



Abstract E-018 Figure 2

the minority of the cases are believed to be related to history of trauma or spine surgery. This report describes two cases of AWs that developed after intracranial subarachnoid hemorrhage (SAH). Case 1 is a 71-year-old male with non-aneurysmal intracranial SAH who developed myelopathy one year later. Magnetic Resonance Imaging (MRI) revealed upper thoracic cord edema and ventral arachnoid cyst (figure 1). Case #2 is a 57-year-old female who underwent coiling of a ruptured basilar artery aneurysm and 20 months later developed myelopathy and was found to have mid thoracic arachnoid cysts with arachnoiditis (figure 2). Both patients underwent surgical resection of AWs and had symptom improvement. At our institution, 0.5% of all patients undergoing treatment for SAH developed AWs. Back pain and unexplained myelopathy in patients with recent history of SAH should raise the suspicion for AWs.

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#### E-019 INITIAL EXPERIENCE WITH THE FRED X FLOW DIVERTING STENT IN A DIVERSE URBAN SETTING

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**Introduction** Extrasaccular flow diverting stents, such as the Flow Redirection Endoluminal Device (FRED, Microvention, Aliso Viejo, CA), have been developed to effectively treat aneurysms in tortuous anatomy unfavorable to clipping or coiling. The latest of these devices, the FRED X, was designed to reduce risk of thrombotic complications while maintaining excellent occlusion. The FRED X has been primarily studied in racially and socioeconomically homogenous populations. In this study, we evaluate the use of the FRED X in a diverse and socioeconomically varied population.

**Methods** A single-center retrospective review of a prospectively maintained quality assurance database identified all patients

treated with the FRED X from November 2022 to March 2024. Aneurysm characteristics, use of antiplatelet medications, intra- and post-procedural complications, functional status using the modified Rankin Scale (mRS), and successful occlusion classified by the O'Kelly Marotta (OKM) scale were reviewed.

**Results** A total of 11 patients were included. The majority were female (54.5%), identified as Hispanic (72.7%), and had baseline mRS of 0–1. The mean age at treatment was  $60.5 \pm 14.18$  years and all procedures were elective. Three aneurysms (27.3%) had previously ruptured and were treated by emergent coiling. 81.8% of aneurysms were in the anterior circulation, mostly in the ophthalmic segment of the internal carotid artery. All patients were placed on aspirin, with 63.6% on clopidogrel and 36.4% on ticagrelor as a secondary antiplatelet agent. The diameters of the proximal and distal parent arteries were  $3.74 \pm 0.62$  mm and  $3.52 \pm 0.77$  mm, respectively. Ten (90.9%) patients had saccular aneurysms, of which nine were wide-necked ( $5.67 \pm 1.89$  mm) and had an average largest dimension of  $9.44 \pm 4.44$  mm. All placements were successful and no intraoperative complications were experienced. Two patients required adjunctive coiling while one patient required in-stent balloon angioplasty. Of 8 patients with 6-month follow-up angiography, 75.0% were noted to have satisfactory occlusion (OKM C-D). One episode of postoperative hypertension was noted. One patient experienced transient bitemporal superior quadrantanopia not necessitating intervention, and all patients were asymptomatic on follow-up.

**Conclusion** The FRED X flow diverter was found to be overall safe and effective in the management of intracranial aneurysms with tortuous anatomy in a diverse urban population with inconsistent access to care, mirroring initial studies of homogenous patient populations. Although larger trials are needed in diverse settings, this study provides further evidence of the device's safety and efficacy.

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