

While more than 90% of ICA aneurysms are microsurgically treated, 70% of ophthalmic aneurysms are treated with an endovascular approach.

In long-term follow-up, 90% of our patients have GOS 4 and 5, 2% have GOS 3 and 8% have GOS 1 or 2; that is not different in the endovascular or microsurgical group.

Conclusion Treatment of ICA aneurysms requires precise anatomical evaluation and a multi-disciplinary approach.

Both endovascular and microsurgical approaches are effective and have the same result.

Disclosure of Interest Nothing to disclose

P055/49 **COMPARISON OF NEUROFORM ATLAS STENT ASSISTED COILING AND COILING ALONE IN RUPTURED INTRACRANIAL ANEURYSMS: A PROPENSITY SCORE MATCHING ANALYSIS**

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Introduction Although Neuroform Atlas stent is commonly used in stent-assisted coiling (SAC) to treat ruptured intracranial aneurysms (RIA), its safety and efficacy remain controversial.

Aim of Study To assess the safety and efficacy of SAC using Neuroform Atlas for treating RIA compared with coiling alone by performing a propensity score matching analysis.

Methods RIA treated with coiling alone and SAC between January 2017 and May 2021 were retrospectively reviewed. Demographics, periprocedural complication rates, angiographic outcomes, and clinical outcomes of the SAC using Neuroform Atlas group and the coiling-alone group were analyzed with 1:1 propensity score matching.

Results A total of 375 aneurysms were enrolled, and 274 (63.1%) aneurysms were treated with coiling alone. In total, 101 (26.9%) aneurysms were treated with SAC, and Neuroform Atlas stent was used in 71 aneurysms. In propensity score matching, the SAC using Neuroform Atlas group showed higher incidence of complete occlusion (69.0% vs 56.3%, $P = .029$), lower rate of recanalization (11.3% vs 25.4%, $P = .011$), and lesser need for retreatment (7.0% vs 16.9%, $P = .016$) compared with the coiling-alone group. However, there were no significant differences in periprocedural complications such as intraprocedural thrombosis or postprocedural cerebral infarct between the 2 groups.

Conclusion The use of Neuroform Atlas is safe and effective for SAC in RIA with comparable procedure-related complication rates but better angiographic outcome in comparison with coiling alone.

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P056/52 **WIRELESS MICROCATETER PULL BACK TECHNIQUE (REVERSE PARKING TECHNIQUE) FOR MORE STABLE AND SAFE CEREBRAL COIL EMBOLIZATION**

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Introduction Cerebral aneurysm coiling is a complex procedure that requires precise placement of the microcatheter into the aneurysm.

Aim of Study We examined the use of a new technique called the Wireless Microcatheter Pulled Back Technique (the Reverse Parking Technique), to improve the stability and safety of microcatheter placement.

Methods From July 1, 2022 to December 31, 2022, a total of 76 cases at a tertiary hospital underwent cerebral aneurysm coiling, with 51 cases utilizing the Reverse Parking Technique. The technique involves using a roadmap technique to guide the microcatheter over the microwire and into position within the parent vessel adjacent to the aneurysm, slightly passing the aneurysm. The microwire is then pulled into the microcatheter, and any slack or redundancy in the microcatheter is removed by gently pulling back on it. The microcatheter is slowly pulled back, allowing the tip to flip into the aneurysm.

Results Of the 51 cases that used the Reverse Parking Technique, 46 cases (90%) were successful, with no intraprocedural aneurysm perforation. In 5 cases, the technique failed, and the push technique was used instead. In one case, a thromboembolic complication occurred, but there was no neurological sequela. Two cases experienced unexpected premature microcatheter kicks back, but they were repositioned into the aneurysm relatively easily.

Conclusion The Reverse Parking Technique is a safe and reliable method for placing the microcatheter inside the aneurysm, particularly for small and ruptured aneurysms. It may help improve the success rate and reduce complications during cerebral aneurysm coiling procedures.

Disclosure of Interest Nothing to disclose

P057/53 **ENDOASCULAR TREATMENT OF THE MIDDLE CEREBRAL ARTERY HILLTOP ANEURYSM**

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Introduction 1 segment of middle cerebral artery (MCA) aneurysm is a relatively rare clinical condition. However, due to its complex geometry and deep location, microsurgical treatment is challenging.

Aim of Study We performed this study to define a specific form of M1 aneurysm that can be safely and effectively treated through EVT as M1 hilltop aneurysm, and to report our treatment results.