Safety: Two patients (5.1%) had procedural safety events: 1 thrombus with minor thalamic infarct, mRS 1 at discharge and 1 microguidewire trauma leading to SAH. One patient (5%) required repeat coiling. No subsequent safety events occurred through follow-up.

Conclusion eCLIPs has an effective flowdiversion effect, and it enables durable coilsupport.

Aneurysm occlusion grade remained unchanged or better at all follow-up timepoints.

eCLIPS has a satisfactory safety profile.

Disclosure of Interest no.

1.2. Brain AVM/AVF, spinal vascular malformations

P097 PRELIMINARY EXPERIENCE WITH IHTOBTURA®: A NOVEL NON-ADHESIVE LIQUID EMBOLIC AGENT, WITH POST EMBOLIZATION LOSS OF RADIOPACITY, FOR THE ENDOVASCULAR TREATMENT OF BRAIN ARTERIOVENOUS MALFORMATIONS. CLARIDAD STUDY

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Introduction ihtOBTURA® (IBERHOSPITEX, Llica de Ball, Spain) is a revolutionary non-adhesive liquid embolic agent, composed by EVOH copolymer and an iodinated compound, dissolved in DMSO

Aim of Study To report a Preliminary Experience with ihtOBTURA®: A Novel Non-Adhesive Liquid Embolic Agent, with post embolization loss of radiopacity, for the Endovascular Treatment of Brain Arteriovenous Malformations

Methods We performed a prospective longitudinal single center study, from November 10, 2021, to September 10, 2022. 42 consecutive patients with brain AVMs, were treated by endovascular way. A total of 102 endovascular procedures were performed with ihtOBTURA®. There were 23 males and 19 females with a mean age of 37.38 years. The most common clinical presentation was intracranial hemorrhage in 35 (83.33%) patients. According to the Spetzler-Martin scale, 25 (59,52%) AVMs were grades IV; 13 (30,95%) AVMs, grade III; and 4 (9,52) AVMs, grades II

Results Complete occlusion was achieved in 26/28 patients (93%) during the study interval, and in 61.90% (26/42) in the entire patient cohort. The 14 remaining patients are scheduled for further EVT. Stability of angiographic occlusion was confirmed in all 26 patients by a control angiogram at 6 months. Mean volume reduction was 80,79% per patients. whereas an average of 7.2 mL of ihtOBTURA® was used per patient. Disabling Permanent Neurological Deficits included 1 case of postinterventional hemorrhage and there were 1 procedure-related death.

Conclusion ihtOBTURA® is a safe and effective new non-adhesive liquid embolic agent, with innovative properties that can improve results on AVMs treatment.

Disclosure of Interest no.

1.3 Miscellaneous

P098 PRESERVATION OF RADIOPACITY IN ETHYLENE-VINYL ALCOHOL LIQUID EMBOLIZATION AGENTS THROUGH MANUAL AGITATION: A COMPREHENSIVE MULTIPARAMETRIC IN-VITRO STUDY

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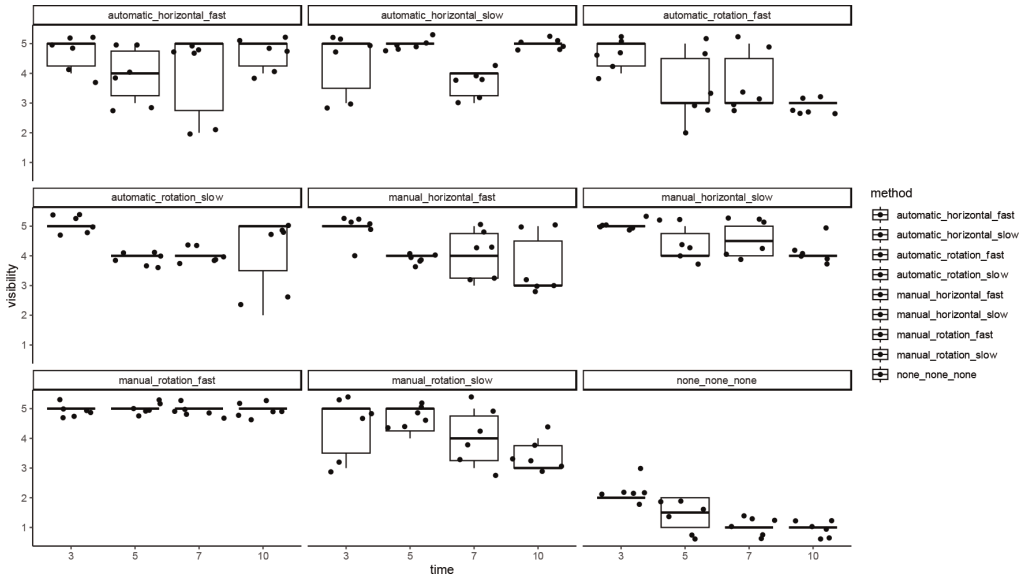
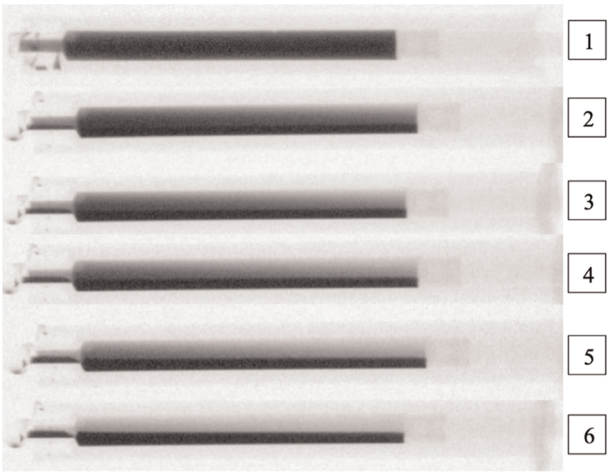
Introduction The formation of a solid plug using Ethylene-Vinyl Alcohol liquid embolization agents (EVOH LEAs) is a



