

Results 76 patients were included. The rate of patients with a low DWI-ASPECTS \leq 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 \leq 5, only 29% also had a NECT-ASPECTS \leq 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 \geq 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)