(3.7%), thromboembolic complications in 3 cases (5.7%). Median clinical follow-up was 640 days and median angiographic follow-up was 690 days. Ten patients (18.9%) had poor-grade subarachnoid hemorrhage died in the acute phase. Favorable clinical outcome (modified Rankin scale ≤2) was observed in 27 of 53 patients (51%) and a moderate outcome (modified Rankin scale 3/4) was observed in 12 of 53 patients (22.6%). All aneurysms showed complete occlusion at follow-up.

Conclusions Flow diverters might be a feasible, alternative treatment option for acutely symptomatic dissecting aneurysms and may effectively prevent rebleeding in ruptured aneurysms.

REFERENCES


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

P31 PATIENTS TREATED WITH THE PIPELINE SHIELD FLOW DIVERTER ENROLLED WITHIN THE INSPIRE STUDY: PRIMARY ANALYSIS

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Introduction The Pipeline Flex flow diverter with Shield Technology for intracranial aneurysms is designed to enhance endothelialization of the device with low thromboembolic risks. We analyze the efficacy and safety outcomes after Pipeline Shield therapy at the 1-year follow-up in INSPIRE, a large prospective, multicenter, single arm study that collects post-market data on multiple devices from more than 40 centers world-wide.

Methods Patients are followed for 1-year post-procedure and results are adjudicated by an independent Clinical Events Committee and Imaging Core Laboratory. All patients are treated per their hospital’s standard of care. The primary safety endpoint is neurological death or major stroke in the treated vascular area. The primary efficacy endpoint is complete aneurysm occlusion without significant parent artery stenosis (>50%) or retreatment. For this analysis, the last-available observation was carried forward to overcome differences between centers’ imaging schedules.

Results A total of 537 patients were enrolled. The data analysis of safety and imaging follow-up data through 1-year is still ongoing will be reported including primary efficacy outcome, the rates of significant parent artery stenosis (>50%), and neurological death or major stroke in the treated area. The etiology of these strokes is analyzed. Further subgroup analyses will be presented.

Conclusion The primary analysis of the INSPIRE study is still ongoing. During the conference, we will provide safety and efficacy data on a large and heterogeneous patient population treated with the Pipeline Shield device, with adjudication by CEC and Imaging Core Lab ensuring high quality of these data.

REFERENCES

1. Periprocedural Outcomes and Early Safety with the use of the Pipeline Flex Embolization Device with Shield Technology for Unruptured Intracranial Aneurysms: Preliminary Results from a Prospective Clinical Study. J Neurointerv Surg, 2017

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

Conflict of Interest Statement Investigator in INSPIRE Registry, Consultant for MEDtronic NV

P32 NEQSTENT AS A DEVICE THAT COMBINES THE BEST OF THE OLD AND THE NEW – A SINGLE CENTER INITIAL EXPERIENCE

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Introduction The treatment of intracranial complex wide-neck aneurysms with endovascular techniques is difficult. There are new intrasacellar devices available, as well as for use in the parent vessel. The Neqstent device, which combines the best features of embolization with coils and stent protection of the aneurysm neck without the need for antiplatelet therapy, is designed for the treatment of complex aneurysms. The initial single-center experience with the device for the treatment of complex aneurysms, both unruptured and ruptured, is presented. This device’s effectiveness and safety have yet to be determined.

Materials and Methods The study included 20 patients treated with the Neqstent device. The MCA bifurcation and basilar tip were the most common sites for aneurysms. The majority of aneurysms were not ruptured. Clinical information and DSA images were gathered and analysed. The RROC Scale was used to assess immediate aneurysm occlusion.

Results All patients with unruptured aneurysms had a good clinical outcome. All aneurysms had adequate immediate occlusion. Technically, embolization with Neqstent, both with “jailing” and “through the stent”, is relatively simple. It’s simple to adjust the device’s size.

Conclusions Preliminary findings show that the Neqstent device is safe and effective in occluding complex aneurysms. Long-term effects are still being investigated, but it appears that combining the technique of coil embolization with a stent in the aneurysm neck should yield good results without the need for antiplatelet therapy. Long-term results should make this device another tool that allows more brain aneurysms to be qualified for endovascular therapy.

REFERENCES

Own Material for Research.

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