

(4) comparison of abortion vs pursuit of thrombectomy after perforation in order to improve the management of the ischemic stroke of patients with vessel perforation

(5) development of a novel, safety-optimized thrombectomy technique

Results Results will be presented once the registry is closed.

Conclusion In order to refine thrombectomy beyond revascularization times, the safety of the procedure needs to be improved. This is especially important since patients with limited therapeutic yield are more and more considered for thrombectomy. The PREVENT registry aims at providing answers to urgent questions about periprocedural vessel perforation, arguably the most serious complication of thrombectomy.

Other

3.2. Clinical Management

P028 A MULTICENTER STUDY OF THE EFFICACY AND SAFETY OF TREATMENTS (ENDOVASCULAR OR CONSERVATIVE) IN SMALL INTRACRANIAL ANEURYSMS IN COLOMBIA

¹Ana Villamizar Barahona, ¹María Estévez Ochoa, ¹Andrés Ortiz, ^{1,2}Oliverio Vargas Pérez, ^{1,2}Carlos Ferreira Prada, ³Juan Mejía, ³Jose Cardona, ⁴Sergio Serrano, ⁴Adriana Reyes, ^{1,2}Daniel Mantilla García. ¹Fundación Oftalmológica de Santander – FOSCAL clinic, Floridablanca, Colombia; ²Universidad Autónoma de Bucaramanga, Bucaramanga, Colombia; ³Fundación Santa Fe de Bogotá, Bogotá D.C., Colombia; ⁴Research Group-UNAB, Universidad Autónoma de Bucaramanga, Bucaramanga, Colombia

10.1136/jnis-2024-ESMINT.65

Introduction The registry of cerebral aneurysms < 5 mm, known for their low risk of rupture, is significant, given their high incidence globally.

Aim of Study Our study aimed to identify, in small aneurysms (< 5 mm), the potential morphological characteristics, risk factors that can predict the risk of rupture, and the risk or benefit of treating them with endovascular or conservative treatment in ruptured and unruptured intracranial aneurysms.

Methods The medical records of patients with cerebral aneurysms < 5 mm were retrospectively reviewed between January 2014 and December 2022 at two neurovascular centers in Colombia. We evaluated clinical and angiographic outcomes using statistical tests.

Results Two hundred fifty-six patients (425 intracranial aneurysms) were registered in the database. Two hundred and seventy-five were treated with endovascular treatment: 70 ruptured aneurysms and 205 unruptured aneurysms. One hundred fifty intracranial aneurysms underwent conservative treatment (follow-up). Women accounted for 82.1% of cases. Most cases were incidentally diagnosed (83.5%). After a year of follow-up, 87.3% of unruptured and 67.1% of ruptured intracranial aneurysms had an mRS 0 – 2. In the Raymond-Roy occlusion classification, among 101 unruptured intracranial aneurysms embolized were 53 cases class I, and among 66 ruptured intracranial aneurysms embolized, 67.1% were class I.

Conclusion Endovascular therapy for aneurysms < 5 mm appears to be a technically feasible treatment, with satisfactory occlusion rates and few re-treatments at the 12-month follow-

up. The complication rates were similar to those reported in studies on small aneurysms.

Case Reports

Brain AVM/AVF, spinal vascular malformations

P029 GAMMA KNIFE SURGERY FOR CEREBRAL AVMS: SINGLE CENTER EXPERIENCE

Milica Mitrovic. *Unuversity Clinical Center of Serbia*

10.1136/jnis-2024-ESMINT.66

Introduction (Gamma knife radiosurgery (GKS) is a non-invasive treatment option that uses focused beams of radiation to obliterate cerebral arteriovenous malformations (AVM). The role of the radiation therapy technician (RTT) in GKS is essential to the success of the treatment. Our objective was to explain the role of radiation therapy technologist (RTT) in radiotherapy treatment delivery.

Case Description (We retrospectively reviewed 160 patients who were treated with Gamma-Knife RS for intracranial AVMs between 14 March 2016. and 15 April 2024. There were 80 male and 80 female patients with a range of years 11- 74. Obliteration was assessed with MRI, MRI angiography and DSA imaging.

Results (Radiosurgery was successful in the majority of patients with minimal morbidity.

RTTs play a critical role in patient care, from the initial consultation to the follow-up appointment. They work closely with the radiation oncologist to develop the treatment plan and ensure that it is delivered safely and effectively. RTTs also provide emotional support to patients and their families throughout the treatment process. Their expertise, skill, and compassion are essential to the success of this treatment.

Disclosure of Interest no.

