Conclusion These results show good safety profile at 1 month, with low rate of neurological/neurovascular event with permanent deficit and no mortality at 30 days, confirming the safety of WEB0.017 use in intracranial aneurysm treatment, unruptured or ruptured.

REFERENCES

Do you have any conflict of interest to declare?: Yes
Conflict of Interest Statement
Consulting agreements with Microvention, Medtronic, Stryker, Cerenovus

FLOW DIVERSION FOR INTERNAL CAROTID ARTERY ANEURYSMS WITH COMpressive NEURO-OPHTHALMOLOGIC SYMPTOMS: RESULTS FROM AN INTERNATIONAL MULTICENTER STUDY


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Introduction Data on the safety and efficacy of flow diverters (FD) for the treatment of unruptured internal carotid artery (ICA) aneurysms with compressive neuro-ophthalmological symptoms are scarce.

Aim of the Study To provide evidence compiling the largest dataset published to date.

Methods Data from nine neurointerventional departments, encompassing all patients treated since 2015 with a FD for unruptured aneurysms of the ICA with signs of compressive cranial nerve symptoms (CN II, III, IV, VI), were pooled.

Results 55 patients with 55 aneurysms were treated. After 13 ±10.4 months, 37.3% of patients recovered completely and 35.3% at least partially from their neuro-ophthalmological symptoms. In multivariable models, a longer delay between symptom onset and treatment was associated with higher odds for incomplete recovery and lower odds for any improvement (aOR 1.03 [1.01 – 1.7], p=0.047 and 0.04 [0 – 0.81], p=0.020). Treatment-related morbidity and mortality rates were 7.4% and 3.7%. Increasing age (OR per decade 3.2 [95% CI 1.23–8.49]; p=0.02) and dual antiplatelet therapy with Ticagrelor (OR 13.9 [95% CI 1.16–165.97]; p=0.04) were significant risk factors. After 13.3 ± 10.5 months, rates of complete aneurysm occlusion, neck remnant and aneurysm remnant were 74%, 14% and 12%. Incomplete occlusion at follow-up was less frequently observed in aneurysms treated with additional coil embolization (OR 0.1 [95% CI 0.01–0.86]; p=0.04).

Conclusion FDS are effective to treat patients with compressive aneurysms of the ICA causing neuro-ophthalmological symptoms, especially when treatment is initiated early after symptom onset, but serious complications are not rare.

REFERENCES

Do you have any conflict of interest to declare?: Yes
Conflict of Interest Statement Consultancy with Microvention, proctoring contract with MicroVention, member of the clinical event committee for a study on a flow diverter, sponsored by Microvention. Received stents from Phenox for research purposes.

FRED-UK: SAFETY AND EFFICACY ANALYSIS OF FRED™/FRED™ JR EMBOLIC DEVICE IN ANEURYSM TREATMENT – EFFICACY AND SAFETY RESULTS AT 12–24 MONTHS


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Introduction Flow diversion is a widely accepted technique for the treatment of intracranial aneurysms. Aim Study objectives are to provide safety and efficacy data on the FRED/FRED Jr devices in treatment of aneurysms in UK centers following a good clinical practice study design.

We report on full population efficacy and safety results with follow-up of 12 to 24 months post procedure.

Methods FRED UK is a prospective, multicenter study conducted in 7 UK sites.

Data collected are 100% monitored and primary endpoints independently evaluated: adverse events adjudicated by CEC and occlusion rates assessed using Corelab using Raymond scale.

Results 61 patients with 47 unruptured aneurysms and 14 ruptured aneurysms were enrolled.

Aneurysm were mainly cavernous (41.0%) and supraclinoid ICA locations (34.4%). Aneurysms treated were small (<10mm) in 59.0%, large (10–25mm) in 39.3% and giant (>25mm) in 1.6%. The FRED/FRED Jr device was...