Abstract P098 Figure 1 Boxplot displaying the visibility scale (ordinate) identified blind by 2 EVOH LEA neuroradiologists within 1mL syringes with variable waiting times of 3 minutes, 5 minutes, 7 minutes and 10 minutes (abcissa) depending on the type of shaking method used (either manual or automatic, and either rotational or horizontal)



Abstract P098 Figure 2 Evolution under fluoroscopy of natural sedimentation of EVOH LEA in 1mL syringes after proper preparation 1: 0 minute; 2: 3 minutes; 3: 5 minutes; 4: 7 minutes; 5: 10 minutes; 6: 35 minutes

standard technique in neurointerventionnal embolization procedure. This process requires a waiting-period during which the tantalum powder, which enhances radiopacity, may settle, resulting in decreased radiopacity.

In daily practice, to prevent sedimentation, it is standard practice to agitate the syringe as the plug solidifies.

Aim of Study The main objective of this study is to determine the sedimentation duration of tantalum and to identify the optimal method of manual agitation for maintaining satisfactory radiopacity.

Methods EVOH LEA was prepared and assessed using optical imaging and fluoroscopic analysis of kinetic sedimentation. The quality of visibility, signal-to-noise ratio (SNR), and absorbance in 1mL syringes subjected to 8 agitation methods were assessed (fast or slow rotation either automated or manual, fast or slow horizontal shaking either automated or manual) at intervals of 3, 5, 7, and 10 minutes. Additionally, we tested these agitation methods at various time points during in-vitro embolization on a 3D-printed model simulating a distal intracranial artery.

Results Early sedimentation resulting in a loss of radiopacity was noted under fluoroscopy within just 3 minutes after preparation in 1mL syringes. Despite varying time intervals, all agitation techniques successfully maintained satisfactory radiopacity in the syringes and throughout the embolization process.

Conclusion Considering the swift sedimentation of EVOH LEA in a 1mL syringe, consistent agitation of EVOH LEA during the waiting time is recommended in clinical settings, with the choice of agitation method left to the practitioner's discretion to ensure optimal radiopacity.

Disclosure of Interest no.

P099 MULTI-CENTER STUDY TO ASSESS EFFECTIVENESS OF THE COMANECI DEVICE IN THE TREATMENT OF SYMPTOMATIC CEREBRAL VASOSPASM FOLLOWING ANEURYSMAL SUBARACHNOID HEMORRHAGE (SAH)-INTERIM RESULTS

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Introduction Cerebral vasospasm (CV) is a devastating medical complication of aneurysmal subarachnoid hemorrhage (SAH). The current endovascular approach includes intra-arterial vasodilators and angioplasty.

Aim of Study We present interim data from a multi-center study evaluating the safety and effectiveness of angioplasty with the Comaneci device in treating symptomatic CVs.

Methods This is a single-arm, open, multi-center, prospective registry study. The primary outcome is a procedural success, defined as 50% or greater vessel caliber on DSA compared to baseline. The primary safety outcomes include intraoperative and post-treatment events. Radiological evaluation is based on a four-level scale. The study enrolled patients aged ≥18 years presenting with CV exceeding 50% following SAH, who were treated with the Comaneci device as a first-line endovascular treatment in the affected segments.

Results Ten (60% female, mean age 47.8) subjects from 5 different European sites were enrolled. Eighteen vessel segments were treated with Comaneci. Procedural success was achieved in 94% of treated segments. One intraoperative complication (worsening of vasospasm) was reported. Vasospasm recurrence was reported for 2 vessels (11%). The 30 days post-treatment mRS was decreased by one point in 4/6 (67%), unchanged in 1 and increased by one point in 1 subject, respectively. Data is still under monitoring process and imaging core lab review.

Conclusion The interim results of this study demonstrate a high rate of angiographic success with a minimal rate of complications and suggest a trend towards improved clinical outcomes. Comaneci may be a viable approach for safely treating vasospasm following aneurysmal SAH.

Disclosure of Interest no.