micro guidewire were further introduced and an endovascular approach to the aneurysm was possible (figure 3).
Results Combined radial and femoral approach may be used in difficult vascular anatomy. Using a snare device through a radial approach holding the guiding catheter may improve stability of the guiding catheter introduced by femoral approach.

Ischemic

2.2. Imaging

P003 CLINICAL RELEVANCE OF LEPTOMENINGEAL COLLATERAL BLOOD FLOW ON MRI IN PATIENTS WITH ACUTE MIDDLE CEREBRAL ARTERY OCCLUSION

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Introduction Poor leptomeningeal collateral blood flow is associated with worse clinical outcome in acute ischemic stroke.
Aim of Study This study aims to evaluate Clinical relevance of leptomeningeal collateral blood flow on MRI in patients with acute middle cerebral artery occlusion (OMCA).
Methods 328 acute stroke patients who underwent MRI studies due to OMCA were included. A retrospective analysis of MRI findings on leptomeningeal collateral blood flow in acute stroke patients with OMCA is as follows: negative MRI without leptomeningeal collateral flow (-MRI), positive MRI with delayed contrast-enhancing vessels on contrast-enhanced T1WI (CET1WI) and/or FLAIR hyperintense vessels. The relationship of MRI findings of leptomeningeal collateral blood flow was statistically analyzed by comparing it with clinical results using the Modified Rankin Scale.
Results MRI findings of leptomeningeal collateral flow in acute stroke patients with OMCA were classified and ranked from poor to good clinical outcome as follows: -MRI (125, 38%), delayed enhanced vessels (62, 19%), FLAIR hyperintense vessels (77, 23%), and both delayed enhanced vessels and FLAIR hyperintense vessels (64, 20%), which were each statistically significant ($p < 0.05$).
Conclusion MR imaging of leptomeningeal collateral flow in acute stroke patients with OMCA correlates with clinical outcome. Therefore, it can be used as a prognostic MRI marker in acute stroke patient.
Disclosure of Interest no.

P004 ASPECTS RATING ON CT VERSUS MRI DEPENDS ON BASELINE LESION SIZE – IMPLICATIONS FOR TREATMENT SELECTION IN LARGE ISCHEMIC STROKE

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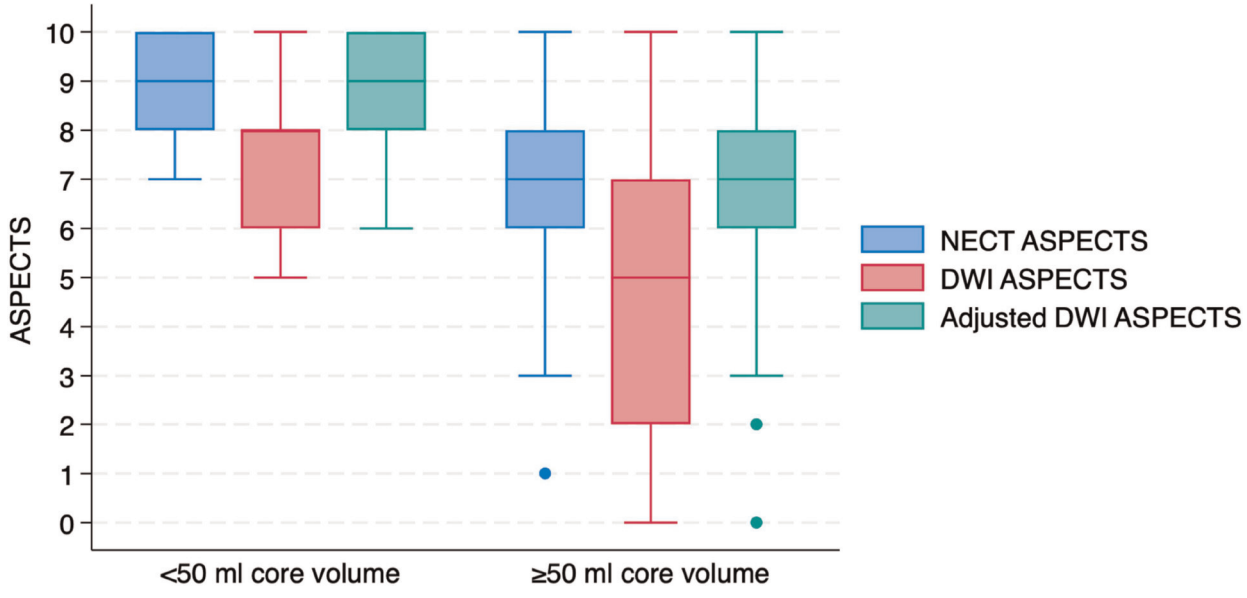
Introduction Thrombectomy is of benefit for patients with large ischemic core, but inclusion in recent trials was based on different imaging criteria utilizing MRI, perfusion imaging, and/or non-enhanced CT (NECT)
Aim of Study The purpose of this study was to directly compare the agreement of different ASPECTS rating methods according to the baseline core volume in patients receiving both MRI and CT on admission. We hypothesized that the agreement between CT- and DWI-ASPECTS declines with increasing baseline core volumes.
Methods Observational retrospective study of anterior circulation stroke patients triaged by both multimodal-CT and MRI at baseline. Core lesion volume was defined using DWI, and ASPECTS was rated independently on NECT and DWI maps. The agreement between these ratings was tested according to baseline core volume.



