

aneurysm size ratio was different between the combined treatment versus the observation group ( $p < 0.0001$ ). Noteworthy, there were no hemorrhages in the observational group. Mortality for all patients with available follow-up was 2.4% (3/124) and permanent morbidity was 1.6% (2/124) over a mean follow-up of 64.2 months. These compelling rates refer to a high-risk group with potentially devastating consequences in which we have decreased the annual risk of hemorrhage to 0.14%

**Conclusion** Using diversified management of AComA UIAs, we have decreased the annual risk of SAH to 0.14% at the expense of 2.4% mortality and 1.6% permanent minor deficit rates.

**Disclosure of Interest** no.

### 3.4. ETMINT

#### P178 ANEURYSM WALL ENHANCEMENT MR IMAGING ON 3T MR – OUR EXPERIENCES

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**Introduction** Aneurysm wall enhancement (AWE) of unruptured intracranial aneurysms on magnetic resonance imaging has been considered as a promising marker of rupture-related risk. Recently, we have started using T1 SPACE fat-sat dark blood sequence with isotropic voxel to visually evaluate AWE on 3T MR.

**Aim of Study** To present technical background for AWE using T1 SPACE dark blood sequence and our first experiences with AWE imaging.

**Methods** Using T1 SPACE dark blood sequence pre- and post-gadolinium contrast administration imaging on 3T MR.

**Results** From March to half of August 2024, 16 patients (3 men, 13 women, mean age  $60 \pm 12$ ) were imaged. We observed AWE in 10 patients.

**Conclusion** We successfully implemented new imaging sequence into our routine aneurysm imaging.

#### P179 STROKE WORKFLOW IN DIFFERENT COUNTRIES – UNIVERSITY HOSPITAL MARTIN, SLOVAKIA

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**Introduction** Stroke is a major global health concern, with a significant impact on mortality and disability rates. Increasing awareness and understanding of endovascular treatment can ultimately save lives and reduce the long-term disabilities associated with stroke. Our hospital is one of 10 medical facilities in Slovakia providing 24 hour mechanical thrombectomy for stroke patients.

**Aim of Study** Sharing experiences with endovascular treatment of stroke is vital for advancing the field and improving patient outcomes.

**Methods** Filling out a questionnaire with pre-defined questions uniform for all interviewees.

**Results** Questionnaire revealing our practice regarding endovascular treatment of stroke.f

**Conclusion** In a rapidly evolving field like endovascular treatment, staying informed and learning from the experiences of others is essential for maintaining high standards of care and pushing the boundaries of what is possible in stroke treatment.

### 3.2. Clinical Management

#### P180 RESULTS OF TAILORED ANTIPLATELET THERAPY IN CAROTID ARTERY STENTING

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**Introduction** Carotid stenting requires dual antiplatelet therapy to effectively prevent thromboembolic complications. However, resistance to clopidogrel, a key component of this therapy, may lead to persistent risk of these complications.

**Aim of Study** The aim of this study was to determine, if the implementation of routine platelet function testing and adjusting therapy was associated with lower incidence of thromboembolic complications and death.

**Methods** All consecutive patients treated with carotid artery stenting in a single institution over 8 years were enlisted in a retrospective study. Platelet function testing was performed and efficient antiplatelet therapy was set before the procedure. Incidence of procedure-related stroke or death within periprocedural period was assessed. The results were evaluated in relation to the findings of six prominent randomized control trials.

**Results** A total of 241 patients were treated for carotid stenosis, seven patients undergo CAS on both sides over time. There was 138 symptomatic and 110 asymptomatic stenoses. Five thromboembolic complications occurred, four of them [1,61%] were procedure-related. Two patients died because of procedure-related stroke [0,82%]. Incidence of procedure-related stroke or death was significant lower compared to the results of CREST study [2,01% vs. 4,81%,  $P=0,0243$ ] in the entire cohorts, and to the results of ICSS study in the symptomatic cohorts [2,86% vs. 7,37%,  $P=0,0243$ ], respectively.

**Conclusion** Tailored antiplatelet therapy in carotid stenting is safe and seems to be related with lower incidence of procedure-related death or stroke rate. To assess whether platelet function testing-guided antiplatelet therapy is superior to standard dual antiplatelet therapy should be considered.