

P069 UNUSUAL MANAGEMENT OF 2 CASES OF MCA DISSECTING ANEURYSMS

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Introduction We present 2 cases of subarachnoid hemorrhage (SAH) due to the rupture of a middle cerebral artery (MCA) dissecting aneurysms treated with multiple Flow-Diverter Devices (FDDs).

Case Description A 63 yo male symptomatic for SAH and an intraparenchymal hematoma due to a left MCA perforator dissecting aneurysm, treated with 3 overlapped FDDs.

Because of systemic clinical conditions, he did not receive any antiplatelet drugs.

CT-angio and DSA follow-up showed the patency of MCA and no rebleeding.

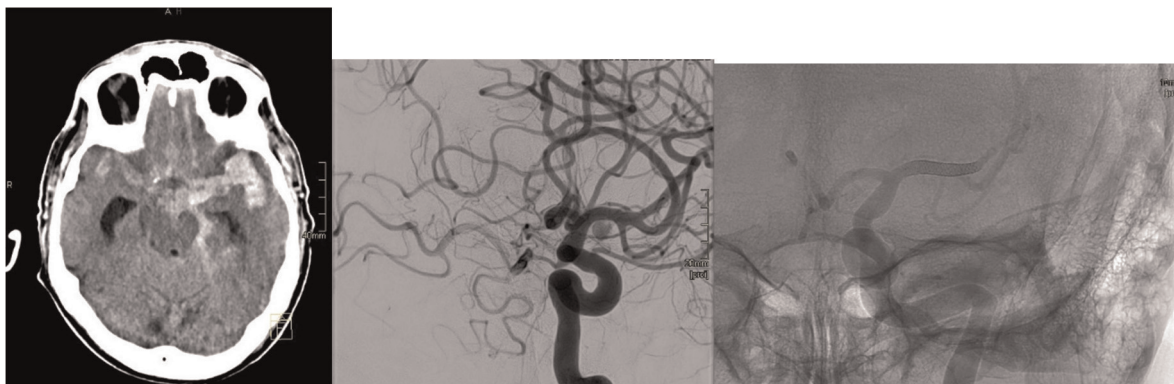
A 46 yo female experienced a SAH due to a right perforator MCA aneurysm.

The plan was to put an external ventricular drainage and then a FDD.

Due to the worsening of clinical conditions, a surgical clipping was done.

The post-clipping DSA showed the persistence of the aneurysm and it was treated by 2 overlapped FDDs.

Results The acute treatment of dissecting perforator aneurysm using FDDs is feasible and safe, even in complex managements.



Abstract P069 Figure 1

Brain AVM/AVF, spinal vascular malformations

P070 NAVIGATING THE VENOUS ROUTE: TRANSVENOUS EMBOLIZATION FOR COMPLEX ARTERIOVENOUS MALFORMATIONS

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Introduction Treating arteriovenous malformations (AVMs) poses challenges when arterial access is difficult. Transvenous embolization offers an alternative, particularly in cases with venous drainage and inaccessible arterial feeders. This case study explores transvenous embolization via the Labbe vein in a patient with a Grade 2 AVM, emphasizing feasibility, safety, and efficacy.

Case Description A 65-year-old male presented with a left frontoparietal bleed revealing a Grade 2 AVM with Labbe vein drainage and high-flow AVF. Transvenous embolization using Onyx was planned, with induced hypotension. Stereotactic Radiosurgery was ruled out due to hemorrhage risk. Venous pressure cooker usage was not feasible due to Labbe vein stenosis. One Apollo microcatheter was damaged, limiting simultaneous catheter placement. A Marathon microcatheter was utilized, and 1ml Onyx 18 was injected, achieving robust embolic cast formation.