Results Mean age was 64.3 ± 10.3 years. Major indication to this approach was: anatomical and access limitations. (Two patients with Leriche Syndrome) All cases performed with ultrasound. A 4 Fr. Micro-puncture set were used in all procedures and posteriorly a 6Fr. Introducer was inserted. Technical success in all cases (100%). For MT(n=5): a SOFIA 6Fr for ADAPT was used in 3 cases with TICI 2b-3 in all cases. Combined approach “Solumbra”-solitaire and aspiration catheter was used in two cases, one TICI 2a and one TICI 3. For the AVM’s treatment we use a 6Fr guiding catheter and non-detachable microcatheters to inject Onix with a high grade of obliteration. Five aneurysms were treated with this approach (2 ICA – ophthalmic; 2 MCA and one AcomA) Mean average time of the procedure was 34.5 min. (ranged 9–59 min) just one bleeding complication observed at the closure device use. In all cases but one we use Angio-Seal 6Fr as closure device.

Conclusion

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The source of bleeding was different from before. The tube, 23% less equivalent dosis next to the detector). The overall quality of the image was detected by all raters more than 95% as good/very good.

Conclusion Air gap in neurointerventions can reduce radiation dose and exposure without compromise of image quality.

REFERENCES


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

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AIR GAP IN NEUROINTERVENTIONS – A REDUCTION OF RADIATION DOSE AND EXPOSURE

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

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ROLE OF EMBOLIZATION IN HEAD & NECK CANCER PATIENTS WITH ORONASAL HEMORRHAGE FROM THE EXTERNAL CAROTID ARTERY SYSTEM

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Introduction Bleeding in patients with head-neck cancers could be from a carotid blow out or external carotid artery (ECA) source. Management of latter is a poorly discussed subject.

Objective To review the effectiveness and safety of embolization in managing ECA territory hemorrhage in head-neck cancer patients.

Methods We retrospectively reviewed head-neck cancer patients who presented with severe oronasal bleeding and underwent digital-subtraction-angiography between June-2011 to June-2021. Internal-carotid artery blowouts were excluded and those who underwent embolization of the ECA territory branches were included in the study. The outcomes of embolization were reviewed.

Results Fourteen patients with 15 embolizations were identified. Technical success rate of embolization was 100% with no procedural complications. Overall long-term hemostatic rate was 53.3% (8/15). The re-bleed rate of targeted and empiric embolizations was 42.9% (3/7) and 50.0% (4/8) respectively. There was no rebleed in any of the 5 patients where liquid embolics were used.

The median time to rebleed was 5 days (IQR 4–53 days). Five of the 6 patients with rebleed underwent surgical ligation of sphenopalatine or ECA. A third intervention was required in 3 of these patients. In one patient who went for re-embolization, the source of bleeding was different from before.

Conclusion Technical success rate and safety of embolization for head-neck cancer related ECA territory bleeds is excellent; but re-bleeding is common. The role of liquid embolics in reduce rebleeding need further evaluation. Rebleeds is high with surgical hemostasis as-well. Hence the managing clinicians and patients should be prepared for re-interventions.

REFERENCES


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