

described in the literature the non-target embolisation of the infraorbital artery was expected without any complications or symptoms.

Results Immediately after the endovascular procedure and embolization, the patient was stable with no further bleeding or growth of the pseudoaneurysm and was monitored, with indication for a follow-up CTA. At three week CTA the pseudoaneurysm reduced its volume from 55x36 mm to 36x27 mm in axial plane, with a significantly reduced volume of hyperdense areas. We highly recommend this method of glue embolization when dealing with pseudoaneurysms arising from the maxillary artery, that are not feasible for surgical treatment.

Acute ischemic stroke

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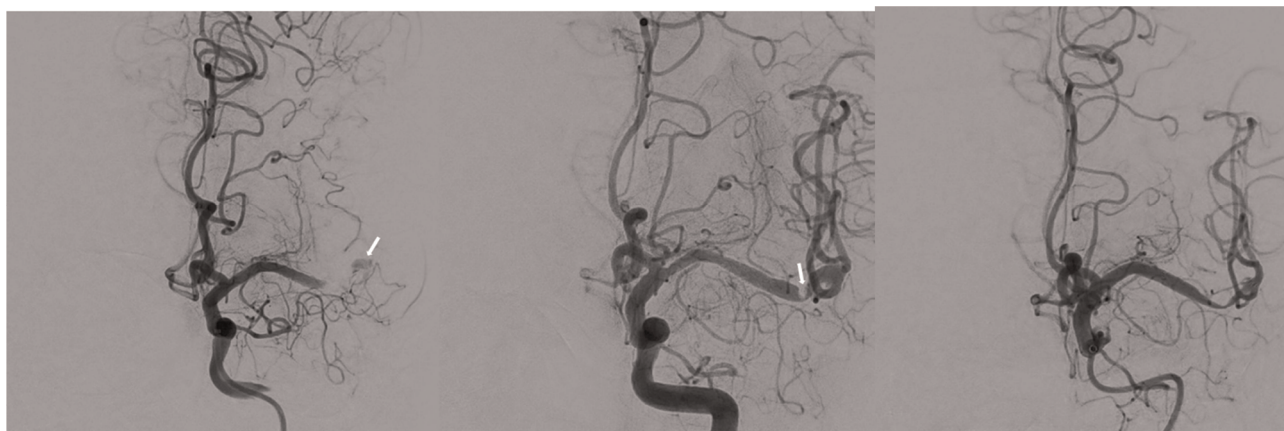
ENDOVASCULAR TREATMENT IN PATIENT WITH ACUTE ISCHEMIC STROKE DUE TO DISSECTION OF THE MIDDLE CEREBRAL ARTERY

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Introduction Dissection of the middle cerebral artery(MCA) is a rare etiology of ischemic stroke in adult population. We report a case of endovascular treatment in patient with acute complete occlusion of MCA due to dissection.

Case Description A 69-year-old male patient developed right-sided hemiparesis and aphasia. Brain perfusion computed tomography revealed ischemic penumbra in the left MCA territory. Cerebral angiography showed complete occlusion of the left MCA and there is a stasis of contrast at distal MCA. He underwent mechanical thrombectomy and retrieved stent had captured a small red thrombus. Although there is a focal contrast defect of MCA that suggest an intimal flap of dissected vessel wall, the patient made a complete recovery and angiography showed full recanalization of MCA. Ten hours after the patient was transferred to intensive care unit, his motor worsened to grade 2 in the righth extremities and aphasia appeared.



Abstract P065 Figure 1

Cerebral angiography showed complete occlusion of MCA. Urgent stent angioplasty was done to stabilize the dissected flap and maintain the patency of MCA. Final angiography showed restored flow of the MCA and resolution of the dissection. The patient completely recovered his motor and speech deficit.

Results The present case suggests several angiographic findings indicating the possibility of dissection of occluded MCA. If patency of MCA is not restored effectively after mechanical thrombectomy, stent angioplasty may be effective to maintain the flow of MCA in case of the MCA dissection.

Disclosure of Interest no.

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CASE OF THROMBECTOMY BEYOND 24 HOURS OF TIME LAST KNOWN WELL BASED ON DAWN TRIAL CRITERIA WITH GOOD OUTCOME

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Introduction Previous randomized clinical trials (RCTs) have supported the use of endovascular therapy (EVT) in late-window acute ischemic stroke (AIS) 6– 24 hours from time last known well (TLKW). But there is no evidence about the use of EVT in very late time window AIS (VLTW;>24 hours)

Case Description We report the case of 56-year-old man with left hemiparesis, left hemianopy, dysarthria. He felt left side weakness and speech impairment on July 27 around 11:00 AM. He thought that he was just tired. On the morning of July 28, the symptoms worsened to moderate weakness in the left extremities, making it impossible for him to walk independently. His vision and speech also deteriorated. He arrived to the hospital at 12:00 with NIHSS 10. The MRI showed DWI lesions, thrombosis of the M2 segment of the right middle cerebral artery (MCA) and hypointense signal on the SWI (figure 1)

Based on DAWN trial criteria and thrombosis of the M2 right MCA we considered to perform EVT.

Result-eTICI 2C at 14.20 (time to recanalization 27h 20m) (figure 2)