

Disclosure of Interest NO DISCLOSURE RELATED WITH THE PRESENTATION

P077/180 SILK VISTA BABY FLOW DIVERTER STENT FOR UNRUPTURED DISTAL BRAIN ANEURYSMS: A BRAZILIAN RETROSPECTIVE OBSERVATIONAL STUDY

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Introduction The Silk Vista Baby flow diverter is a stent deliverable via a 0.017 inch microcatheter and is specifically designed for distal brain aneurysms treatment.

Aim of Study Evaluate the safety and efficacy of the Silk Vista Baby in a Brazilian tertiary hospital.

Methods We performed a retrospective review to identify Silk Vista Baby cases at one tertiary hospital in Brazil. Clinical, procedural, angiographic and follow-up data were collected.

Results We treated 32 patients (28 female, 87.5%) of average age 69 (range 56–77) with 32 aneurysms, 29 (90.2%) located in the anterior circulation. All aneurysms treated were unruptured. An average number of 1 device were implanted. Coils were implanted in 4 aneurysms (12.2%). Treatment effect was assessed using the O'Kelly Marotta (OKM). At last angiographic follow-up 13,0 ± 4.5 months post-procedure, 20 aneurysms (62.5%) were graded as OKM D, and 7 patients were graded as OKM A (21.8%). All patients treated with FDS and coils presented OKM D after 12 months follow-up. Clinical complications, excluding death, were seen in 2 patients (6.2%) including symptomatic ischaemic events. Only one patient had permanent morbidity (mRS 1) due to a hemorrhagic stroke 3 months after the procedure. One patient died after the treatment (3.1%); due to distal branch perforation.

Conclusion The SVB has high rates of technical success and an acceptable safety profile. Distal aneurysms may occlude slower due to relative oversizing of the devices and coils could help to improve the occlusion rate.

Disclosure of Interest Nothing to disclose

P078/182 THE DERIVO 2 HEAL EMBOLIZATION DEVICE IN THE TREATMENT OF RUPTURED AND UNRUPTURED INTRACRANIAL ANEURYSMS: A RETROSPECTIVE MULTICENTER ANALYSIS

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Introduction The Derivo 2 Flow diverter has been previously described for the treatment of intracranial aneurysms. To overcome the risk of in-stent thrombosis and thrombo-embolism the device was modified by adding an anti-thrombogenic fibrin-heparin coating. The fibrin network aims at surface passivation, reduction of inflammatory reactions and endothelial healing. The covalently bound heparin reduces the thrombogenicity by inhibiting the platelet activation and the coagulation cascade.

Aim of Study To assess the safety and effectiveness of the Derivo 2 heal (D2H) Flow diverter.

Methods We performed a retrospective multicenter trial at seven neurovascular centers. Patients treated with the D2H for unruptured or ruptured intracranial aneurysms were included in the study. The primary endpoint was angiographic aneurysm occlusion at six months assessed by the O'Kelly-Marotta scale. Clinical outcome was evaluated after intervention and at six months, with major morbidity defined as modified Rankin Scale scores of 3–5.

Results 17 Patients with available follow-up were subjected to a preliminary analysis. All patients received standard of care antiplatelet therapy according to the respective institutions, with no deviations being reported. Mean aneurysm size was 12 mm. Sufficient aneurysm occlusion (OKM C-D) at six months angiographic follow-up was observed in 88.2%. Device displacement and proximal fish-mouthing occurred in 1 patient with no clinical sequelae. Neither in-stent thrombosis nor in-stent stenosis were detected.

Conclusion The Derivo 2 heal Flow Diverter is a promising antithrombogenic coated device for the treatment of intracranial aneurysms. Early post-interventional and long-term results will provide insight into the effect of antithrombogenicity and endothelial healing.

Disclosure of Interest Hannes Nordmeyer and Daniel Behme received speaker honoraria from Acandis. All other authors have nothing to declare.

P079/201 TRANS-CIRCULATION BAILOUT FOR PROLAPSED FLOW DIVERTING STENT IN ACUTE TREATMENT OF A GIANT BASILAR ARTERY ANEURYSM

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Introduction A 45-year-old female presented to the emergency department with a headache and reduced level of consciousness. CT scan revealed widespread acute subarachnoid haemorrhage with hydrocephalus, confirmed by CTA as a giant basilar artery aneurysm.

Aim of the Study Highlight complications of giant aneurysm treatment.

Methods The patient was transferred to a neuroscience centre for endovascular treatment. An EVD was inserted. A flow-diverting stent (Silk Vista Baby) and 9-XL coils were deployed. Post-deployment angiography showed satisfactory positioning. On day 1 post-procedure, the patient developed right arm weakness/aphasia. CT showed coil-streak artifact, however MRI/MRA indicated a small area of restricted diffusion and high T2 signal, indicating an acute infarct. Coil compaction and proximal stent displacement into the aneurysm sac were also observed.

Results A rescue/re-treatment was performed. A trans-circulation approach via the PCOM was attempted due to unsuccessful antegrade catheterisation through the vertebral artery. The stent was dislodged into the aneurysm sac, enabling re-treatment of the aneurysm neck with a new device. A Pipeline flow diverter was deployed, and additional coils were placed within the compacted coil mass. Dual antiplatelet therapy was initiated. The patient demonstrated near-complete recovery,