

**Aim of Study** Regular carotid artery stenting (CAS) procedure was anticipated.

**Methods** Selective catheterization and digital subtraction angiography (DSA) of the CA confirmed critical stenosis of ICA bulbous area.

A CAS procedure was performed in a standard protocol: placement of a 5 mm filter protection device over the 0.014' wire distal to stenosis, predilatation of subocclusion area with 3,5 x 20 mm monorail angioplasty balloon, 7 x 30 mm stent placement, postdilatation by 5 x 20 mm ballooncatheter to 7atm. The final DSA showed resolution of stenosis, intracranial DSA without any pathology.

7 hours after procedure the patient developed slight left sided hemiparesis. Non-enhanced CT performed, revealing intracerebral (ICH) and subarachnoid hemorrhage in right frontal lobe.

**Results** ICH may occur as a hyperperfusion phenomenon after CAS, in the presence of mild to moderate arterial hypertension, but is extremely rare (0.6%). The main risk factors are periprocedural hypertension and severe stenosis/subocclusion. Dual antiplatelet (DAP) therapy was stopped in hemorrhage occurred and was restarted three days later. No stent thrombosis was found during duplex ultrasound on the 3d day after ICH.

**Conclusion** ICH usually occurs a few hours after CAS and often leads to catastrophic results. Close monitoring of the patients with CAS for subocclusion of ICA should be performed with prolonged blood pressure monitoring for next 24 hours after procedure.

**Disclosure of Interest** Nothing to disclose

#### P026/285 ENDOVASCULAR THROMBECTOMY FOR CEREBRAL VENOUS SINUS THROMBOSIS USING THE PENUMBRA INDIGO ASPIRATION SYSTEM

Sonam Thind\*, Sachin Kothari, Rami Z Morsi, Ammar Tarabichi, Harsh Desai, Julian Carrion Penagos, Fernando Goldenberg, Ali Mansour, Scott Mendelson, Elisheva Coleman, Shyam Prabhakaran, Tareq Kass-Hout. *University of Chicago Medical Center, Chicago, USA*

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**Introduction** We use the Penumbra Indigo® Aspiration System for the treatment of CVST in a timely manner for a 35-year-old male patient who presented with altered mental status with optimal outcomes on follow-up angiogram.

**Aim of Study** We report our initial experience in the treatment of CVST using the Penumbra Indigo® Aspiration System.

**Methods** Angiogram revealed slow perfusion with inadequate drainage in the dural sinuses. The distal portion of the SSS and bilateral transverse sinuses were completely occluded. Complete occlusion of the transverse sinuses was also seen on angiogram of the right IJ vein. An Aristotle 24, 200-cm guidewire was inserted into a 160-cm-long Zoom 35 catheter, and this system was advanced within the CAT12 aspiration catheter using a right IJ 12 French Sheath under fluoroscopy across occlusions in the SSS and bilateral transverse sinuses. To access thrombi located proximally in the SSS, the CAT8 and then CAT7 were advanced with aid of a separator device. Evidence of partial recanalization of the SSS and improved venous flow of the bilateral sigmoid sinuses and bilateral transverse sinuses was visualized.

**Results** Evidence of partial recanalization of the SSS and improved venous flow of the bilateral sigmoid sinuses and

bilateral transverse sinuses was visualized on initial and follow-up.

**Conclusion** The Penumbra Indigo® Aspiration System has been used in various arterial and venous systems but this is the first report to demonstrate its technical feasibility in thrombectomy for CVST. Further feasibility studies are necessary to inform its applicability in CVST.

**Disclosure of Interest** This case has been published, however, we would like to share the case if allowed.

#### P027/296 COMPLEX TYPE A CCF

Tareq Kass Hout, Rami Z Morsi, Sonam Thind\*, Sachin Kothari. *University of Chicago: Hyde Park, Chicago, USA*

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**Introduction** There are no studies investigating the safety and efficacy of covered stent grafts, particularly the newly developed stents such as the PK Papyrus stent, for endovascular treatment of direct carotid cavernous fistulas (CCFs)

**Aim of Study** To report a case of direct CCF that was treated by PK Papyrus stent covered stent graft

**Methods** We present a case of a 75-year-old female who was found to have left direct Type A CCF secondary to ruptured cavernous segment carotid aneurysm. The CCF was treated with coil embolization and pipeline Shield stent embolization devices with immediate stagnation and improvement of symptoms. Patient had history of an aortic mechanical valve and thus was started on warfarin and aspirin. After achieving INR level of 2.5–3.5, patient started to have recurrent swelling of the left eye and decreased visual acuity

**Results** Repeated diagnostic cerebral angiogram revealed residual CCF. Onyx liquid embolization and a Surpass Evolve Flow Diverter were attempted to slow the fistulization with no success. Multiple attempts for direct percutaneous superior ophthalmic vein cannulation were also unsuccessful. At this point, two coronary graft-covered PK Papyrus stents were implanted across the fistula pouch, which resulted in immediate resolution of the CCF with evidence of persistent normal flow within left ophthalmic artery. Patient's visual acuity and left eye movement improved

**Conclusion** Papyrus PK covered Stent is safe and effective in treating complex direct CCF

**Disclosure of Interest** None

#### P028/309 ACUTE TREATMENT OF A RUPTURED INTRACRANIAL VERTEBRAL ARTERY ANEURYSM WITH A FLOW-DIVERSION STENT

Flavio Andresciani\*, Giuseppe Pelle, Massimo Messina, Ermanno Notarianni, Marco Perinelli, Angelo Iannarelli, Roberta Siniscalchi, Alessandro Tanzilli, Cesare Ambrogi. *SM Goretti Hospital, Interventional Radiology Department, Latina, Italy*

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**Case presentation** A 50 -year-old man came to the emergency department referring acute onset headache. Emergency brain CT scan showed diffuse bilateral subarachnoid hemorrhage in the Sylvian scissure and in the peri-mesencephalic cistern.

CT angiography exam was performed, which showed a "blister-like" aneurysm of the left vertebral artery (V4) (figure 1 A-B), near to the origin of the left PICA.