a 6-month angiography.

Results A total of 13 patients were treated with Contour system at our institution (9 women; mean age 72 years). Sites of treatment were five middle cerebral artery, three internal carotid artery, three anterior communicating artery, two basilar tip. In two patients aneurysm was ruptured. In all cases, Contour device was well-positioned at the end of the procedure. At 6-month follow-up, complete occlusion (class I in Modified Raymond-Roy Classification – MRRC) was obtained in 69% of cases (9/13) with a 23% (3/13) of aneurysmal wall remnants (class IIIb). In one ruptured case, class IIIa of MRRC was obtained. Modified Rankin Scale at 90 days was <3 in 77% (10/13) and 3 in 15% (2/13) of cases. Intraprocedural complications were recorded in one case because of parental vessel occlusion, with mRS=3 at 6-month follow-up.

Conclusions Contour device seems to be a promising alternative for treatment of intracranial aneurysms, also in the emergency setting. Larger case series with longer follow-up are needed to confirm our preliminary results.

REFERENCE

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