

24-hour NIHSS reduction (SP 3 vs BP 4; $p = 0.56$) or rates of periprocedural complications (SP 24% vs BP 39%; $p = 0.09$).

Conclusion SP angiography and BP angiography use for endovascular thrombectomy of emergent MeVOs have similar levels of safety and effectiveness. Procedural times are similar; however, SP system use results in greater total radiation dosage and greater contrast volumes.

Disclosures J. Nguyen: None. A. Denardo: None. J. Scott: None. D. Sahlein: None. K. Amuluru: None.

E-022

SINGLE-FLOW DIVERTER STENT EFFICACY OF SURPASS STREAMLINE FOR LARGE AND GIANT EXTRADURAL ICA ANEURYSMS: COMPARISON OF LONG-TERM OCCLUSION RATES FROM SCENT AND PUF3

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10.1136/jnis-2023-SNIS.122

Introduction/Purpose Flow diverting stents (FDS) have been established as the primary treatment modality for large and giant extradural ICA aneurysms. The SCENT study, which is the largest prospective FDS study to date, demonstrated the safety and efficacy of the Surpass Streamline™ FDS with the goal of utilizing a single-FDS strategy. We sought to compare both the long-term occlusion rates of extradural ICA aneurysms treated in SCENT and the number of FDS used with the published results of the PUF3 (Pipeline) study.

Materials and Methods We performed a retrospective subgroup analysis of the prospective multi-center SCENT study dataset. We identified all subjects who had an extradural aneurysm treated and identified the demographics, procedural characteristics, and occlusion rates of those available for 36-month follow-up. These results were compared with the published long-term results of the PUF3 study using Fisher's Exact Test.

Results Of the 180 subjects treated in SCENT, 56 had an extradural aneurysm (mean age = 62.9 ± 10.2 years, 94.6% female, 26.8% current smoker). These aneurysms were primarily saccular (48/56, 85.7%) and measured on average 17.4 ± 7.3 mm. Technical success of the index procedure was achieved in 55/56 patients (98.2%). Each SCENT study treatment required on average 1.2 ± 0.5 Surpass FDS as compared to the 105/107 patients treated in PUF3 who received multiple devices (mean Pipelines implanted 3, range 1-15). Long-term (36-month) angiographic results from SCENT demonstrated adequate occlusion (Raymond 1 or 2) in 34/35 (97.1%) of aneurysms available for follow-up. This rate of occlusion was nearly identical to the 36-month rate of adequate occlusion from the PUF3 study (73/75 aneurysms, 97.3%, $p=0.687$).

Conclusion The Surpass Streamline™ FDS provides comparable long-term efficacy to the Pipeline embolization device for extradural ICA aneurysms with the benefit of a cost-effective single-FDS technique.

Disclosures A. Coon: 2; C; Stryker, Medtronic, Microvention, InNeuroCo, Imperative, Rapid, Cerenovus. J. Campos: None. P. Meyers: 2; C; Stryker, Medtronic, Penumbra. P. Kan: 2; C;

Stryker, Cerenovus. 4; C; InNeuroCo. P. Tausky: None. A. Wakhloo: 1; C; Philips Medical. 2; C; Stryker, Phenox. 3; C; SCENT Trial. 4; C; InNeuroCo, EpiEP, Neural Analytics, Rist, Analytics 4 Life, ThrombX. R. Hanel: 1; C; NIH, Interline Endowment, Microvention, Stryker, CNX. 2; C; Stryker, Medtronic, Cerenovus, Microvention, Balt, Phenox, Rapid Medical, Q'Apel. 4; C; InNeuroCo, Cerebrotech, eLum, Endostream, Three Rivers Medical Inc., Scientia, RIST, BlinkTBI, Corindus. 6; C; Advisory board for MiVI, Advisory board for eLum, Advisory board for Three Rivers, Advisory board for Shape Medical, Advisory board for Corindus.

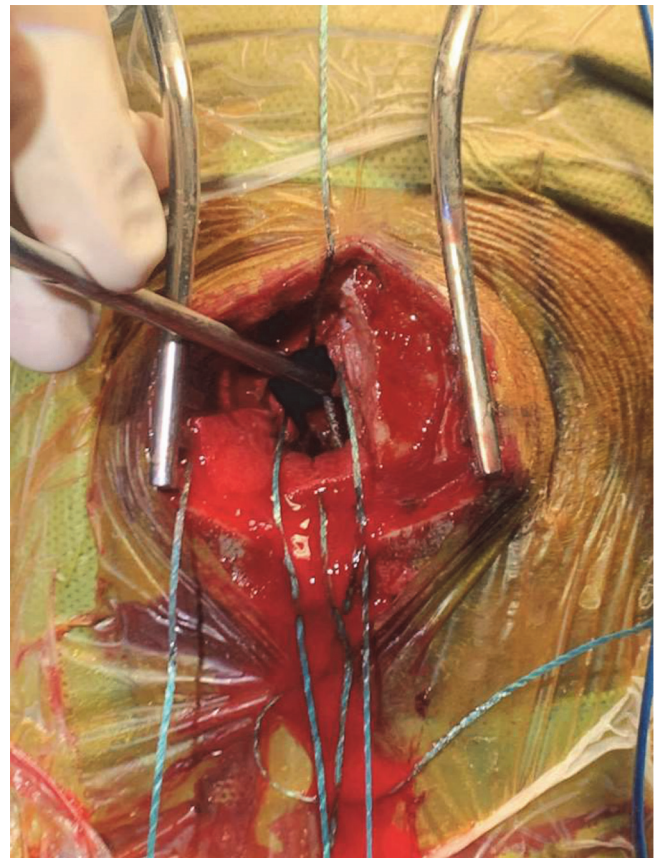
E-023

DELAYED DEVELOPMENT OF POST-TRAUMATIC DISTAL PARACENTRAL PERICALLOSAL ARTERY BRANCH PSEUDOANEURYSM RESULTING IN HEMATOMA TREATED WITH EMERGENT ENDOVASCULAR COILING AND SURGICAL EVACUATION: A CASE PRESENTATION

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10.1136/jnis-2023-SNIS.123

A female patient in her 60s presented after a fall downstairs with normal level of consciousness. Initial computed tomography (CT) and computed tomographic angiography (CTA) demonstrated 3mm interhemispheric subdural hematoma with no vascular injury. After one week, she had sudden onset decreasing level of consciousness with aphasia. Follow up CT/CTA demonstrated new large left frontal intracerebral hemorrhage



Abstract E-023 Figure 1