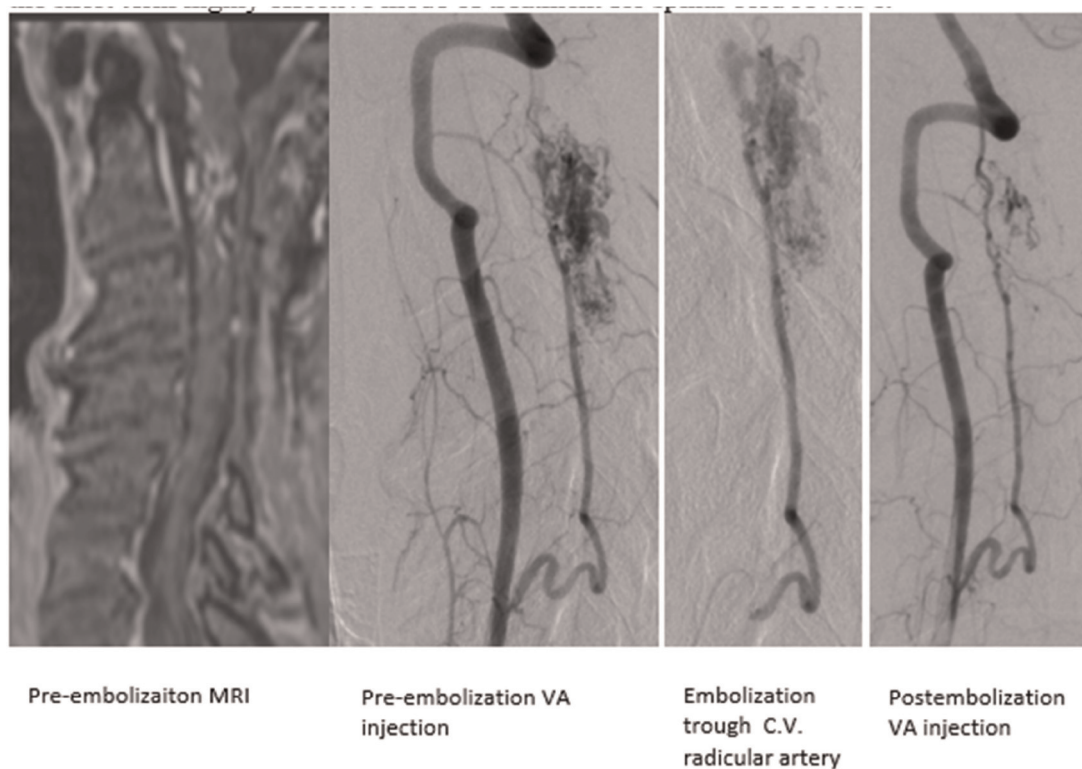
P030 SUCCESSFUL MICROBEAD EMBOLIZATION OF SPINAL CORD AVM-S: TECHNIQUE AND CLINICAL FOLLOW-UP

¹Istvan Szikora, ²Zsolt Kulcsar. ¹Semmelweis University, Department of Neurosurgery and Neurointerventions, Budapest, Hungary; ²University Hospital Zurich, Department of Neuroradiology, Zurich, Switzerland

10.1136/jnis-2024-ESMINT.67

Introduction Complete obliteration of spinal cord AVM-s without neurological deficit is rarely achieved either by surgery or embolization. Liquid embolics carry high risk, while particles have low efficacy. Application of selected size embolic beads capable of penetrating the nidus but not entering the sulco-commissural arteries has been proposed but not largely reported in the literature. We present two such cases

Case Description A 16 year old girl suffering from progressive spastic paraparesis and hypaesthesia resulting from a Th.IX-X. intramedullary AVM was treated with 3-500 and 7-900 micron BeadBlock™ (Biocompatibles Ltd.) embolic beads injected from the proximal radicular artery. A high flow shunt



Abstract P030 Figure 1

was closed by NBCA embolization. Approximately 2/3 of the AVM nidus was occluded on the final angiograms. After temporary progression on day 1 she rapidly improved and was able to walk and run without any assistance 6 weeks later.

Case 2 was a 47 year old woman, who was surgically treated for a C.II. intramedullary AVM in 1995. She started having progressive weakness of the left extremities in 2021 and MRI in 2023 demonstrated a residual spinal cord AVM at the C.II. level. This was embolized with 7-900 mikron BeadBlock™ beads injected from the proximal radicular artery at C.V. After temporary progression, she rapidly improved and within 6 weeks she returned to her original status prior to her neurological progression in 2021.

Results We concluded that using selected size embolic beads from proximal locations is a safe and on the short term highly effective mode of treatment for spinal cord AVM-s.

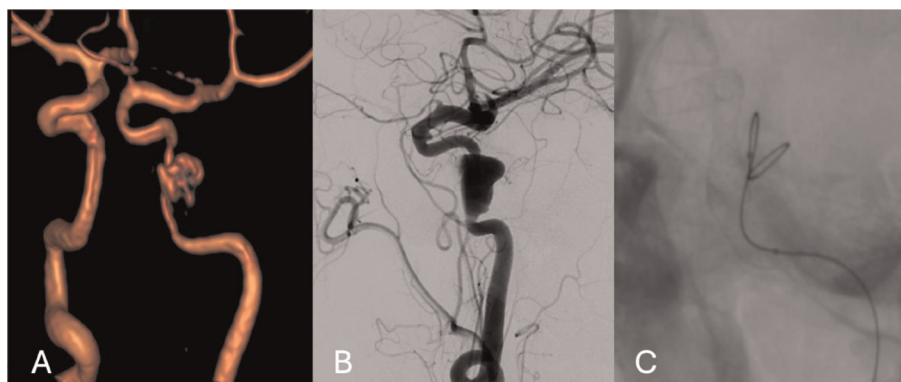
Aneurysms

P031 MANAGEMENT AND ENDOVASCULAR TREATMENT OF AN INFECTIOUS FALSE ANEURYSM OF THE PETROUS INTERNAL CAROTID ARTERY IN THE SETTING OF SEPTIC THROMBOSIS OF THE CAVERNOUS SINUS

^{1,2}Thibault Agripnidis, ^{3,4}Jean-François Hak. ¹AP HM, Timone Hospital, Neuroradiology, Marseille, France; ²Laboratoire d'Imagerie Interventionnelle Expérimentale (LiE), CERIMED, Marseille, France; ³AP HM, Timone Hospital, Neuroradiology, MARSEILLE, France; ⁴Laboratoire d'Imagerie Interventionnelle Expérimentale (LiE), CERIMED

10.1136/jnis-2024-ESMINT.68

Introduction Current guidelines lack specific recommendations for the acute endovascular treatment of unruptured infectious intracranial aneurysms presenting with cranial nerve palsy.



Abstract P031 Figure 1