P094/306 THE PEGASUS STENT SYSTEM FOR STENT ASSISTED COILING OF CEREBRAL ANEURYSMS – A MULTICENTER CASE SERIES

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Introduction In this retrospective case series we evaluated stent-assisted coiling with a new low profile lasercut stent (pegasus, Phenox gmbh, Bochum, Germany)

Aim of Study To evaluate the performance of the pegasus stent system for aneurysm treatment.

Methods Patients treated with stent assisted coiling for intracranial aneurysm(s), with or without acute subarachnoid hemorrhage were included into the study. Clinical, imaging, procedural parameters and clinical and imaging follow up parameters were recorded and statistically evaluated.

Results 54 Aneurysms in 53 patients from 6 centers were included into the study. Mean age was 57 years (+-11,68). 29 patients were treated electively, 24 acutely (23 SAH, one partially thrombosed aneurysm with ischemic events). Intracranial procedure related events were recorded in 1 (6,9%) elective patient and in 3 SAH (12,5%) patients. Postprocedural ischemic complications occurred in 3 (12,5%) of the SAH patients and in 1 of the elective patients (3,45%), the latter not changing the mRS of the patient. Overall aneurysm occlusion was Raymond Roy (RR) I in 36 cases, RR II in 9 and RR IIIa in 9 cases and all stents were patent on final DSA run. On the first control which was available for 23 patients after 147,7 days (+-59,6) RR I was achieved in 22, RR II in 1 patient.

Conclusion Stent assisted coiling with the pegasus stent system seems safe and effective.

Disclosure of Interest DL: Money paid to Institution by Phenox GmbH

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P095/317 CONTOUR NEUROVASCULAR SYSTEM FOR TREATMENT OF RUPTED AND UNRUPTED INTRACRANIAL ANEURYSM: OUR EXPERIENCE

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Introduction Contour Neurovascular System embolization device is a novel tool for the treatment of intracranial aneurysms.

Aim of Study We report our experience with this device for the treatment of rupted and unrupted intracranial aneurysms.

Methods Retrospective analysis of radiological and clinical data were collected for all patients treated with the Contour device at our center. Imaging follow-up was obtained with a 6-month angiography (12/16).

Results A total of 16 patients were treated with Contour system at our Institution (10 women; mean age 64 years). Sites of treatment were eight middle cerebral artery, two internal carotid artery, five anterior communicating artery, one PICA artery. In three patients aneurysm was rupted. In all cases, Contour device was well-positioned at the end of the procedure. At 6-month f-u, complete occlusion (class 0 or 0' in WEB occlusion Scale-WOS) was obtained in 75% of cases (9/12), neck remnant class 2 in 16% (2/12) and class 1 in 8% (1/12). Modified Rankin Scale at 11 months (median value, SD 4) was 0 in 75% of cases (12/16), 2 in 6% (1/16), 5 in 12% (2/16) e 6 in 6% (1/16).

In rupted cases, one patient died; one patient has mRS 5 at 12 months f.u. and one patient (class II of WOS) has mRS 0 at 8 months f.u.

Conclusion Contour device seems to be a promising alternative for treatment of intracranial aneurysms, also in the emergency setting. Larger case series with longer follow-up are needed to confirm our preliminary results.

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

P096/331 FIRST IN HUMAN EXPERIENCE WITH THE NEW ARTISSE INTRASACCULAR DEVICE: PROCEDURAL AND EARLY SAFETY OUTCOMES

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Introduction Artisse, a novel intrasaccular device, is a reengineered version of the previous device and has several advantages: an atraumatic distal tip that protects the intracranial aneurysm (IA) dome during deployment, proximal and distal marker bands offer enhanced device visibility for ease of use, a dual-layer mesh basket provides a balance of radial force and conformability for a secure fit and a flared shape helps the device appose against the IA wall and cover the neck.

Aim of Study First In Human (FIH) experience with Artisse.

Methods Patients with wide-neck bifurcation aneurysms (WNBAs) were enrolled in a Limited Market Release under Medtronic's Innovative Neurovascular Product Surveillance Registry (INSPIRE) and treated per standard of care. INSPIRE-A is designed to continuously monitor the safety and performance of newly commercialized Medtronic devices for the treatment of IAs. Site data are monitored, safety data are assessed by an independent clinical events committee, and angiographic data are assessed by an independent core laboratory.

Results 14 patients have already been included in the FIH experience with focus on the procedural and early safety outcomes. The locations of the IAs were MCA, PComA, BA, AComA, and ICA. The maximum IA diameter ranged from 3.8–7.1 mm. Till date no device-related adverse events (0%,