FLOW DIVERSION FOR RECURRENT ANEURYSMS AFTER STENT-ASSISTED COILING: MULTICENTER EXPERIENCE

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Introduction There is limited data regarding the safety and efficacy of salvage flow diversion (FD) in persistent/recanalized aneurysms after stent-assisted coiling (SAC), which can occur in 15–20% of cases, with preliminary data suggesting lower efficacy in this particular subgroup.

Aim of study To study FD after SAC in a large multicenter cohort.

Methods A series of consecutive patients undergoing FD after SAC from 16 institutions were included (2011–2021) were included, with a primary outcome of angiographic occlusion and secondary outcomes of safety and complications.

Results Eighty-two patients (median-age 57, 69.5% females) were included. The majority of aneurysms were located in the internal carotid artery (70.7%), sacular in morphology (81.7%), with a median maximal diameter of 9 mm (IQR 5.6–15), and 51.2% initially presenting as ruptured aneurysms. The median elapsed time between initial SAC and salvage FD was 25.1 months, with Pipeline Embolization Device (PED) being the most commonly utilized FD device (95.1%). At a median follow-up of 19 months after FD, complete angiographic occlusion was achieved in 64.7% of cases, and near-complete occlusion (90–99%) in 17.6% of the cases. Permanent thromboembolic complications were encountered in 2.4% of the patients, and one procedural mortality secondary to hemorrhagic complication (1.2%). Favorable modified Rankin Scale (mRS) of 0–2 was encountered in 94.4% of patients on last available clinical follow-up.

Conclusions Flow diversion for recurrent aneurysms after SAC is associated with a reasonable safety and efficacy profiles, comparable to de-novo flow-diverted aneurysms.

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

Aneurysm Treatment with Web in the Combined Population of Two Prospective, Multicenter Series (WebCAST & WebCAST 2): 5-Year Follow-Up

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Introduction Since its introduction in the clinical practice, the WEB device has been widely evaluated in several prospective, multicenter studies conducted in Europe, USA, and Asia showing the great safety of the device and its good efficacy in short- and mid-term follow-up. Evaluation in the long-term follow-up (e.g., delayed complications, anatomical results, retreatment) is also important.

Aims of the Study The current analysis reports the 5-year clinical and anatomical results of WEB treatment in two European combined trial populations (WEBCAST and WebCAST-2).