

Abstract P047 Figure 1 a: Left Superior Ophthalmic Vein (marked with blue arrow). Fig 1b: Pre-Treatment Cavernous Carotid Fistula - Dilated Superior Ophthalmic Vein (marked with red arrow). Site of Fistula (marked with yellow circle). Fig 1c: Post Stent Placement Complete Resolution of Fistula

Results Covered Stents demonstrate good navigability, as evidenced in this case with direct positioning, eliminating the need for an intermediate catheter. Also, Acute loading of antiplatelets works with covered stents - no thromboembolic events nor the bleeding was seen in this case.

Disclosure of Interest no.

Aneurysms

P048

SPONTANEOUS THROMBOSIS OF INTRACRANIAL SUCA ANEURYSM DURING ENDOVASCULAR COILING: A CASE REPORT

Fabian Flottmann, Maxim Bester, Jens Fiehler. *Department of Neuroradiology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

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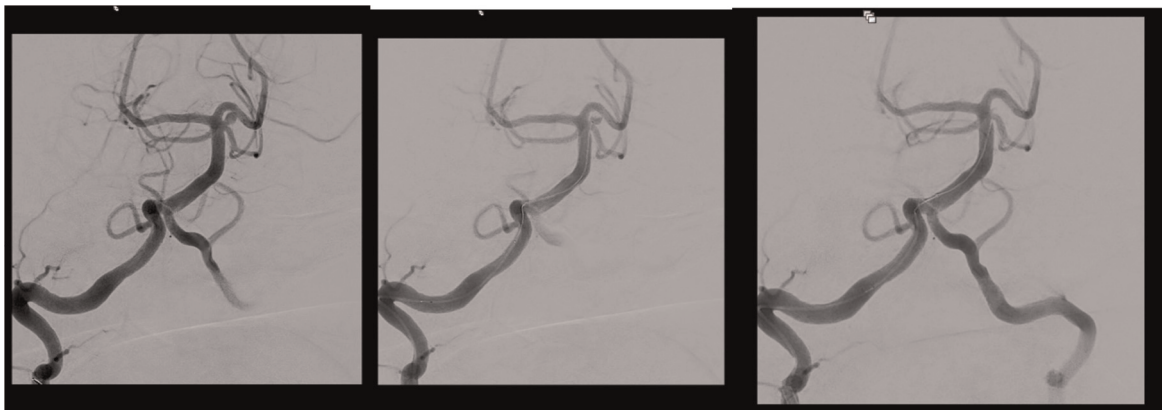
Introduction Endovascular coiling is commonly utilized for treating intracranial aneurysms, though it can sometimes result in complications such as displacement or thrombosis. This report discusses a unique case of spontaneous and beneficial thrombosis of a saccular unruptured aneurysm of the superior cerebellar artery (SUCA) during attempted endovascular coiling.

Case Description A 53-year-old male with headaches underwent an MRI that incidentally discovered a 3.5 mm saccular aneurysm of the superior cerebellar artery. The diagnosis was confirmed by digital subtraction angiography (DSA). An interdisciplinary team composed of neuroradiologists and neurosurgeons recommended endovascular therapy. The patient was pre-treated with clopidogrel and aspirin for seven days before the procedure.

During the endovascular intervention, multiple attempts to place coils (sizes 3x8 mm, 2.5x6 mm, and 2.5x4 mm) were unsuccessful as each dislodged from the aneurysm, leading to removal of each subsequent coil. Shortly thereafter, with no coils remaining in the aneurysm, spontaneous thrombus formation commenced at the aneurysm dome, leading to complete thrombosis within minutes. To prevent excessive thrombus formation in the parent vessel, intravenous Tirofiban was administered, stabilizing the condition without any new vascular occlusion.

Results Immediate post-procedural MRI confirmed that the aneurysm remained occluded. Clopidogrel was discontinued, and aspirin was prescribed for six weeks. Follow-up imaging with Vaso CT at six months and DSA at one year confirmed no recurrence and sustained occlusion of the aneurysm.

This case underscores a rare instance of iatrogenic thrombosis during the endovascular treatment of a saccular aneurysm, demonstrating a favorable outcome.



Abstract P048 Figure 1