

0.45cm \*75 mm braided nitinol stent was performed via a VASCO + 25 MP microcatheter, with careful anchoring and expansion. Procedural adjustments were made to address flow occlusion encountered due to increased catheter caliber.

**Results** Despite technical challenges, successful stent deployment was achieved, and the Leo stent was detached without complications. Post-procedural and followup 3-month angiography revealed satisfactory stent positioning and flow restoration. Endovascular treatment of a basilar artery fusiform aneurysm using a braided nitinol stent demonstrated feasibility and efficacy, albeit with procedural intricacies. Meticulous technique, precise stent deployment, and preoperative antiplatelet therapy are crucial considerations for optimizing outcomes in such complex cerebrovascular interventions. This case underscores the importance of tailored approaches and careful procedural planning in managing challenging cerebrovascular pathologies.

**Disclosure of Interest** no.

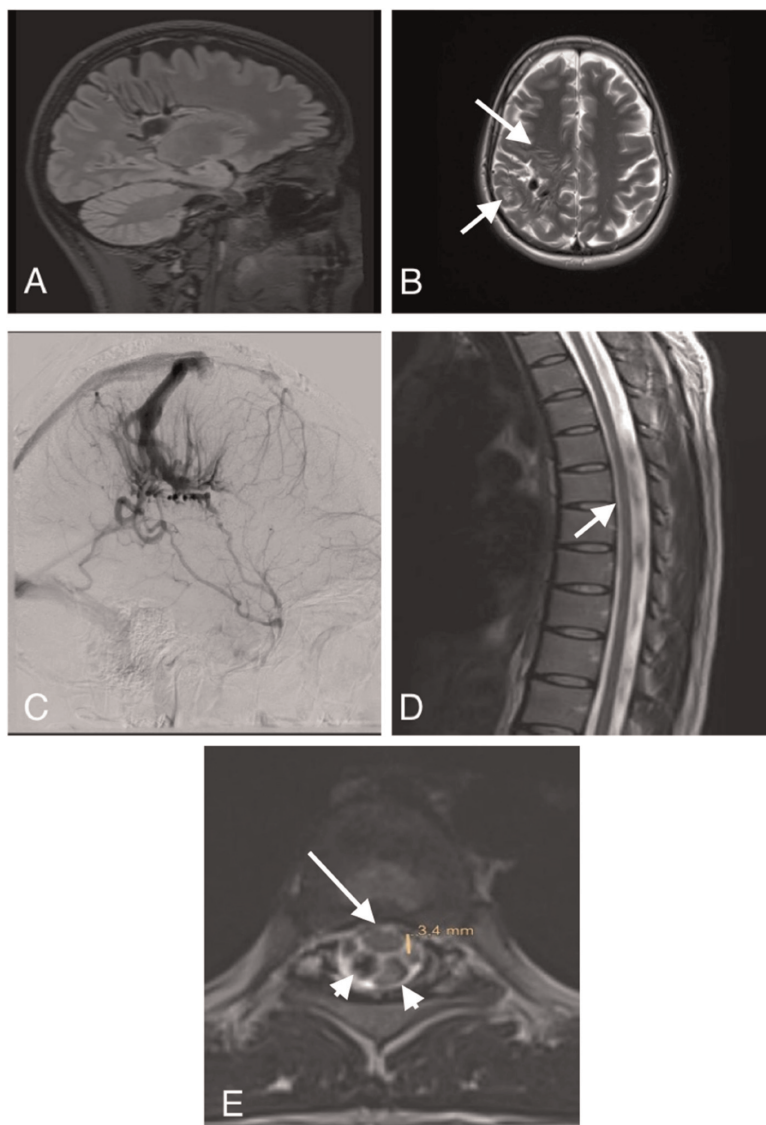
## Miscellaneous

### P033 DOES A LARGE CENTRAL GYRAL DVA WORSEN PARESIS IN A PATIENT WITH HTLV-1 MYELOPATHY? A CASE REPORT

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**Introduction** Developmental venous anomalies (DVAs) are prevalent congenital vascular malformations of the brain, often incidentally discovered in imaging studies with small veins



**Abstract P033 Figure 1** Sagittal FLAIR (A) and lateral DSA in venous phase via right ICA-injection (C) showing the typical Medusa Head formation of the intracranial developmental venous anomaly. Axial T2-weighted sequences of the cranial MRI showing the characteristic medullary veins with gliotic changes to the surrounding brain parenchyma located in the right frontal and parietal white matter (white arrows in B). A sagittal (D) and axial (E) T2-weighted MRI scan of the spine showing the aforementioned myelomeningocele (white arrows in D, E). Note the flow voids of the CSF in the spinal T2-weighted images (white arrowheads in E)

draining into a larger collecting vein. They can be associated with other conditions such as cavernomas, gliosis or glioblastoma. Symptoms might be caused by associated cerebral edema, gliosis, compression, thrombosis, increased inflow or decreased outflow.

