

aneurysm treatment. Intraprocedural flow diverter thrombosis in a case of brilliant resistance is a rare entity. Ticagrelor is a directly acting cyclopentyltriazolo-pyrimidine which does not require conversion into an active metabolite. It inhibits the P2Y12 receptors on platelets reversibly. Unlike clopidogrel and aspirin, resistance to ticagrelor is rarely reported. Here we report a case of post coiling recurrent intracranial aneurysm treated with flow diverter, presented immediately with hemiplegia on extubation subsequently managed with intra arterial tirofiban.

Methods A 28 year male patient with history of ruptured left A1 ACA aneurysm presented with small aneurysm recurrence on check 6 months DSA. Patient taken for flow diverter treatment. Pre-procedurely patient was loaded with aspirin and brilliant 5 days prior to procedure. Flow diverter deployment was uneventful. Post procedure patient was extubated. After extubation patient was found to have hemiplegia and aphasia. Immediate check angiography done which showed instant thrombosis. Subsequently Intra arterial tirofiban bolus was given with reopening of flow diverter stent was obtained.

Results Hemiplegia improved immediately.

Patient discharged hemodynamically stable. Patient started with prasugrel 10mg once daily. Platelet function test showed ticagrelor resistance.

Conclusion Acute intraprocedural flow diverter thrombosis is a rare complication in ticagrelor loaded patient. Intra-arterial bolus followed by intravenous tirofiban infusion seems to be efficacious and safe for acute intraprocedural flow diverter thrombosis. This case shows importance of checking antiplatelet resistance in patient who are even taking brilliant.

Disclosure of Interest Nothing to disclose.

P035/258 VARIABILITY OF RESPONSE ON PROPHYLACTIC PRASUGREL FOR ENDOVASCULAR TREATMENT OF INTRACRANIAL ANEURYSMS: CLINICAL IMPLICATIONS

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Introduction Prophylactic prasugrel for endovascular treatment of intracranial aneurysms has been introduced and increased, but HTPR (high on-treatment platelet reactivity) or LTPR (low on-treatment platelet reactivity) of prasugrel is not uncommon in clinical circumstances.

Aim of Study To investigate the predisposing factors of HTPR and LTPR on prasugrel premedication in the neurointerventional field and to determine its clinical implications.

Methods Between February 2016 and December 2020, 191 patients treated with coil embolization using prophylactic prasugrel in 234 intracranial aneurysms were the final candidates for this study. Patient and aneurysm characteristics, clinical status, and laboratory study values were carefully reviewed retrospectively. We performed risk factor analyses for HTPR and LTPR on prasugrel.

Results Ultimately, 20 patients (10.5%) had HTPR, and 74 patients (38.7%) were categorized as having LTPR. In multi-variable analyses, the factors related to HTPR were BMI

(adjusted OR 1.21, 95% CI 1.04–1.41, $p = 0.01$), history of antithrombotics (adjusted

OR 3.79, 95% CI 1.39–10.34, $p = 0.01$), and hematocrit (adjusted OR 0.91, 95% CI

0.84–0.99, $p = 0.03$). Low BMI was the only risk factor for LTPR (adjusted OR 0.84,

95% CI 0.76–0.94, $p = 0.001$).

Conclusion In the neurointerventional field, high BMI and prior use of antithrombotic agents were related to HTPR, and low BMI was associated with LTPR on prophylactic prasugrel.

High hematocrit levels decreased the risk of HTPR. When preparing endovascular treatment for intracranial aneurysms, attention to patients with these clinical features is required to address the possibility of ischemic or bleeding complications.

Disclosure of Interest Nothing to disclose

P036/289 ENDOVASCULAR TREATMENT OF SUBDURAL HEMATOMA

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Introduction Subdural hematoma is characterized by the accumulation of blood between the dura mater and the arachnoid meninges, and is most often caused by the rupture of bridging veins that connect the venous system of the brain with large venous sinuses within the dura, it can also occur due to laceration of blood vessels on the cortex. Subdural hematoma is mostly the result of head trauma and is the most common form of intracranial bleeding.

Aim of Study This presentation shows endovascular treatment of subdural hematoma in cases from our clinical practice.

Methods Case study, images and case report taken from five patients done in our angi suite.

Results Results of presentation is to show new wave of treatment in patients with subdural hematoma and compare middle meningeal artery embolization versus conventional treatment for patients with subdural hematoma.

Conclusion Endovascular treatment of subdural hematoma is relatively new method of treatment in clinical practice and it will take over part of conventionally treated patient.

Disclosure of Interest Nothing to disclose.

P037/294 TRANSRADIAL VERSUS TRANSFEMORAL APPROACH IN DIAGNOSTIC AND THERAPEUTIC NEUROVASCULAR INTERVENTION- NURSES REVIEW

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Introduction The adoption of the transradial approach (TRA) has been increasing in popularity as a primary method to conduct both diagnostic and therapeutic interventions. As this technique gains broader acceptance and use within the neuro-endovascular community, comparing its complication profile with a better-established alternative technique, the transfemoral approach (TFA), becomes more important

Aim of Study This study aimed to show our challenges and experience in transfemoral and transradial approach in diagnostic and therapeutic neurointervention or combination of both.

Methods Our personal experience created from everyday workflow, difficulties and solutions in diagnostic and therapeutic neurointerventions and at the same time literature search of