

excellent ergonomics, prone ulnar access should be routinely considered when performing intra-operative cerebral angiography during prone neurovascular cases in the occipital region, parietal region or posterior fossa.

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E-256 EARLY EXPERIENCE USING STRYKER'S TARGET TETRA COILS FOR ANEURYSM EMBOLIZATION

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Background Recent modifications to GDC coils have allowed for adaptation to aneurysm morphology and widened the indications for neurointerventional treatment of intracerebral aneurysms. The Target Tetra coils (Stryker, Kalamazoo, MI) provide an additional option among the newer generation of embolization devices that continue to push the boundary of neuroendovascular treatments of intracerebral aneurysms.

Methods The authors present ten consecutive intracerebral aneurysms treated with Tetra target coils in nine total patients at a single institution. Half of these treatments were in the context of subarachnoid hemorrhage presenting with Hunt

Hess 2/mean modified Fisher 3.5. Although five of the aneurysms arose from the anterior communicating artery, a variety of locations were also treated in this cohort. All patients had aneurysms treated with only Tetra coils except for one aneurysm, which required larger sized Target coils to frame and was packed with Tetra coils, thereafter. Average dome-to-neck ratio was 1.275 with mean longest dimension being 4.31 mm (1.6-7.19 mm). 7/10 aneurysms were treated with primary coil embolization while a FRED-X (Microvention, Aliso Viego, CA), Atlas stent (Stryker), and Comaneci embolization assist device (RapidMedical, Yokneam, Israel) were required to facilitate the others interventions.

Results Average packing density was 24.7% (12.7, 42.2) with no radiographic or clinical evidence of rupture in the intra-operative or immediate post-operative period. No patients developed a new neurologic deficit or decline in exam following treatment. Aside from a single aneurysm that was treated with embolization of a distal daughter sac, no further treatments are expected.

Conclusions The Target Tetra coils provide a 2-in-1 feature with a unique tetrahedral shape allowing stability in wide necked aneurysms and a soft helical tail that enables stable packing. In our experience, these features have been particularly beneficial in the embolization of small wide-neck aneurysms.

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Abstract E-256 Table 1 Early experience with tetra coils for aneurysm embolization

ACCESS	LOCATION	SIZE(mm)	NECK(mm)	DOME:NECK RATIO	ADJUVANTS	COIL SIZES	PACKING DENSITY
radial	acom	3.5x4.25x4.48	3.9	1.1	none	2.5x6,2x6	27
radial	basilar	2.38x2.99x2.17	2.41	1.2	none	2.5x3.5	25
femoral	mca	2x1.4x1.4	1.2	1.3	none	2.5x3.5	42
snuffbox	acom	3.7x5.22x3.28	3.91	1.4	Comaneci	2x6, 1.5x3	17
femoral	acom	2.73x2.47x1.68	2.84	1	FRED-X	2x2.5, 1.5x2	21
femoral	acom	1.89x2.5x1.57	2.04	1.2	none	1.5x2	29
snuffbox	pca	4.51x4.2x3.92	3.26	1.3	none	3.5x8,2x4	13
femoral	pcom	3.74x3.27x4.78	3.28	1.2	none	3.5x8,2.5x3.5,2x3.5,2x3.5	34
femoral	ICA T	4.61x4.96x4.35	4.7	1.05	Atlas	3.5x8, 2x4.5,1.5x3	15



Abstract E-256 Figure 1