On the other hand, HTLV-1 myelopathy is a chronic, progressive demyelinating neurological condition caused in 80% by Human T-cell lymphotropic virus type 1 (HTLV-1). It primarily affects the spinal cord leading to an atrophy and may cause lower limb weakness, possibly proceeding to paraparesis. **Case Description** A female adolescent patient presented with slowly progressive left-side attenuated paraparesis of the lower limbs. MR-imaging and cranial DSA showed a large right-sided DVA with associated gliosis, combining with an atrophy of the thoracic myelon. Diagnosis of HTLV-1 myelopathy was supported by positive HTLV-1 PCR of the cerebrospinal fluid. Conservative management was opted due to the non-operative nature of DVA.

**Results** We publish a unique case of HTLV-1-associated myelopathy combined with a large cerebral DVA, which to our knowledge has never been reported. We concluded the left-sided attenuation of the paraparesis most likely being caused by the gliosis detected on cranial MRI in the context of the large DVA. This throws the benign character of DVA into question and necessitates elaborate guidelines emphasizing the need to identify hazardous consequences as well as accompanying conditions. This case underscores the importance of considering unusual neurological associations in clinical practice.

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## Aneurysms

### P034 NEURO COILS, FLOW DIVERTER STENTS AND WOVEN ENDOBIDGE (WEB) VISUALIZED THROUGH ULTRASHORT ECHO TIME MAGNETIC RESONANCE IMAGING (UTE-MRI)

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**Introduction** The assessment of the treatment success of intracranial aneurysms with coils, Flow Diverter stents and Woven EndoBridge devices using MRI is a very important aspect for aftercare and potential additional interventions. We focus here on the UTE-MRI with its several advantages for neuroimaging.

**Case Description** To visualize intracranial aneurysms with coils, Flow Diverter stents and Woven EndoBridge using Ultrashort Echo Time Magnetic Resonance Imaging. Ultrashort Echo Time Magnetic Resonance Imaging for the visualization of neuro coils, Flow Diverter stents, WEB devices and for the grading reperfusion.

**Results** The Contrast Enhanced UTE is a precise and reliable MRI sequence that shows added value to standard sequences

in non-invasive following-up imaging of intracranial aneurysms.

**Disclosure of Interest** no.

### P035 FISHMOUTH-DEFORMATION OF FLOW DIVERTERS LEADING TO HIGH-GRADE STENOSIS AND OCCLUSION – REPORT OF TWO CASES

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**Introduction** Fish-mouth deformation of the stent may occur in up to 4% of cases of aneurysm treatment with flow-diverters (FDs).

**Case Description** Two young females were treated with FDs, which developed an extreme fish-mouth deformation. FDs were Stryker Surpass Evolve in one case and Medtronic Pipeline Vantage in the other case.

**Results** Patient 1 showed severe fish-mouthing and subsequent high-grade stenosis in the regular MRI-control three months after flow-diverter implantation. Despite good collateralization through the anterior and posterior communicating arteries, balloon angioplasty was performed. The stenosis could be improved only slightly due to recoil. The fish-mouth deformation was reduced at 10 months follow-up and resolved at 15 months follow-up.

Patient 2 showed severe fish-mouthing and subsequent high-grade stenosis of the distal end of the FD one month after emergent treatment. A follow-up CT two weeks later showed complete occlusion of the distal FD. No recanalization attempt was performed due to the lack of symptoms and a long occluded FD-segment. Control-MRI at three-months showed recanalization of the occluded FD-segment with remaining severe stenosis and hypoperfusion. The patient remained asymptomatic and was kept under dual antiplatelet therapy.

Fish-mouth deformation is a rare complication after FD-treatment. However, severe ischemic complications may occur if the deformation progresses to high-grade stenosis or even stent-occlusion. Frequent controls may be required if collateralization is poor and occlusion would result in a severe ischemia. In case of good collaterals, a conservative watch-and-wait approach may be appropriate.

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### P036 THREE UNUSUAL CASES WITH TRENZA

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**Introduction** Wide-neck bifurcation aneurysms remain challenging for endovascular treatment and often demand complex combinations of implants. TRENZA is a new internal remodeling implant to be combined with conventional coils. Here, we present 3 cases of unusual utilisation of TRENZA.

**Case Description** 3 female patients are presented.

Pat. #1: 78 year-old with ASA allergy and an incidental PCOM sidewall aneurysm, which could be adequately occluded with TRENZA and coils. No stent or flow diverter was needed. 6-Mon F/U shows stable small remnant.