

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

PubMed and other databases was conducted for studies from all available dates.

Conclusion The adoption of TRA for neuroendovascular procedures has been increasing in popularity as a primary method to perform both diagnostic and therapeutic procedures. We observed a preference towards the transradial approach in our patients who underwent angiograms through both access sites.

Disclosure of Interest Nothing to disclose

P038/315 CLINICAL OUTCOME OF EPIDURAL BLOOD PATCH IN LOW CSF PRESSURE

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Introduction Epidural blood patch (EBP) involves injecting autologous blood into the epidural space, with the aim of sealing off the site of cerebrospinal fluid (CSF) leak secondary to dura tear, as well as increase the intracranial pressure by mass effect causing CSF from the spinal compartment to enter the intracranial compartment. Current evidence demonstrates efficacy of EBP in managing low CSF pressure syndrome, which could be secondary to various etiology including post dura puncture, as well as spontaneous intracranial hypotension (SIH).

Aim of Study We aim to report our local pathway and outcomes in performing EBP in a tertiary centre.

Methods Retrospective data analysis performed to identify all patients treated with EBP our center. Total of 110 procedures were identified over the past 5 years. Outcomes are categorized as complete, partial (more than 3 months), inadequate (0–3 months), or no relief. Patients should at least return to their daily activities to be considered as a relief to symptoms. Other data collection includes basic demographics and indication for referrals.

Results Patients recorded were predominantly female (74 vs 36). Median age is 44 years old. Most common indication for referral includes SIH, post dura puncture headache (PDPH) or low pressure headaches. 29 cases had complete response, 28 had partial response, 26 had inadequate response and 27 had no response.

Conclusion Our experience demonstrates the role of EBP in managing patients with low CSF pressure symptoms in our center, with approximately 50% of cases reporting at least more than 3 months symptom relief.

Disclosure of Interest Nothing to disclose for all authors.

P039/328 ENDOVASCULAR TREATMENT IN CEREBRAL VENOUS THROMBOSIS: SAFETY AND EFFICACY IN AN INTERNATIONAL TWO-CENTER REGISTRY

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Introduction The standard acute treatment of Cerebral Venous Thrombosis (CVT) is anticoagulation. After several uncontrolled studies and one randomized clinical trial, there is still uncertainty regarding the role of endovascular treatment (EVT) in this scenario.

Aim of Study To evaluate safety and efficacy of EVT in CVT combined with best medical care.

Methods We performed a retrospective analysis of an international two-center registry.

Results EVT was performed in 20% (12/58) of CVT patients with a median time from diagnosis to treatment of 4.5h (1.25–28.5). Compared to medical therapy alone, EVT patients had higher baseline NIHSS [median 5.5 (2–17) vs 0 (0–3) p=0.004] and basal CT showed higher rates of intracerebral hemorrhage (41.7% vs 6.4%, p=0.006). EVT was performed using transjugular access in half of the patients and transfemoral access in the other half. Aspiration with large bore catheters was performed in every case with angioplasty in 7 out of 12 patients and stenting in 3 out of 12 patients. Recanalization was achieved in 75% of the patients with a median time from puncture to recanalization of 90 (74.3–157.5) minutes. No postprocedural complications were observed. We found a significant improvement from baseline to discharge median NIHSS in patients submitted to EVT [5.5 (2–17) vs 1(0–3.75) p<0.001].

Conclusion In our series, endovascular treatments in CVT combined with anticoagulation was safe and efficacious as evidenced by angiographic findings and clinical improvement.

Disclosure of Interest Nothing to disclose

4. Ischemic stroke

P040/41 IMAGING STUDY IN STROKE DIAGNOSIS AND TREATMENT IN A REFERRAL CENTER CHILE

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Imaging study in Stroke diagnosis and treatment in a referral center in Chile.

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Introduction For the development of the work of nurses, technologists, technicians Angiosuite staff. It is necessary to identify the main characteristics of diagnostic imaging, treatment, and follow-up in acute ischemic accidents. This paper aims to present a literature review and based on our own experience in the use of tools, imaging updates and development, focusing the presentation on the central data of the images that should be known.

Aim of Study The main objective is to share the main topics of imaging visualization in ischemic stroke.

Methods We review the latest publications related to Stroke imaging, and compare them with our patient database, on this thorough review we reach some relevant conclusions to share, the main features that we must learn and review in each patient. To obtain the best possible result.

Results Angiosuite the review of more than 3 years of treatment and diagnosis of patients affected with Stroke. With its main imaging features.