

showed an aneurysm arising from the connection between the right vertebral artery and the posterior inferior cerebellar artery (PICA) to the anterior inferior cerebellar artery (AICA), a remnant of PLBA.

Results Coiling was performed through the left vertebral artery due to significant spasm in the right vertebral artery. The patient recovered post operatively.

Conclusion PLBA is an embryonic channel linking lateral branches of the vertebrobasilar system. Knowledge of such anatomical variants is essential for Neuroradiologists managing aneurysms from these anomalies.

Disclosure of Interest no.

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ENDOVASCULAR TREATMENT IN PRECOMMUNICATING SEGMENT ANEURYSMS OF POSTERIOR CEREBRAL ARTERY

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Introduction Precommunicating (P1) segment aneurysms of the posterior cerebral artery are rare, with few studies reported to date.

Aim of Study Herein, we address the clinical and radiologic outcomes of their endovascular treatment.

Methods For this study, we retrieved prospectively collected data on 35 consecutive patients with 37 P1 aneurysms, analyzing the clinical ramifications and morphologic outcomes of treatment. All subjects received endovascular interventions between January 2001 and October 2021.

Results There were 16 aneurysms (43.2%) of P1 segment side-walls and 21 (56.8%) at P1/posterior communicating artery junctions. Five (13.5%) were fusiform, and 14 (37.8%) were ruptured. In 14 patients (40%), 16 aneurysms (43%) were associated with intracranial arterial occlusive disease of the anterior circulation. Selective coiling was undertaken in 34 aneurysms (91.9%), using single (n = 24) or double (n = 4) microcatheters, microcatheter protection (n = 2), or stents (n = 4); and trapping was done in 3 (8.1%). No procedure-related morbidity or mortality resulted. Excluding the trapped lesions, angiographic follow-up of 29 aneurysms obtained >6 months after embolization (mean, 12.4 month) revealed stable occlusion in 21 (72.4%), with some recanalization in the other 8 (minor: 3/29, 10.4%; major: 5/29, 17.2%).

Conclusion Aneurysms of P1 segment (vs. other locations) are strongly associated with intracranial arterial occlusive disease of the anterior circulation and thus are likely flow related. Endovascular treatment of such lesions seems safe and efficacious, despite the array of technical strategies that their distinctive anatomic configurations impose.

Disclosure of Interest no.

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ENDOVASCULAR THERAPY FOR CEREBRAL VASOSPASM AFTER ANEURYSMAL SUBARACHNOID HEMORRHAGE: SINGLE-CENTER EXPERIENCE IN A HIGH-VOLUME NEUROVASCULAR UNIT

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Introduction Subarachnoid hemorrhage (SAH) frequently leads to cerebral vasospasms (CVS) of large cerebral arteries as part of delayed cerebral ischemia (DCI). Endovascular treatment of CVS by local intraarterial application of calcium antagonists or mechanical dilatation of focal stenoses has become an additional therapeutic option in selected cases; its relevance for clinical practice remains controversial.

Aim of Study To examine the potential benefits of endovascular intervention for the treatment of CVS following SAH.

Methods In a retrospective monocentric cohort study, we included 310 SAH patients developing CVS during the hospital stay and evaluated their clinical and radiographic outcomes. Severe vasospasm was defined by a mean velocity of >200 cm/sec in transcranial Doppler ultrasound and/or occurrence of new neurological deficits and/or decrease of at least 2 points on the Glasgow Coma Scale (GCS), respectively.

Results 92 patients (29.7%) underwent endovascular interventions due to persistent symptoms despite conservative therapy. Among endovascularly treated patients, 86% (n=79) improved in terms of angiographic results. 71% (n = 44) who underwent endovascular interventions due to symptomatic deterioration improved clinically. Clinical worsening occurred in 18% of cases (n=11). Periprocedural complications were observed in 4% (n=4).

Conclusion Endovascular intervention emerges as a safe and effective therapy for individuals experiencing delayed ischemic neurologic deficits triggered by large-artery vasospasm following SAH. Embedded in a standardized detection and medical management process and coupled with well-defined criteria for endovascular interventions, it is an efficient preventative approach to enhance neurological outcomes after SAH.

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