

Conclusion WEB and CONTOUR have significant overlap of indications, there are however differences in the procedural behavior and limitations and mid and long term stability.

Disclosure of Interest TL consults and proctors for CERUS Endovascular and has in the past Proctored and consulted for Sequent and Microvention.

2.3 ISCHEMIC – Treatment

025/232 ENDOVASCULAR VERSUS BEST MEDICAL TREATMENT FOR ACUTE CAROTID OCCLUSIONS BELOW THE CIRCLE OF WILLIS (ACOBOW): RESULTS FROM THE ACOBOW STUDY

¹Lukas Meyer*, ²Mohamed Elsharkawy, ¹Jens Fiehler, ^{1,2}Christian Paul Stracke, On behalf of the ACOBOW Study Group. ¹University Medical Center Hamburg-Eppendorf, Diagnostic and Interventional Neuroradiology, Hamburg, Germany; ²University Hospital Muenster, Interventional Neuroradiology, Muenster, Germany

10.1136/jnis-2023-ESMINT.25

Introduction Acute occlusions of the internal carotid artery can cause mild to severe stroke symptoms, even if the distal intracranial segment remains patent. The acute therapeutic strategies include carotid endarterectomy, endovascular treatment (EVT) or best medical treatment (BMT). However, available data remains limited.

Aim of Study This study was performed to compare treatment effects and procedural safety of EVT and BMT for acute isolated primary occlusions of the ICA below the C7 segment (ipICAO).

Methods This retrospective, multicenter study analyzes patients treated at 20 comprehensive stroke centers in Europe, and Asia between January 1, 2008, to December 31, 2022. Functional outcomes (mRS 0–2) and safety (SICH, mortality) were assessed.

Results 359 patients met the inclusion criteria. The median age was 72 years (IQR, 60–81). The highest frequency of ipICAO were in 69.7% (248) in the C1 segment. In 82% (293) patients were treated with EVT. After EVT for ipICAO distal intracranial embolization occurred in 26.3% (77). Overall, favorable functional outcome (mRS 0–2) and mortality were 41% (108) and 25% (67), respectively. SICH occurred in 7.1% (25). After adjustment no significant treatment effect of EVT over BMT for favorable functional outcome was observed (EVT: Average treatment effect, -1.2%, 95% CI, -0.18 to 0.16; $p=0.89$). Rates of SICH and mortality did not differ between both treatment arms.

Conclusion In patients with primary isolated occlusions of the carotid artery below the circle of willis, EVT did not reveal a substantial treatment effect over BMT in this retrospective multicenter study.

Disclosure of Interest JF: Consulting fees from Cerenovus, Medtronic, Phenox, Penumbra, Roche, Tonbridge; Participation on a Data Safety Monitoring Board of Stryker, and Phenox; stock holdings for Tegus and Vastrax, Associate Editor for JNIS.

1.2 HAEMORRHAGIC – Brain AVM/AVF, spinal vascular malformations

026/251 'PRESSURE COOKER' AND 'BALLOON PRESSURE' TECHNIQUES SIGNIFICANTLY INCREASE 3-MONTH COMPLETE OCCLUSION RATE AFTER SPINAL ARTERIOVENOUS FISTULA EMBOLIZATION AS COMPARED TO GLUE

¹Frédéric Clarençon*, ¹Damien Parat, ²Benjamin Granger, ¹Eimad Shotar, ¹Kévin Premat, ³Vincent Reina, ⁴Mehdi Drir, ⁵Gaspard Gerschenfeld, ¹Atika Talbi, ¹Stéphanie Lenck, ¹Nader Sourour. ¹Pitié-Salpêtrière Hospital, Neuroradiology, Paris, France; ²Pitié-Salpêtrière Hospital, IPLESP Public Health Department, INSERM., Paris, France; ³Pitié-Salpêtrière Hospital, Neurosurgery, Paris, France; ⁴Pitié-Salpêtrière Hospital, Neuro-intensive care, Paris, France; ⁵Pitié-Salpêtrière Hospital, Neurology, Paris, France

10.1136/jnis-2023-ESMINT.26

Introduction Spinal arteriovenous fistulas can be treated either by surgery or by endovascular means, using different strategies. The main drawback of embolization is the risk of recurrence.

Aim of Study To evaluate the angiographic occlusion rate and the predictive factors of angiographic cure of spinal arteriovenous fistulae at 3 months or more after embolization.

Methods Retrospective single-center study including 38 consecutive patients with spinal arteriovenous fistulae treated by embolization as first-line treatment. We reviewed clinical, imaging data, complications, angiographic immediate occlusion rate of the fistulae, and at 3 months or more after the embolization.

Results A total of 45 embolization procedures were performed: 30 procedures using glue, 15 using Onyx[®] by 'pressure cooker' or 'balloon pressure' techniques. We observed no statistically significant difference between the two groups concerning immediate angiographic occlusion rate (87% in both groups; $p > 0.9$), as well as for peri-procedural complication rates. The angiographic occlusion rate at 3 months or more was higher in the Onyx[®] 'combined' techniques treated group (87% versus 40%, $p = 0.007$). The use of Onyx[®] 'combined' techniques was independently associated with angiographic cure at 3 months after embolization ($p = 0.029$). No other factors were identified as predictive of angiographic cure and clinical recovery after embolization procedures, nor were any predictive factors identified for the occurrence of periprocedural complications.

Conclusion Embolization of spinal arteriovenous fistulas with Onyx[®] using 'combined' techniques appears to be safe and associated with a higher rate of angiographic occlusion at 3 months than regular embolization with glue.

Disclosure of Interest Prof. Clarençon reports conflicts of interest with Medtronic, Balt Extrusion (consultant), ClinSearch (core lab), Penumbra, Stryker (payment for reading) and Arterdrome (Board)

Dr. Sourour reports conflicts of interest with Medtronic, Balt Extrusion, Microvention (consultant).