

Abstract P067 Figure 3

X chromosome is present in a female's cells and the other sex chromosome is missing or structurally altered compatible with Turner syndrome (figure 3-A).

Results We should recognize the fact that Turner syndrome cases are susceptible to renovascular hypertension. Both renovascular hypertension and cerebral vascular abnormality may play roles in the occurrence of the cerebral vascular incidents. **Disclosure of Interest** no.

P068 RETRIEVAL OF A DISLOCATED COIL IN THE M2 SEGMENT USING A STENT RETRIEVER

Flavio Andresciani, Giuseppe Pelle, Massimo Messina, Ermanno Notarianni, Cesare Ambrogi. *SM Goretti Hospital, Latina, Italy*

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Introduction Coil embolization is a major modality for treating intracranial aneurysms: coils protrusion or migration is a possible frightening intra or peri-procedural complication, which need proper treatment to avoid ischemic sequelae.

Case Description A 54-year-old woman came to the emergency department referring acute onset headache. Emergency brain CT scan showed subarachnoid hemorrhage in the left Sylvian scissure and in the peri-mesencephalic cistern.

CT angiography exam was performed, which showed an aneurysm of 3x2 mm of the internal carotid artery at the level of the posterior communicating segment (A-B). A balloon assisted remodeling was performed (C), using a Scepter XC balloon catheter (Microvention) and a 2 x 3 mm Target 360 coil (Striker). After balloon deflation, the coil migrated distally, at the level of the superior left M2 segment (D).

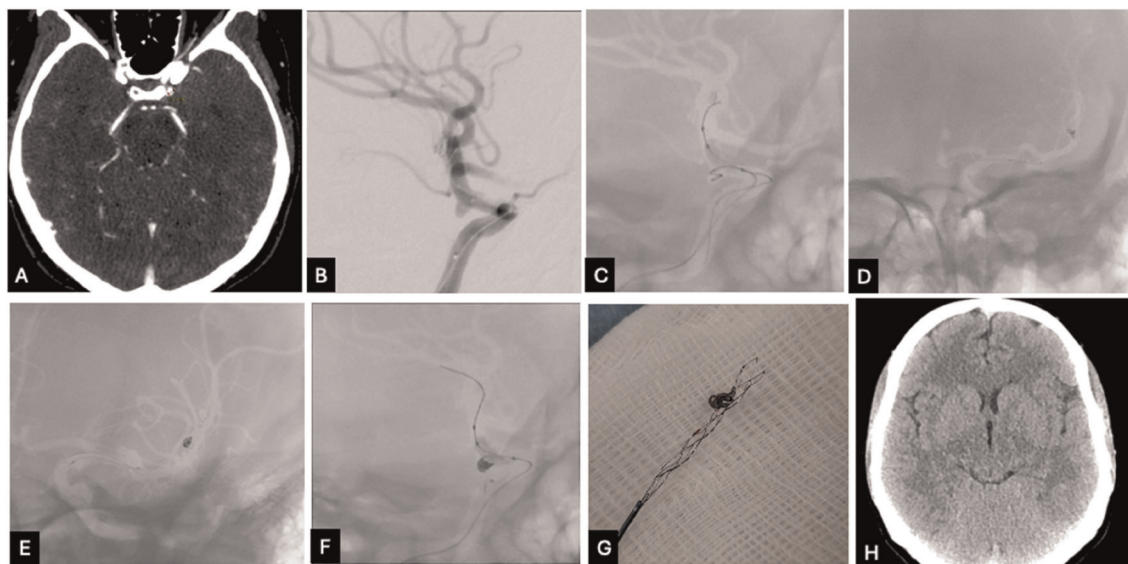
After several attempts, the migrated coil was successfully retrieved with a 4 mm stent-retriever (Trepo - Striker) (E-G).

The aneurysm was then successfully embolized using a 2.5 x 3 mm Target 360 coil (Striker) (F).

The Patient recovered completely within 6 months, without any ischemic sequelae (H).

Results In this case the use of a stent-retriever ensured the prompt and successful treatment of a series of possible complications which may occur during balloon assisted remodeling.

Disclosure of Interest no.



Abstract P068 Figure 1