Abstract P004 Figure 1

Results 76 patients were included. The rate of patients with a low DWI-ASPECTS≤5 and large core of >50ml was 41%/32%, respectively. The median intermodal ASPECTS difference was 2 (IQR:1-3) for patients with core volume <50ml, and 3 (IQR:2-4) for patients with core volume >50ml, which was different (p=0.01). In patients with a DWI-ASPECTS≤5, only 29% also had a NECT-ASPECTS≤5, and 60% (p<0.001) when applying a modified DWI-ASPECTS (>1/3 ASPECTS region).
Conclusion The agreement between NECT and DWI-ASPECTS was lower in patients with larger core volumes, which might directly affect comparability depending on the utilized modality. Using a modified DWI-ASPECTS (>1/3 ASPECTS region) increased the agreement to NECT-ASPECTS, but still, 40% of patients with a low DWI-ASPECTS had an NECT-ASPECTS of ≥6.
Disclosure of Interest no.

Haemorrhagic

1.1. Aneurysms

P005 THE SAFEST STUDY: SURVEY ON ANTIPLATELETS IN FLOW DIVERSION FOR ANEURYSM ENDOVASCULAR TREATMENT

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Introduction Flow diversion has emerged as a promising treatment strategy for intracranial aneurysms, yet the influence of antiplatelet therapy on treatment outcomes remains uncertain. Variability in antiplatelet regimen usage further complicates treatment standardization.
Aim of Study This survey aimed to investigate common practices of antiplatelet medication usage in flow diversion for intracranial aneurysms worldwide.
Methods An anonymous online survey explored antiplatelet therapy aspects in neurointerventions, including agent selection, dosing, and duration. The survey was distributed through international neurointerventional societies, including ESMINT, and mailing lists.
Results 442 respondents from 53 countries participated, revealing heterogeneity in antiplatelet protocols. DAPT, primarily combining low-dose aspirin with clopidogrel (68%), was the most common approach. However, alternative P2Y12 inhibitors are increasingly being used with the main reasons for preferring ticagrelor (21%) over prasugrel (10%) being availability and bleeding risk, while the main reason for using prasugrel over ticagrelor is patient compliance. Resistance testing for antiplatelet agents was conducted by 62% of responders, with the VerifyNow system being the most popular method. Strategies to manage resistance included dose escalation (17%) and switching (83%) to alternative agents. Interest in participating in future trials investigating antiplatelet therapy duration and SAPT versus DAPT was high (77% and 58%, respectively).
Conclusion Antiplatelet therapy practices following flow diversion procedures vary globally, with a growing interest in alternative agents and a willingness to participate in future trials. Standardization efforts and further investigation are crucial for optimizing neurointerventional outcomes.
Disclosure of Interest no.

P006 THE DERIVO 2 HEAL EMBOLIZATION DEVICE IN THE TREATMENT OF RUPTURED AND UNRUPTURED INTRACRANIAL ANEURYSMS: A RETROSPECTIVE MULTICENTER STUDY FINAL RESULTS

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Introduction The emerging use of flow diverters in the treatment of intracranial aneurysms is associated with a risk of neurological morbidity due to their thrombogenicity.[1-3] The Derivo 2 Embolization Device (Acandis, Pforzheim, Germany) has proven to be a safe and effective flow diverter.[4-5] To overcome the risk of thrombo-embolism, the device was modified by adding an anti-thrombogenic fibrin-heparin coating.[6-7]
Aim of Study We aimed to assess the safety and effectiveness of the Derivo 2 heal Embolization Device.
Methods Retrospective multicenter data from nine German neurovascular centers between February 2022 until December 2023 were used. Patients treated with the Derivo 2 heal Embolization Device for unruptured or ruptured intracranial aneurysms were included. Peri- and postprocedural adverse events, clinical outcomes, and angiographic follow-up results were evaluated.
Results 84 patients (73.8% female, mean age 58,7 years) with 89 aneurysms (mean size 9.76 mm) were included. 87.6% were located in the anterior circulation. Most of them were sidewall aneurysms (88.8%). 96 flow diverters were used. 99% were successfully implanted. An in-stent balloon angioplasty was performed in 6% of the cases. An additional coiling was performed in 28.6%. Technical difficulties were present in 12% of the cases. Thrombotic events occurred in 4.8% with no neurological sequelae. Mortality and morbidity were 0% and 1.2% respectively. Adequate aneurysm occlusion was achieved in 80.7% with a mean follow-up time of 6.6 months.
Conclusion The Derivo 2 heal Embolization Device showed a satisfying aneurysm occlusion and safety with a low rate of neurological morbidity.
Disclosure of Interest no.

P007 WEB SHAPE MODIFICATIONS: ANGIOGRAPHY–HISTOPATHOLOGY CORRELATIONS IN RABBITS

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Introduction WEB Shape Modification (WSM) over time is frequent after aneurysm treatment. (published in JNIS ; ref 1)