

MRI revealed a stroke in the right MCA territory associated with a tight stenosis of the supra-bulbar right internal carotid artery, accompanied by an irregular aneurysmal sac immediately downstream. The aneurysmal sac displayed irregularity and exhibited slight T1 hyperintensity at its apex, prompting consideration of partial thrombosis. Anticoagulation therapy was initiated, and a follow-up MRI and CT scan after 3 days showed enlargement of the aneurysmal sac attributed to thrombus regression at its base.

Results To prevent recurrence, exclusion of the aneurysmal sac via carotid stenting was performed.

Disclosure of Interest no.

Aneurysms

P074 NEQSTENT ASSISTED COIL EMBOLISATION OF BIFURCATION ANEURYSMS: A TERTIARY CARE INSTITUTIONAL REVIEW IN A DEVELOPING COUNTRY

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Introduction (Treatment of Wide Necked bifurcation aneurysm presents a challenge to the interventionist. Various intervention techniques using balloon, stents or intrasaccular devices have been developed providing varied range of efficacy and safety. Neqstent-assisted coiling is a novel device and technique in this armamentarium. The aim of our study is to analyse the clinical and radiological outcome in a series of 3 cases operated in last 1 year.)

Case Description A total of 3 cases of basilar bifurcation aneurysms were treated with NEQSTENT assisted coiling.

Two patients had unruptured aneurysm whereas 1 patient presented with Grade 1 SAH after ruptured basilar aneurysm. The primary end point for efficacy was complete occlusion at 6 months time and primary end point for safety was major stroke or death within 30 days. Secondary endpoints were re-treatment or device related complications.

Results (Neqstent was successfully implanted in two patients. One patient had intraoperative aneurysmal rupture leading to

fatal intracranial bleed. At 6 months follow up complete occlusion was seen in 2 patients. No other significant complication was noted in the patients. Neqstent assisted coiling appears to be effective in the treatment of intracranial wide-neck bifurcation aneurysms, but larger series is required to prove its long term efficacy and safety.

Brain AVM/AVF, spinal vascular malformations

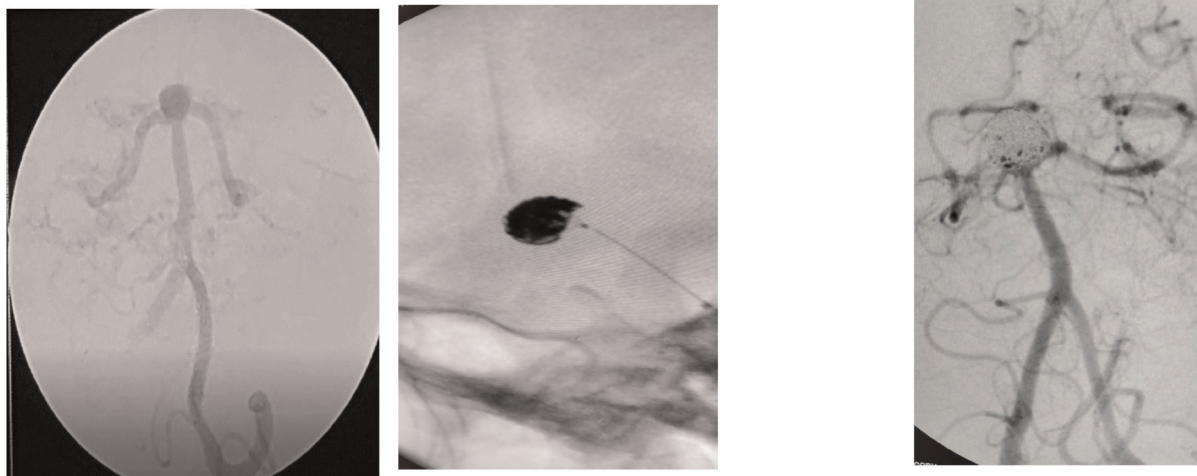
P075 THE IMPORTANCE OF ANGIOGRAPHY FOR SURGICAL RESECTION OF RUPTURED DURAL ARTERIOVENOUS FISTULA

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Introduction Arteriovenous fistulas in spinal regions are recognized as spinal perimedullary arteriovenous fistulas (SPAVFs) and spinal dural arteriovenous fistulas (SDAVFs). several of them presented with subarachnoid hemorrhage (SAH).

Case Description 28 years old man with SAH was transferred from other general hospital. CT-angiogram demonstrated enlarged vessels on ventral portion of anterior medullary area. Cerebral angiogram showed DAVFs had feeding arteries on posterior circulation and draining to perimedullary vein. First, we tried to perform the embolization using Onyx or nBCA. Far lateral transcondylar approach was selected to perform this case. Suboccipital craniotomy and C1 hemilaminectomy were done and ipsilateral V3 was exposed. Using several times of ICG, clipping was performed on main two feeding arteries. Feeding and drain pattern was atypical comparing with previous DAVFs on cervicomedullary junction or marginal sinus. During the procedure, SEP and MEP was dropped. But after repositioning of clip, all was recovered. Intraoperative angiogram showed the successful obliteration of DAVFs. After surgery, the consciousness of patient was improved and paraparesis was recovered gradually. On follow up MRA, there was no any fistulous..



Abstract P074 Figure 1 Patient with basilar top bifurcation aneurysm was selected for Neqstent assisted coiling and had a complete occlusion at 6 months