

of our knowledge DA and coiling of a perforating branch of PCoA have never been described.

**Aim of Study** Report of unusual clinical presentation, evolution and endovascular treatment of a symptomatic DA of a perforating PCoA branch.

**Methods** A patient in their 50s presented with sudden headache, diplopia and right ophthalmoplegia is reported. Computed-tomography (CT) was negative for intracranial haemorrhage (IH) and CT-angiography (CTA) showed a saccular aneurysm in right PCoA region. Before digital subtraction angiography (DSA) patient developed sudden dysarthria and left hemiparesis. CT scan was negative for IH. DSA did not reveal any aneurysm. Magnetic Resonance (MR) detected a recent ischemic lesion in the right anterior thalamus compressing internal capsule and a thrombosed aneurysm sac in the PCoA region, suggestive for DA. Patient was followed-up with CT and CTA on day 3 and 11 revealing its progressive recanalization. On day 15 patient underwent a new DSA which showed that the DA belonged to a perforating branch of PCoA; DA was occluded with a detachable coil.

**Results** Patient recovered well and 18-month follow-up DSA revealed stable occlusion of the DA.

**Conclusion** DAs can occur anywhere, even in perforating arteries arising from PCoA. Clinical presentation and evolution may be unpredictable; close monitoring is advised, especially if the clinical course is fluctuating. Sac thrombosis might occur and can be therapeutic; recanalization needs early and definitive treatment. Coiling can be a safe and effective therapeutic option.

**Disclosure of Interest** Nothing to disclose.

#### P021/206 MIDDLE MENINGEAL ARTERY EMBOLIZATION AS A STANDALONE TREATMENT FOR CHRONIC SUBDURAL HEMATOMA – A CASE REPORT

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**Introduction** Large subdural hematomas with brain compression and severe neurological deficits are treated with surgical drainage of blood. Management of asymptomatic individuals and patients with minimal deficits pose strategic challenge to the treating physician. After the evolution of middle meningeal artery embolization as one the treatment strategy of cSDH, many patients are getting benefited by preventing recurrence and sometimes avoiding invasive surgery.

**Case Description** A 70 year old male presented with 1 month history of mild headache, mental slowing, forgetfulness and unsteadiness of gait. He was evaluated with a plain computed tomography of brain which showed right Subacute subdural hematoma. Patient was taken for endovascular treatment. Diagnostic runs of angiogram showed relatively enlarged right Middle Meningeal Artery and cotton wool like appearance that signifies leak and Neovascularisation of blood that causes non-acute SDH. Following the procedure, there was a quick relief from the headache that he had and was totally symptom free by end of one month. CT scans taken at 1 month and 3 months showed serial reduction in hematoma size and decrease in mass effect on the brain.

**Discussion** Evacuation through invasive surgery carries around 10% recurrence whereas SDH recurrence after MMA

embolization ranges from 2–7% from various case series. The absence of severe symptoms or a disabling spinomotor deficit make the patient a likely candidate for less invasive standalone management.

**Conclusion** Middle meningeal artery embolization done as standalone will be a novel treatment approach for chronic Subdural hematoma when selected appropriately.

**Disclosure of Interest** Nothing to disclose

#### P022/217 HEMORRHAGIC COMPLICATIONS DURING MECHANICAL THROMBECTOMY

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**Introduction** Mechanical thrombectomy (MT) is now accepted as a standard treatment for the treatment of patients with ischemic stroke due to large vessel occlusions (LVO) in the anterior circulation.

**Aim of Study** Intracranial hemorrhage is one of the most feared complications following brain infarction and is strongly associated with poor outcomes. We wanted to demonstrate different situations of procedure-related hemorrhagic complications during MT for LVO in order to try to prevent them in future and to anticipate appropriate reaction when they occur.

**Methods** We retrospectively analyzed 380 consecutive patients treated with MT in the University Clinical Centre of Serbia performed from January 2018 to May 2023 for hemorrhagic complications. All the details of periprocedural events were notified and patients were radiologically and clinically followed. Technical outcome was assessed by mTICI scale and clinical outcome by 3 months mRS.

**Results** In our cohort, we found 4 procedure-related hemorrhagic complications, two of the patients died and the other two recovered to the level of mRS 5 and 2.

**Conclusion** Procedure-induced hemorrhage complications are rare and potentially disastrous events of which interventionalists need to be aware and be prepared for adequate endovascular solutions.

**Disclosure of Interest** Nothing to disclose

#### P023/222 'TRAVELER, THERE IS NO PATH. THE PATH IS MADE BY WALKING'

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**Introduction** The CT angiogram is an essential tool to plan catheter access to the cerebral circulation in stroke patients. However, in cases that appear very challenging, angiography is necessary.

**Clinical case** We present a 79-year-old male, who had severe atherosclerosis and had undergone revascularization surgery, including carotid-carotid bypass and left subclavian-carotid bypass.

He presented to the emergency department with acute gait disturbance. CT scan revealed a left temporo-mesial hypodensity. The CTA showed a basilar artery occlusion and a left