

P103/202 **VEIN OF GALEN ANEURYSMAL MALFORMATION: COILS ASSISTED GLUE EMBOLIZATION OF FISTULA IN NEONATE**

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Introduction Vein of Galen aneurysmal malformation (VGAM) is a very rare type of arteriovenous malformations. In the treatment of VGAM, endovascular embolization is the preferred treatment method. Transarterial approached embolization of the malformation is mainly performed procedure by glue or/and coils. Our following Case report in neonate shows succesful use of PHILL and coils combination for occluding the fistula

Aim of Study Occlude the fistula by glue and coils

Methods A five-month-old boy was admitted to hospital presenting with seizures, developmental delay and hydrocephalus. Cardiovascular symptoms were not presented. digital subtracial angiography was performed and it shows VGAM The endovascular treatment was planned immediately. Patient was under general anaesthesia. Right feromal artery was punctured by 5F intraducer. 5F Chaperon catheter(microvention) was standed in left ICA. Angiography was performed. VGAM was receiving main feeding from Pcoma.

A microcatheter headway(microvention) was navigated through a wire (Traxcess 0.014, Microvention) and positioned in posterior communicating artery branch of the shunt. The arterial branch was coiled by coils (Axium, Medtronic). Afterward, A microcatheter apollo (EV3) was navigated through a wire mirage(medtronic) and positioned in posterior communicating artery branch of the shunt. followed by injection of 2 mL of Phill. Glue migration was not noted in venous drainage.

Results Our result shows that adjuvant coils for flow control with glue embolization was an effective method for treatment of VGAM patient.

Conclusion Our case shows succesful use of PHILL and coils combination for occluding the fistula

Disclosure of Interest Nothing to disclose

P104/241 **PRE- AND INTRAOPERATIVE MULTIMODAL DELINEATION OF BAVM INVOLVING THE SENSORIMOTOR ELOQUENT AREAS**

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Introduction The management of bAVM involving sensorimotor eloquent areas is challenging and controversial. Patient-centered counseling in high-volume centers is essential.

Aim of Study: patient selection for treatment is an art in the hands of experienced surgeons. A PubMed based search was performed in order to develop a better insight of these challenging lesions.

Methods a scoping review was undertaken. Both traditional database and citation searching were performed. The studies of patients with bAVM involving sensorimotor eloquent areas were screened and summarized narratively.

Results all type of articles, reviews and conference abstracts were included in the scoping review. Word cloud and

diagrams summarized the strategical considerations and the decision making process. Structural MR images, fMRI, DTI and angiograms highlight different patterns of this challenging entity. IONM, IOUS and flowmetry can be used. Both curative and adjuvant embolization were reported. Radiosurgery and predictors of failure were reported. Salvage embolization after radiosurgery was reported.

Conclusion close cooperation of INR and NS is essential

The work presented here was undertaken indpendently by the author. The views expressed in this poster are those of the author alone.

Disclosure of Interest No

1.3 HAEMORRHAGIC – Micellaneous

P107/247 **DIAGNOSIS AND ENDOVASCULAR MANAGEMENT OF VASOSPASM AFTER ANEURYSMAL SUBARACHNOID HEMORRHAGE – SURVEY ON REAL LIFE PRACTICES**

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Introduction Vasospasm and delayed cerebral ischemia (DCI) are the leading causes of morbidity and mortality after intracranial aneurysmal subarachnoid hemorrhage (aSAH). Vasospasm detection, prevention and management, especially endovascular management varies from center to center and lacks standardization.

Aim of Study We aimed to evaluate this variability through an international survey on diagnosis and endovascular management of vasospasm.

Methods A 100 question anonymous online survey was designed to evaluate the practice patterns between December 2021 and September 2022. Endovascular neurosurgeons, neuroradiologists and neurologists were contacted through email and professional societies (SNIS and ESMINT). Answers were recorded.

Results A total of 201 physicians (25% [50/201] USA and 75% non-USA) completed the survey over 10 months, 42% had >7years of experience, 92% were male, median age was 40 (IQR 35–46). Both high-volume and low-volume centers were represented. Daily transcranial Doppler was the most common screening method (75%) for vasospasm. In cases of symptomatic vasospasm despite optimal medical management, endovascular treatment was directly considered by 58% physicians. The most common reason to initiate endovascular treatment was clinical deficits associated with proven vasospasm/DCI in 89%. The choice of endovascular treatment and its efficacy was highly variable. Nimodipine was the most common first-line intra-arterial therapy (40%). Mechanical angioplasty was considered the most effective endovascular treatment by 65% of neurointerventionalists.