

P030/330 A CASE OF RUPTURED PERFORATOR BASILAR ANEURYSM TREATED WITH FLOW DIVERTER UNDER CANGRELOR

Giuseppe Pelle*, Flavio Andresciani. Santa Maria Goretti Hospital, Latina, Italy, *Live Presentation

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Case presentation A 62-year-old patient arrived at our emergency department with a severe headache lasting about 2 hours. Initial neurological examination showed mild confusion but no motor or sensory deficits (Hunt-Hess grade 2). Cerebral CTA revealed a moderate subarachnoid hemorrhage in the pre-pontine/pre-mesencephalic region without visible vascular malformations. Subsequent angiography confirmed the absence of malformations, and the patient's condition gradually improved.

On the fifth day, the patient experienced a recurrent intense headache and neck stiffness. CTA showed increased subarachnoid hemorrhage volume without arterial phase malformations. A tiny hyperdense spot posterior to the distal basilar artery indicated an anterior perforating aneurysm. Angiography confirmed the aneurysm and placement of a FRED X flow-diverter (3.5 x 22 mm) from the right P1 segment to the middle basilar artery.

10 minutes before deploying the flow-diverter, a standard bolus of intravenous Cangrelor was administered, along with a 12-hour maintenance infusion. Simultaneously, intravenous Flectadol (250 mg) was given. Approximately 30 minutes after completing the Cangrelor infusion, a CTA scan confirmed stent patency and ruled out worsening subarachnoid hemorrhage. A loading dose of Brilique (180 mg) followed the scan.

Around 7 days after the procedure, the patient's headache completely resolved, and a follow-up CT scan showed near-complete resolution of hemorrhagic findings and stent patency. At the 1-year follow-up, the patient's neurological status remained normal, with patent basilar artery and right posterior cerebral artery, and no evidence of a perforating aneurysm

Disclosure of Interest nothing to disclose

P031/333 A VERY RARE COMPLICATION DURING MECHANICAL THROMBECTOMY: THE BREAKAGE OF THE ASPIRATION CATHETER'S TIP AND HIS RESCUE

Raffaele Tortora*, Gianmarco Flora, Giulia Frauenfelder, Gianpiero Locatelli, Alfredo Siani, Renato Saponiero, Daniele Romano. Ospedali riuniti San Giovanni di Dio e Ruggi d'Aragona, Salerno, Italy, *Live Presentation

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Introduction With the advancement of mechanical thrombectomy techniques for the treatment of stroke, complications related to this type of treatment have also increased. Although the most common adverse events reported are: reperfusion hemorrhage, subarachnoid hemorrhage, clot embolization and vasospasm, a less commonly reported complication is breakage and retention of the thrombectomy devices. This type of complication not only results in failure of the mechanical thrombectomy procedure but, in addition, leave a thrombogenic foreign object inside the cerebral artery, which can potentially lead to clot propagation and stroke progression. Very few articles concerning this particular type of complications are reported in the literature.

Aim of Study We report a very rare case in which during a mechanical thrombectomy the tip of the aspiration catheter (Red 62) broke off intracranially and is subsequently recovered.

Methods The 68-year-old female patient, with NIHSS 16, presented a clot in right MCA M1. After one passage, using a combined technique, the aspiration catheter was damaged with persistence of its radiopaque tip within the MCA.

Results We decided to use a double stent-retriever technique ("Y-stent retriever") to catch the aspiration catheter's tip. After only one maneuver with this technique we manage to catch the tip and pull it out. The final results, after 30 minutes, was TIC12c.

Conclusion Breakage and retention of the thrombectomy devices represents a very rare cause of complications during mechanical thrombectomy but nevertheless possible. We have reported this case, with its related treatment, in order to help the management of this type of complication.

Disclosure of Interest Dr. D.G. Romano consultant and proctor for BALT Italy, Microvention Europe, Penumbra Inc.

P032/347 TWO CASES OF MOYAMOYA-LIKE DISEASE WITH ASSOCIATED INTERNAL CAROTID ARTERY ANEURYSMS: MANAGEMENT AND ENDOVASCULAR TREATMENT USING FLOW-DIVERTERS

¹Mariangela Piano*, ²Tahereh Toluian, ³Alessio Vitiello. ¹ASST Grande Ospedale Metropolitano Niguarda, Department of Neuroradiology, Milan, Italy; ²Università degli Studi di Milano, Post-graduate School in Neuroradiology, Milan, Italy; ³Università degli Studi di Napoli Federico II, Post-graduate School in Neuroradiology, Naples, Italy

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A 21-year-old patient came to our attention on suspicion of recurrence of a right internal carotid artery aneurysm previously treated endovascularly in another centre with stent and coils placement. The patient also had a history of previous occlusion of the ipsilateral middle cerebral artery with development of Moya-Moya-like collateralization. The preliminary angiographic study confirms the revascularization of the aneurysmal sac and also demonstrates the fracture of the previously placed stent. We then proceed to endovascular treatment by re-navigating the stent and placing multiple flow-diverting stents in a telescopic manner.

We also bring a companion case of another patient treated endovascularly in our centre for an internal carotid artery aneurysm with associated ipsilateral middle cerebral artery occlusion and development of Moyamoya-like syndrome.

Disclosure of Interest nothing to disclose

3.2 OTHER – Clinical management

P033/39 RARE CASE OF BRILIANTA RESISTANCE MANIFESTING AS FLOW DIVERTER THROMBOSIS

Naveen Kumar*. Jaypee hospital, Noida, India, Neuro and vascular interventional radiology, Noida, India

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Introduction Acute intraprocedural flow diverter thrombosis is a challenging and poor prognostic event during intracranial