

patient comorbidities and age, while endovascular targeting only CCA stenosis can lead to occlusion of the right subclavian artery or inadvertent embolisation. Therefore, the patient was recommended endovascular simultaneous kissing stenting of the innominate artery bifurcation. Femoral and brachial approach was utilized. A secure sheath position was achieved in the right proximal CCA and innominate artery prior to positioning the balloon-mounted covered stents, succeeded by uncovering and deploying the grafts at the desired location. DSA confirmed reconstructed vessel lumen and proper stent wall apposition. The patient had no complications and was discharged the next day with a dual antiplatelet therapy regimen.

**Conclusion** Severe stenosis of the innominate artery bifurcation requires a complex treatment approach to preserve the orifices of the adjacent vessels. We have shown that endovascular kissing stenting using balloon-mounted grafts is a feasible treatment strategy in a selected patient population.

**Disclosure of Interest** Nothing to disclose

## 4.4 CASE PROPOSAL – Complications

### P017/167 CONTRAST MEDIA INDUCED ENCEPHALOPATHY DURING COIL EMBOLIZATION OF THE UNRUPTURED ANEURYSMS

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**Introduction** Contrast induced encephalopathy (CIE) is rare complication during and after angiographic interventional procedure that is usually transient, but occasionally permanent and fatal.

**Case Presentation** We experienced 5 cases of 750 unruptured aneurysmal coilings (0.6%) during last 13 years. One case was fatal, 1 case showed residual deficit, and 3 cases were transient. One fatal case was a 61-year-old female patient with a small unruptured left anterior choroidal artery aneurysm. After both ICA and 3D rotational angiograms, mentality of the patient was decreased and semicomatous state. Perfusion CT after 5 hours showed diffuse swelling of the left cerebral hemisphere with cortical staining. After 5 days, she was died by severe right side brain herniation in spite of craniectomy. One slight residual deficit case was a 48 year-old-female patient with a small unruptured left MCA bifurcation aneurysm. After TFCA and 3D rotational angiogram, she showed drowsy mentality, right hemiparesis, and aphasia. We noticed contrast induced neurotoxicity and stopped the procedure and IV infusion of dexamethasone and hydration was started. A few minute later, her mentality was improved and responded to naming, but right side hemiparesis was persisted. Follow-up DWI at next day and 7 days after the procedure showed hyperintensities along the left cerebral cortex.

All cases were unilateral and aneurysmal side with multiple injection of the contrast media. Female was 4 and mean injected CM was 150 ml.

**Conclusion** Early recognition of the CIE is important and stopping of injection of the contrast media is necessary for avoiding fatal complication.

**Disclosure of Interest** Nothing to disclose

### P018/190 UNEXPECTED BLEEDING COMPLICATION DURING BASILAR ARTERY RESCUE STENTING – CASE REPORT

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**Introduction** Basilar artery (BA) occlusion resulting from a critically narrowed atherosclerotic stenosis can be effectively treated with stent implantation preceded by balloon predilatation. This approach increases the chances of successful long-term outcomes and patient independence. Intraoperative management of unexpected bleeding complications is possible, and good long-term results are still achievable. Pharmacological treatment during and after rescue stenting is a debated topic, particularly in regards to bleeding complications during the procedure.

**Aim of Study** We present a case of BA acute ischemic stroke successfully treated with mechanical thrombectomy and rescue stenting, where an unexpected bleeding complication occurred, managed effectively with a balloon microcatheter.

**Methods** The mechanical thrombectomy involved the use of an aspiration catheter and a stent retriever. Balloon angioplasty was performed to dilate the critical stenosis, followed by placement of a stent. The bleeding complication was managed with a balloon microcatheter. A bolus of Eptifibatide was administered during stent implantation, followed by a continuous infusion for 24 hours and then dual antiplatelet therapy.

**Results** Normal blood flow through the vertebrobasilar system was fully restored, with follow-up imaging revealing minimal contrast agent leakage into the subarachnoid space and no hematoma formation. The patient showed excellent clinical outcomes, with mRS0 and a NIHSS0. A month later, follow-up imaging revealed no new ischemic lesions, the stent and the entire vertebrobasilar system remained patent.

**Conclusion** Rescue stenting is an effective and efficient method for treating basilar artery occlusion resulting from significant stenosis, and bleeding complications can be managed intraoperatively without changing pharmacological antiplatelet therapy.

**Disclosure of Interest** Nothing to disclose.

### P019/199 ABSTRACT WITHDRAWN

### P020/203 FIRST DESCRIPTION OF ASYMPTOMATIC DISSECTING ANEURYSM ARISING FROM A PERFORATING BRANCH OF POSTERIOR COMMUNICATING ARTERY: REPORT OF ITS UNUSUAL CLINICAL PRESENTATION, EVOLUTION AND ENDOVASCULAR TREATMENT

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**Introduction** Posterior communicating artery (PCoA) is an unusual location for dissecting aneurysms (DAs). To the best