

placement of multiple telescoping devices, while the remaining one was treated with a single device.

Conclusions PED-Shield represents a new option for treatment of ruptured blister, dissecting, and iatrogenic pseudoaneurysms of the internal carotid artery, and the presented work represents the largest series to date describing treatment of this pathology with PED-Shield. The reduced material thrombogenicity appears to improve the safety of the PED-Shield device, as our series demonstrated no thromboembolic complications, even among patients treated with only single antiplatelet therapy. The efficacy of the PED-Shield reported in this series, particularly with placement of two devices, demonstrates its potential as a first-line treatment option for these pathologies.

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P-022 VENOUS SINUS DIVERTICULUM CLINICAL PRESENTATION AND PATIENT OUTCOMES FOLLOWING ENDOVASCULAR INTERVENTION

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Introduction/Purpose Venous diverticula are rare neurovascular defects that consist of an outpouching in the wall of a venous sinus. Multiple cases of venous diverticula have been found in the sigmoid sinus and jugular bulb, with the presence of dehiscence at the base of the temporal bone. Debilitating symptoms can be associated with the presence of venous sinus diverticula warranting open or endovascular treatment. This project seeks to report trends in patient presentation, successful treatment modalities for diverticula cure, and accompanying patient outcomes associated with venous sinus diverticula.

Materials and Methods 9 patient cases with diagnosed transverse sigmoid or jugular bulb diverticula were reviewed. Qualitative analysis was performed to determine the prevalence of dehiscence, laterality of diverticula, predominant symptoms at presentation, and treatment modalities. Patient outcomes and responses to treatment were compared and associated morbidity identified.

Results 66.6% (6/9) of patients presented with a right sided venous diverticulum, the majority (4/6) being in the transverse sigmoid sinus. 22.2% of patients (2/9) presented with left jugular bulb diverticula and 11.1% (1/9) presenting with a left transverse sigmoid diverticulum. There was a female preponderance with 55.6% (5/9) of the affected patients being women. All patients received a stent-assisted coil embolization for diverticula resolution. 77.8% (7/9) patients had improvement or complete symptom alleviation following endovascular coiling. Zero patients had post operative complications.

Conclusion We bring forth nine novel cases of venous diverticula, to contribute to the existing cases of venous sinus diverticula. Trends in the incidence and epidemiology of our venous diverticula cases closely adhere to those outlined in the literature. Additionally, we find endovascular treatment for venous sinus diverticula obliteration have favorable outcomes in regard to symptom alleviation with minimal complications associated with treatment.

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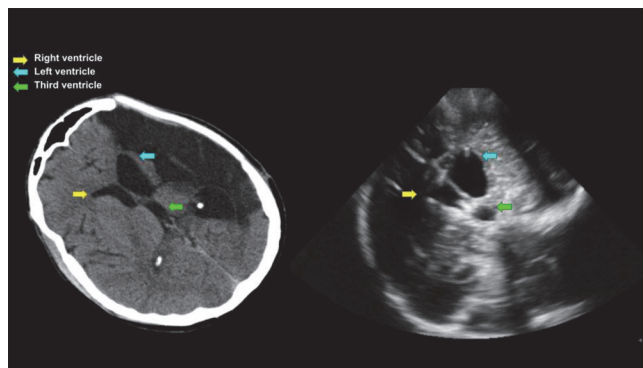
P-023 INITIAL EXPERIENCE WITH TRANSCRANIAL ULTRASOUND THROUGH SONOLUCENT CRANIOPLASTY AFTER HEMICRANIECTOMY FOR ISCHEMIC AND HEMORRHAGIC STROKE

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Introduction Neurosurgery is a field which embraces innovation, yet, the use of ultrasound has been adapted more slowly than other specialties. Diagnostic ultrasound has several advantages, including low cost, point-of-care accessibility, and lack of radiation exposure. Recently, advances in types of cranioplasty implants are creating new windows to perform transcranial ultrasound.

Materials and Methods Consecutive patients who underwent decompressive hemicraniectomy (DHC) followed by cranioplasty with custom clear polymethyl methacrylate implant based on computed tomography were included. Postoperative sonography was performed and findings were recorded. Patient demographics including age, gender, indication, infection rate, and revision rates were analyzed.



Abstract P-023 Figure 1