

P500 ABSTRACT WITHDRAWN

## Other

## 3.4. ETMINT

P501 TECHNICAL AND NURSING ASPECTS IN A CASE OF  
DISTAL MCA ANEURYSM EMBOLIZATION PROCEDURE  
AFTER BALLOON TEST OCCLUSION

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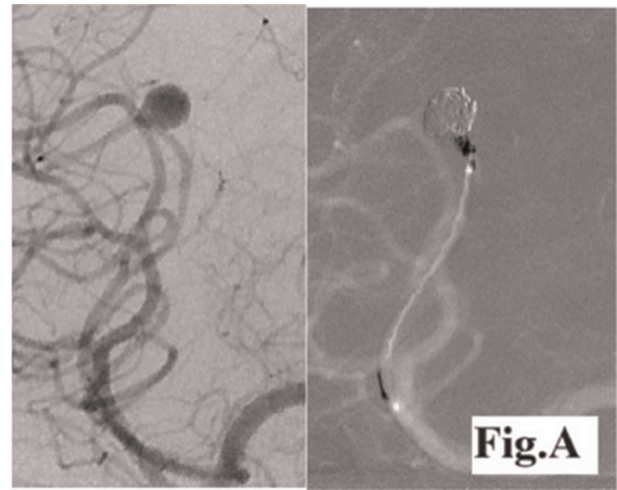
**Introduction** Occlusion of a distal MCA aneurysm often requires vessel occlusion. In these cases, a balloon occlusion test (BTO) is useful to evaluate potential post-treatment complications. Intracranial placement of platinum coils creates metallic artifacts that can compromise CT image quality.

**Aim of Study** To describe the technical and nursing aspects during an embolization procedure of a distal MCA aneurysm preceded by BTO and to describe the CT control methodologies of the procedure.

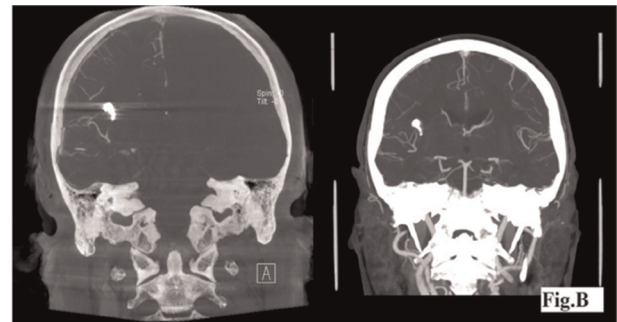
**Methods** A 72-year-old woman with an unruptured M2/M3 aneurysm underwent awake BTO. Since the test was well tolerated, the aneurysm and parent artery were excluded from the circulation with platinum coils (figure 1A). Post-procedural intraoperative control was performed using the Cone-Beam CT (CBCT) technique, while the four-day follow-up was conducted using the Dual-Energy CT (DECT) technique.

**Results** The procedure was well tolerated by the patient without complications. Both CBCT and DECT techniques demonstrated the success of the intervention with a satisfactory diagnostic quality. DECT, with its monoenergetic reconstructions combined with the Mar algorithm and iodine maps, made it possible to minimize the problems of metal artifacts allowing for accurate postoperative evaluation

**Conclusion** The BTO and the aneurysm treatment were performed at the same time, avoiding a double DSA session, the



Abstract P501 Figure 1A



Abstract P501 Figure 1B

first under vital monitoring and the second under general anesthesia. Intraoperative CBCT allowed immediate verification of the absence of complications and correct closure of the aneurysm, while DECT allowed non-invasive follow-up, minimizing the problem of metal artifacts (figure 1B).