treated with the 0.088-inch catheter alone. Single pass mTICI 2C and 3 was achieved in 22 cases. Two-pass thrombectomy resulted in mTICI 2C or 3 in 3 cases. All cases achieved mTICI ≥2B. In this subgroup, mean time from groin puncture to first pass was 16 minutes (range 6-31 minutes) and mean time from puncture to recanalization was 22 minutes (range 13-36 minutes). In the remaining 10 cases, the 0.088-inch catheter was used as the first line treatment approach but additional passes with other catheters/devices were needed to achieve successful reperfusion mTICI≥2B. Median number of passes was 2.5 (range 2-4) witch excellent reperfusion achieved in 5 cases (50% of subgroup). mTICI ≥2B was achieved in all cases. In this subgroup, mean time from groin puncture to first pass was 14 minutes (range 10-21 minutes) and mean time from puncture to recanalization was 51 minutes (range 33-76 minutes). Overall excellent reperfusion was achieved in 25 cases (75%). One self-limiting active extravasation was encountered without clinical sequala. No procedure-related symptomatic intracranial hemorrhage occurred.

Conclusion Navigation of the super large-bore aspiration catheter extender over the Tenzing insert was successful and safe. First-pass effect with mTICI≥2B was achieved in 64.3% and mTICI≥2C in 57.1%.

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E-180 RUPTURED INTRACRANIAL ANEURYSMS TREATED WITH WOVEN ENDOBRIDGE (WEB) DEVICE: A CASE SERIES

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Introduction/Purpose The efficacy of the Woven Endobridge (WEB) embolization system has been well-established for its use in wide-necked bifurcation unruptured aneurysms. Emerging evidence now suggests its potential application as an intervention for acutely ruptured aneurysms. Currently, the conventional treatment for ruptured intracranial aneurysms is endovascular coiling, and for those not amenable to such, microsurgical clipping. While coiling provides a solution for acute rupture, this approach is associated with moderate thromboembolic and hemorrhagic complications due to its dependence on adjunct flow diverters and stents (and requisite dual antiplatelet therapy use). The WEB device has therefore become a promising alternative to coiling, removing the need for antiplatelet therapy for these patients with subarachnoid hemorrhage (SAH). Most of the literature for the safety and outcomes of the WEB device has focused on unruptured aneurysms. This study presents a case series in which this embolization system was used as the primary treatment for ruptured intracranial aneurysms. We aim to provide more data on the use of WEB devices in this setting to further expand insight into the role of this neurointerventional management strategy.

Materials and Methods Thirty-six patients with ruptured aneurysms treated with WEB devices from 9/2019 to 02/2023 were included. By retrospective evaluation, we describe aneurysm characteristics, intra and post-operative details, complications and immediate in-hospital outcomes.

Results WEB devices were successfully deployed in 40 aneurysms in 36 patients (H&H grade: 1- 2, 2- 9, 3- 15, 4- 4, 5- 6) with a technical success rate of 97.5%, with one aneurysm requiring conversion to surgical clipping. Thirteen aneurysms were located at the anterior communicating artery (Acom), eight at the middle cerebral artery (MCA), six at the basilar artery (BA) apex, five at the posterior communicating artery (Pcom), three at the internal carotid artery terminus, three at the ophthalmic artery (OA), and one at the pericallosal artery. Median aneurysm dome size was 5.6 mm, median neck size was 4 mm, and median height was 4.1 mm.Immediate post-op adequate occlusion rate was 92.3%. One large BA aneurysm required coiling around the WEB, and two aneurysms (MCA and Acom) required stent augmentation to the embolization. Additionally, two other aneurysms (OA and PCom) were found to have significant recurrence at 6-month follow up, requiring flow diverter treatment, for a total overall occlusion rate of 87%. No other intraoperative complications or ruptures were encountered. All patients, except those requiring stents, were treated postoperatively with acetylsalicylic acid. Three patients experienced post-procedural embolic ischemic complications. There were no additional hemorrhagic complications, and no rebleeding was reported during hospital stay. Eight patients died from initial high-grade SAH or withdrawal of care. Most patients only had in-hospital follow-up with an average follow-up length of 3.5 months. Seventeen patients were seen at various post-discharge intervals and 12 had angiographic follow-ups with two taken for retreatment and 10 showing adequate occlusion.

Conclusions This study demonstrates the safety and efficacy of the WEB device in the occlusion of ruptured cerebral aneurysms and the prevention of rebleeding.

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E-181 PROPER INDICATION OF WOVEN ENDOBRIDGE EMBOLIZATION FROM A BEGINNER'S POINT OF VIEW

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The purpose of this study is to evaluate the feasibility of the WEB device from a beginner's point of view. Fifteen aneurysms were included. Aneurysm locations were the following: Acom (9), MCA (3), and basilar tip (3). The WEB devices were successfully delivered in all cases. Two patients changed their WEB size. Short-term angiographic occlusion was obtained in all cases. Aneurysm embolization with the WEB device appears feasible and effective. However, beginners should be better to try easy cases considering aneurysm height and the deviation of the aneurysm axis to the inlet flow line.

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