

limited access to such intervention in a setting of rising number of symptomatic UIA

**Methods** We report a case of 59-year-old male with UIA presenting as bitemporal hemianopsia who was treated with flow-diverter stent and partial coil embolization. We did a systematic review of patients with ICA aneurysms presenting with neuro-ophthalmologic symptoms treated with flow diverter stents and discussed the clinical features and outcomes.

**Results** A total of 856 patients who had UIA were treated with different flow diverter devices. In study of Griessenauer et al, 10% of patients experienced prompt improvement in visual function and in the meta-analysis of Kaiser et al, a complete recovery from their initial impairment was observed in 48% of the patients, while nearly 75% displayed improvement in symptoms related to compression. Most common morbidity encountered across studies were related to hemorrhagic and ischemic complications which accounts for 3.7% in one study.

**Conclusion** FDS offer an additional advantage by reducing the mass effect of the aneurysm sac. Early detection and treatment increases the likelihood of symptom improvement, hence prioritization of this is crucial in a setting such as here in the Philippines wherein limited facility are capable for these endovascular interventions.

**Disclosure of Interest** no.

## 1.2. Brain AVM/AVF, spinal vascular malformations

### P111 TRANSARTERIAL VS TRANSVENOUS APPROACH TO POST TRAUMATIC CCF: A TERTIARY CENTRE REVIEW IN A DEVELOPING WORLD

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**Introduction** Carotid Cavernous Fistulas are defined as abnormal arteriovenous connections between the carotid artery or its branches and the cavernous sinus. The mainstay of

treatment is Endovascular approach. Developments in understanding of the pathology has gradually shifted the pendulum towards transvenous approaches in majority.

**Aim of Study** To review and compare the safety and efficacy of transarterial vs transvenous approaches to Post Traumatic CCF in past 5 years.

**Methods** The anatomical, clinico-radiological data of 22 patients presenting with post traumatic CCF who underwent endovascular treatment was reviewed and safety and efficacy of Transarterial vs Transvenous approach was compared. The primary outcome was a complete occlusion rate. Secondary outcomes were peri-procedure complications, cranial nerve palsy, stroke, TIA, blindness, and death.

**Results** Overall, 15 patients underwent transarterial and 7 transvenous approaches respectively.

Transarterial embolisation resulted in complete obliteration in 73% cases (N = 11). Coil Embolisation had highest obliteration rate. There was 1 case of stroke, 1 mortality and 3 cases of Cranial Nerve neuropathy

Transvenous embolisation resulted in complete obliteration in 71% cases (N = 5). Coil Embolisation had highest obliteration rate. There was 1 case of haemorrhage and 1 of Cranial Nerve neuropathy.

On median follow at 6 months, there was 13% recurrence (N = 2) in transarterial group vs 20% (N = 1) in transvenous group.

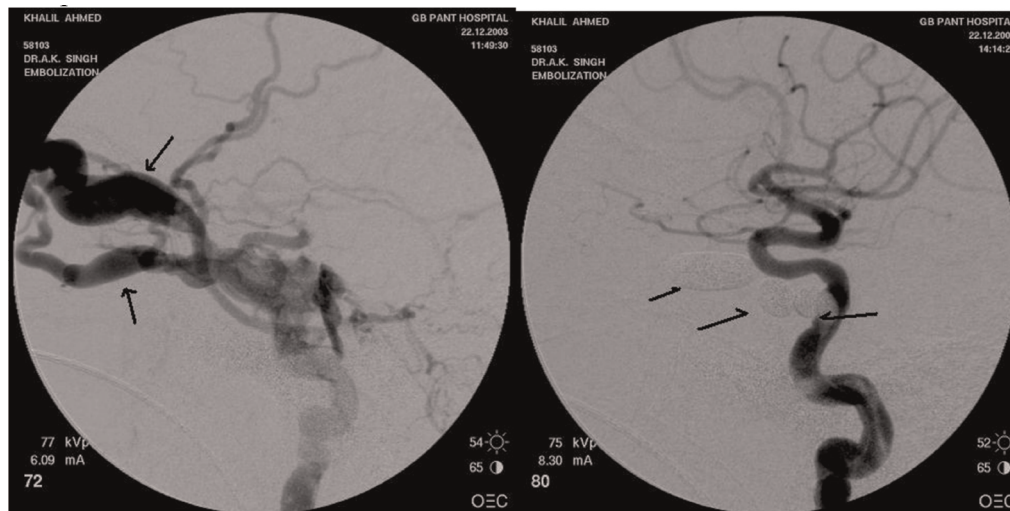
**Conclusion** No overall significant differences were identified between transarterial and transvenous embolization in terms of obliteration, recurrence or safety profile. Coil Embolisation was the most effective modality for complete obliteration of fistula.

## 1.1. Aneurysms

### P112 FLOW DIVERTER IN SO-CALLED DISTAL CEREBRAL ANEURYSMS: SINGLE CENTER EXPERIENCE

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Abstract P111 Figure 1 Ballon closure of CCF.