

Conclusion Patients with both spinal cord edema and flow voids regression at 3 months were more likely to present with a stable exclusion of sDAVF and clinical improvement after endovascular embolization. Patients without MRI improvement should be referred to DSA to seek recurrence of sDAVF.

3.4. ETMINT

P167 ANTIPLATELET AGENTS AND ANTAGGREGATION THERAPY IN THE ANGIOSUITE

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Introduction To provide an overview of *platelet physiology* and *antiaggregation/anticoagulation drugs* commonly administered in the angiosuite.

Aim of Study Antiplatelet and anticoagulation drugs play a crucial role in neurointerventions, where the management of blood clotting is essential to prevent thromboembolic events. These medications are administered to reduce the risk of stroke and clot formation during and after neurointerventional procedures.

Methods Overview of commonly administered antiplatelet and anticoagulation drugs during neurointerventions.

Results 1. Antiplatelet drugs:

a. *Aspirin (Acetylsalicylic Acid)*: Aspirin inhibits platelet aggregation by irreversibly blocking the enzyme cyclooxygenase (COX).

2. **Anticoagulation drugs:**

a. *Heparin (UFH)*: Unfractionated heparin works by enhancing the activity of antithrombin III, inhibiting clot formation.

b. *Aggrastat (Tirofiban)*: Glycoprotein IIb/IIIa inhibitor. It inhibits the binding of fibrinogen and von Willebrand factor to the glycoprotein IIb/IIIa receptor, thereby preventing the final step of platelet aggregation and the formation of blood clots.

c. *Abciximab (ReoPro)*: Glycoprotein IIb/IIIa inhibitor, inhibition up to 15 days.

Conclusion Antiplatelet therapy plays a crucial role in the angiosuite, it is thus indispensable for the angiosuite personnel to be aware of the use and mechanism of these medication.

Disclosure of Interest no.

P168 THE USE OF A MOBILE RADIATION PROTECTION MODULE EVERY DAY IN AN INTERVENTIONAL NEURORADIOLOGY ROOM: A STUDY AT TOULOUSE UNIVERSITY HOSPITAL

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Introduction After successfully reducing patient exposure and associated deterministic risks in interventional neuroradiology, the new challenge lies in mitigating stochastic radiation-induced risks for medical and paramedical staff while enhancing workplace quality of life.

Aim of Study Our study, conducted at the University Hospital of Toulouse, aims to primarily reduce this exposure while

safeguarding against musculoskeletal disorders through the implementation of a lead-lined cabin prototype as collective protection equipment.

Methods The cabin study unfolds in two stages: an initial month-long measurement campaign integrates the cabin into daily service, followed by a second campaign using standard protections without the cabin. Four positions are examined: primary interventional neuroradiologist (INR), assistant INR, surgical assistant, and circulating radiology technologist.

For exposure measurements in both campaigns:

- Each of the 4 operators wears 6 TLD-100 dosimeters and 2 operational dosimeters to assess their exposure at various points.

- 5 strategically placed TLD-100 dosimeters evaluate the cabin's attenuation capability.

A satisfaction survey is conducted among workers involved in the study to gather feedback on cabin usage compared to their usual protective measures.

Results The study results are pending due to the study dates (April 9 to June 9) and will be presented at the ETMINT 2024 congress.

Conclusion The study hopes to optimize the radiation protection of workers in interventional neuroradiology at Toulouse University Hospital while improving their quality of life at work by reducing or even eliminating the wearing of leaded aprons daily.

Disclosure of Interest no.

3.5. Miscellaneous

P169 A SYSTEMATIC REVIEW OF VERTEBRAL METASTASES EPIDEMIOLOGY BASED ON RADIOFREQUENCY, CRYOABLATION OR MICROWAVE ABLATION TECHNIQUE

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Introduction Spinal metastases cause significant pain and neurological complications in up to a third of cancer patients. While systemic therapies improve survival, pain management, neurological function preservation, and spinal stability remain crucial palliative goals.

Aim of Study This study aimed to conduct a comprehensive epidemiological analysis on ablation techniques for vertebral metastases to facilitate collaboration between radiation oncologists, surgeons, and neurointerventionalists.

Methods We conducted a systematic literature search based on PRISMA guidelines on ablation techniques for vertebral metastases. Included studies involved at least 3 adult patients with spinal metastases treated with radiofrequency ablation (RFA), microwave ablation (MWA), or cryoablation (alone or combined). Only English publications were considered.

Results From 234 identified articles, 68 met the inclusion criteria. Published between 2006 and 2023, these studies reported ablative procedures treating 3507 lesions in over 2413 patients (median age: 61.5 years, 51.4% female). RFA was the most common technique (73.5%), followed by MWA (22.1%) and cryoablation (4.4%). The thoracic (47.6%) and