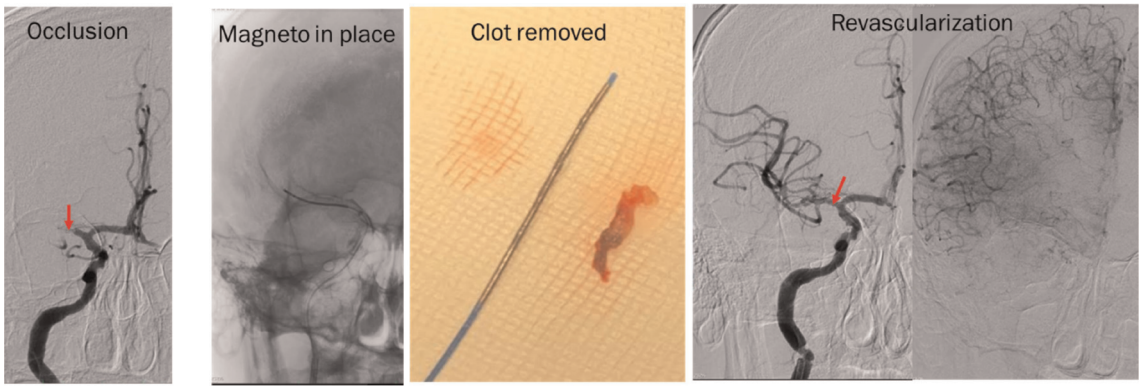

Abstract O28 Figure 1

On POD 2 the patient experienced a non-ST-elevation Myocardial Infarction. PCI was performed and a DES was implanted. The patient completed his 90 days follow-up visit demonstrating mRS 0 with no reported adverse events.
Disclosure of Interest no.

Other

3.5. Miscellaneous

O29 PERCUTANEOUS RADIOFREQUENCY ABLATION OF PAINFUL SPINAL METASTASIS: AN UPDATED SYSTEMATIC REVIEW OF ANALGESIA AND SAFETY

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Introduction Radiofrequency ablation(RFA) is a minimally invasive technique for managing pain from spinal metastases. However, long-term data on its effectiveness and safety remain limited.
Aim of Study To systematically review the analgesic effectiveness and safety of RFA for spinal metastases.
Methods A systematic search and analysis were conducted following PRISMA guidelines. Studies were included if they met the following criteria:

Randomized or non-randomized studies with at least 3 patients (prospective or retrospective)
Adult patients with spinal metastases
RFA used alone or combined with other treatments
Reported pre- and post-RFA pain assessments
Published in English

Data on demographics, tumor type, lesion location, pain scores, and complications were extracted.
Results The search yielded 33 studies encompassing 1418 patients(52.6% females) with 1902 treated lesions. All studies reported achieving partial pain response based on International Consensus Endpoint after Radiation Therapy criteria. 91% of studies showed highly effective pain management(≥4-point reduction on a pain scale to the last follow-up). Moderate effectiveness(≥2-point reduction) was reported in the remaining 3 studies(9%). Lung(28.2%), breast(25.4%)and genitourinary system(11.2%) cancers were the most common primary tumors. The thoracic spine was the most frequent site (47.9), followed by lumbar(47.3%) and sacral(4.5%). No major complications(grade IV-V) were observed. Minor to grade IIIa neurological complications requiring conservative management occurred in 0-16% of patients.
Conclusion This systematic review suggests that RFA, often used in combination with vertebral augmentation, represents a safe and effective treatment for achieving short- to mid-term (24 hours to 6 months) pain control in patients with spinal metastases.
Disclosure of Interest no.

3.1. Innovation

O30 EFFECTIVE RADIATION DOSE REDUCTION IN DIAGNOSTIC CEREBRAL ANGIOGRAPHY USING OPTIQ AND DISEASE-SPECIFIC PROTOCOLS

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Introduction We have continuously tried various protocol adjustments, including the adoption of low-dose 2D and 3D rotational digital subtraction angiography (DSA), aimed at minimizing radiation exposure during cerebral angiography procedures. And recently used the OPTIQ, an advanced 2D imaging pipeline, automatically adjusts exposure parameters to maintain predefined image quality during cerebral angiography while aiming to reduce radiation dose.
Aim of Study This study assesses the effectiveness of OPTIQ and customized angiographic protocols for different cerebral vascular pathologies.
Methods A review was conducted on 465 diagnostic cerebral angiographies performed between August 2023 and January 2024. Angiography was done with utilization of three dose level of angiographic protocols (low-, mid-, and high-dose), customized for indication including aneurysm-diagnostic, treated aneurysm-follow-up, stenoocclusive disease, AVM/AVF. We analyzed radiation metrics such as dose-area product (DAP), air-kerma (AK), and examined imaging parameters tailored to each vascular condition. (Table 1)