

P012/110 FLOW DIVERSION IN A GIANT FUSIFORM M2 ANEURYSM: VERY DELAYED PARENT VESSEL OCCLUSION AND POST-THROMBECTOMY RE-IN-STENT THROMBOSIS

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Introduction Flow diversion stents are effective for treating fusiform and wide-neck aneurysms, but postprocedural complications remain concerning, including parent vessel occlusion, in-stent thrombosis and in-stent stenosis. Macdonald et. al reported that parent vessel occlusion can occur up to 1,5 years after.

Methods We present a case of a patient in their 50s with very delayed parent vessel occlusion after flow diversion treatment for a giant fusiform M2 aneurysm. The occlusion was successfully recanalized, but re-in-stent-thrombosis followed.

Initially, the aneurysm was clipped in 2010, with regular follow-ups. However, due to the increase in its size a decade later, the patient underwent endovascular treatment with placement of a single Derivo-flowdiverter stent in the M1/M2 segments. Follow-up MRI and DSA controls at 3, 9 and 18 months showed decreased aneurysm size. Due to non-response to Clopidogrel, they received 100mg Aspirin and 90 mg Ticagrelor, discontinuing the latter after 6 months.

20 months after the initial treatment, they presented with mild right-sided hemiparesis and aphasia (NIHSS 4, ASPECTS 9) due to the flow diverter occlusion. Recanalization with TICI3 outcome was achieved and a continuous 12-hour Tirofiban therapy was initiated. However, after extubation, five hours following the recanalization, they exhibited global aphasia and right-sided hemiparesis (NIHSS 15). A recurrent flow diverter occlusion along with infarct demarcation were observed, leading to no further endovascular therapy. Since the initial endovascular treatment, continuous regimen of Aspirin has been maintained.

Conclusion Very delayed in-stent thrombosis and subsequent parent vessel occlusion can occur after flow diversion procedures.

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P013/117 A CASE OF DELAYED POST-HYPOXIC LEUKOENCEPHALOPATHY AFTER ISCHEMIC STROKE

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Introduction Delayed post-hypoxic leukoencephalopathy (DPHL) is a rare condition that can occur after a lack of oxygen. There are few reports of DPHL following an acute ischemic stroke.

Case A 79-year-old female visited the hospital with left middle cerebral artery (MCA) occlusion. The patient showed residual stenosis in the left M1 following endovascular therapy, however, experienced clinical improvement. After 3 weeks of treatment, the patient experienced a decrease in verbal output, decreased cognitive ability, and progressed gradually.

After 3 months, a follow-up hospital visit was conducted due to suspected stroke recurrence. Brain MRI/A was performed, which revealed a change in the extended subcortical signal in the region of the left MCA with focal M1 stenosis. Digital subtraction angiography (DSA) was conducted as a result of the suspicion that the stenosis in the left MCA was greater than moderate and that there was a potential for borderline infarction.

However, DSA revealed only mild stenosis in the MCA, and the possibility of recurrent cerebral infarction was deemed low. Symptoms recovered after endovascular treatment, but neurological symptoms such as cognitive decline and aphasia deterioration occurred 3 weeks later, and these symptoms gradually progressed, and diffuse subcortical lesion occurred in brain imaging, and final diagnosis was determined to be DPHL.

Conclusion This case illustrates that the manifestation of clinical symptoms and morphological alterations observed on MRI, indicative of DPHL, may not exclusively result from global hypoxia. Rather, such changes can also manifest in patients with a large vessel occlusion within the corresponding vascular territories.

Disclosure of Interest Nothing to disclose

P014/130 TREATMENT OF RECURRENT INTRACRANIAL ATHEROSCLEROTIC DISEASE-RELATED STROKE DUE TO IN-STENT THROMBOSIS WITH THE CREDO® HEAL STENT: A CASE REPORT

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We report our first experience using the CREDO® heal stent to manage a subacute stroke due to an intracranial in-stent thrombosis.

After withdrawing his anticoagulation three days ago, a 50-year-old man presented with severe, right-sided hemiparesis and motor aphasia (NIHSS 14). Half a year ago, the patient had similar symptoms due to an occlusion of the M1 segment of the MCA that was treated by rescue stenting after failed mechanical thrombectomy. Initial imaging showed a subacute stroke with a mismatch caused by an in-stent thrombosis in the M1 segment. We performed a mechanical thrombectomy that led to a partial recanalisation. Shortly after, the stent was reoccluded entirely again.

Following the intravenous bolus of Aggrastat and Aspirin, we used the self-expanding CREDO® heal stent with the NeuroSpeed balloon catheter. This resulted in subtotal recanalisation with residual stenosis left proximally. The M1 segment remained open with sufficient flow in the distal branches on MRI before discharge. The patient improved significantly with remaining hemiplegia of the arm and mild paresis of the foot (NIHSS 4) three months after hospital discharge.