

0/14) have been reported. At the ESMINT Congress, updated data on safety and early outcomes will be presented for all available patients.

Conclusion Based on the current FIH experience data, the Artisense device demonstrates procedural and early safety for the treatment of WNBAs.

Disclosure of Interest MM and SL have nothing to disclose. RR is consultant for Microvention, Stryker and Medtronic. JF reports grants and personal fees from Anandis, Cerenovus, Microvention, Medtronic, Stryker, and personal fees from Phenox and Penumbra. JF also serves as the CEO of Eppdata. LS reports grants or contracts from Philips; consulting fees from Balt, Medtronic, Phenox, Microvention, Stryker; payment/honoraria from Balt, Medtronic, Microvention, Stryker; support for attending meetings and/or travel from Balt, Medtronic, Microvention, Stryker.

P097/334 TREATMENT OF ANTERIOR CIRCULATION ANEURYSMS FROM THE POSTERIOR CIRCULATION THROUGH THE COMMUNICATING ARTERIES AND IN THE OPPOSITE DIRECTION – A CASE SERIES

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Introduction The quickest path possible is typically taken when treating brain aneurysms. This access is carried out through the internal carotid artery in situations where there is an anterior circulation aneurysm. When the internal carotid artery is occluded, the challenge is to treat anterior circulation aneurysms endovascularly and take the quickest route possible.

In cases of aneurysms of the posterior circulation and lack of access from the vertebral arteries, it is possible to treat them also through the communicating arteries from the access from the internal carotid arteries.

Aim of Study The purpose of the study is to show that a brain aneurysm can still be accessed even in the absence of the shortest path.

Methods In the presentation, we show several cases of such aneurysm embolization procedures of access through the communicating arteries, where it is possible to bypass obstacle due to the arterial circle of the brain (Willis).

Results In the presentation, we demonstrate several cases of such aneurysm embolization procedures as well as additional issues that could develop and potential complications.

Conclusion Although it may be difficult for the operator, it is sometimes possible to perform cerebral aneurysm embolisation procedures using the available arteries connecting the circulations.

Disclosure of Interest Nothing to disclose

P098/345 STENT-ASSISTED COIL EMBOLIZATION OF COMPLEX BROAD-BASED BIFURCATION ANEURYSMS: PEGASUS HPC STENT WITH SIMPLE PLATELET AGGREGATION INHIBITION

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Background Endovascular therapy of complex bifurcation aneurysms is often accessible only by stent-assisted coil embolization.

Methods We report 62 consecutive elective aneurysm coil embolizations facilitated by Pegasus HPC stent in Y configuration. The technical approach of stent placement, catheter exploration, and coil embolization was identical using intermediate catheter (Sofia 5F) and microcatheter (SL10, direct stent exploration without jailing). Closure rates, complication rates, and regimen of platelet aggregation inhibition were evaluated.

Results Simple antiplatelet therapy was required in 24 cases 42%. Transradial access was chosen in 17 cases. The periprocedural complication rate was 5% (1 case with KM encephalopathy with complete recovery). There were no bleeding, ischemic events, or in-stent stenosis at 3- or 6-month follow-up. The closure rate (Raymon-Roy I and II) was 96.8% at 6 months.

Discussion and Conclusion Endovascular coil embolization of complex broad-based bifurcation aneurysms using Pegasus HPC stent in Y configuration is technically very accessible. Simple platelet aggregation inhibition with the Pegasus HPC stent appears safe.

Disclosure of Interest André Kemmling : 'Nothing to disclose' Stephan Felber 'Nothing to disclose'

1.2 HAEMORRHAGIC – Brain AVM/AVF, spinal vascular malformations

P100/134 TREATING CEREBRAL ARTERIOVENOUS MALFORMATION IN EPILEPTIC PATIENTS

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Introduction Treatment of structural epilepsy in patients with cerebral arteriovenous malformations (AVMs) is an important and complex task.

Aim of Study To compare the course of structural epilepsy in AVM patients after endovascular and combined treatment using the Engel scale.

Methods 229 adult patients (18 to 69yrs) were included in the study. Of these, 133 were men and 96 women. Of these, 174pts(76%) underwent only embolization, 34pts(14.8%) embolization + microsurgery, 21pts(9.2%) embolization + radiosurgery. According to the Spetzler-Ponce classification, 53pts(23.2%) suffered from Grade A, 102pts(44.5%) Grade B, 74pts(32.3%) Grade C AVMs. A total of 736 sessions were carried out with 3 sessions per patient on average. The average follow-up period was 4yrs.

Results The AVMs totally obliterated in 114pts(49.8%), subtotally in 12pts(5.2%), partially in 103pts(45%). Embolization alone led to total occlusion in 59pts(51.8%); combined treatment in 55pts(24%) of them 34pts(29.8%) underwent embolization + microsurgery and 21pts(18.4%) embolization + radiosurgery.

The Engel classification Class1 was achieved by 47pts (20.5%) after embolization alone; 26pts(11.3%) after embolization + microsurgery; 14pts(6.1%) after embolization + radiosurgery.