P049 UTILIZING THE LARGEST INTRASACCULAR DEVICE (SEAL ARC) TO EMBOLIZE A COMPLEX LARGE BASILAR TIP ANEURYSM; FIRST USE IN THE US

Omar Kass-Hout. *UNC REX, Raleigh, North Carolina, USA*

10.1136/jnis-2024-ESMINT.86

Introduction Wide neck aneurysms represent a challenge for endovascular treatment. Intrasacular devices don't offer a solution for very large or giant aneurysms due to lack of large sizes of these device. Here we represent the first case in the US using the largest intrasaccular device used successfully to treat a large basilar tip aneurysm.

Case Description 72 YO woman who is a Chronic smoker with PMH of Moderate cognitive impairment, CAD, Afib, Carotid disease, CKD, MVR and AVR and Recent severe GI bleed and intolerance of blood thinners. CTA with large basilar tip aneurysm. Partially calcified 13.5 X 12 X 16. The base of the aneurysm incorporated the SCAs. Y stenting was avoided due inability to tolerated blood thinners. Balloon assisted coiling was felt to be less effective in protecting the SCAs as well. The patient had severely diseased and tortous bilateral vertebral artery.

An Arc Seal device 15 X 12 mm (largest device used to date) was used to perform the embolization. The access was via the right vertebral artery via a 6 Fr Sofia, with a Tenzing 7. Despite the severe tortousity the large Seal Arc was very soft and was navigated easily and deployed effectively in the cavity of the aneurysm achieving immediate stasis.Seal

Results Seal device is a promising new device that provide new shapes and sizes in low profile and soft structure that can expand the treatment indications of large wide neck aneurysms. A clinical trial is to-be-initiated in the USA.

Brain AVM/AVF, spinal vascular malformations

P050 TRANSVENOUS APPROACH TO COMMUTE A COMPLEX DURAL ARTERIOVENOUS FISTULA OF THE RIGHT TRANSVERSE SINUS, COMPRISING CEREBELLAR CORTICAL VEINS DRAINAGE, TO A TYPE 1 WITH ASSISTANCE OF 3D ROTATIONAL ACQUISITIONS FUSION TO NAVIGATE THE FISTULOUS CHANNELS

Davide Castellano. *Interventional Neuroradiology, San Giovanni Bosco Hospital Turin, Torino, Italy*

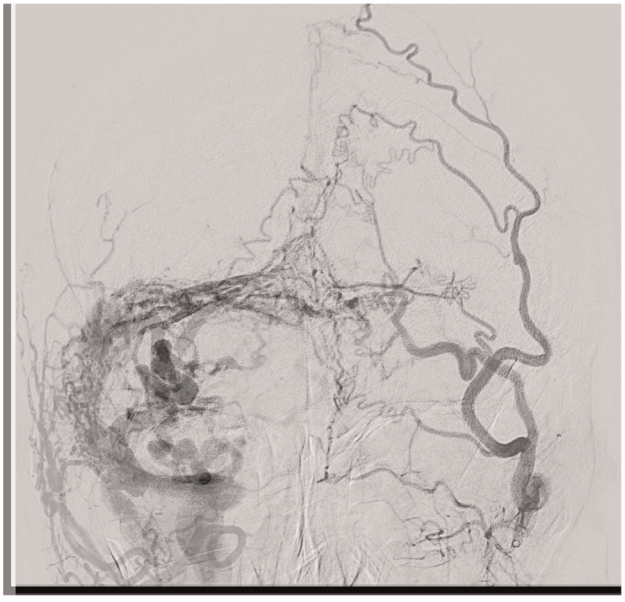
10.1136/jnis-2024-ESMINT.87

Introduction (Endovascular treatment has become the first option in the management of arteriovenous dural fistulas. It may anyway be challenging in case of complex anatomy.

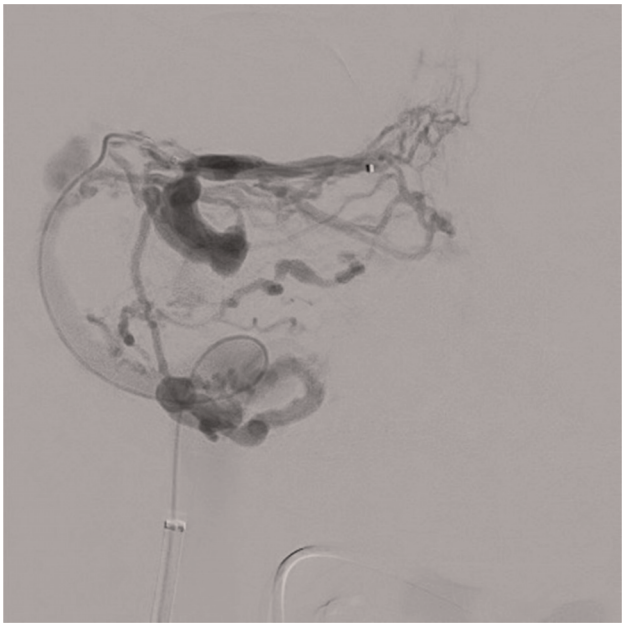
Case Description We present the case of a 75 y.o. man who suffered in 2011 a cerebral venous sinus thrombosis extended to the superior sagittal sinus and both transverse sinuses. He recently came to our attention after the onset and progressive worsening of ataxia and consequent falling episodes.

The cerebral angiography showed a complex arteriovenous dural fistula with feeders from multiple right external artery branches draining with antegrade flow into the right transverse sinus and other feeders from left occipital and middle meningeal arteries draining partly into cortical cerebellar veins through a medial tentorial sinus and partly into the right transverse sinus (figure 1). The right transverse sinus was slightly opacified also in the venous phase during the injection thourgh the right internal carotid artery, meaning its preserved parenchimal drainage function.

Results We decided for a treatment of the fistula point draining into the cerebellar cortical veins passing through the venous side (figure 2) also using the fusion of 3D rotational acquisitions as assistance to navigate the fistolous channels. We used coils to avoid less controllable reflux and to mantain the patency of the right transverse sinus. We therefore obtained



Abstract P050 Figure 1



Abstract P050 Figure 2