

Introduction Today the use of flow diverter stents are continually expanding. In recent years, off-label use of flow diversion in treatment of intracranial aneurysms beyond internal cerebral artery has become more and more popular.

Aim of Study In this study, we report our centre's experience of the occlusion outcome with O'Kelly Marotta and Cekirge Saatci classifications in treating bifurcation aneurysms with flow diverter devices, as well as of the safety of the possible intra- and postoperative outcome.

Methods It is a retrospective single-centre study we evaluated patients treated by placing a flow diverter device covering the neck of the aneurysm between January 2019 and May 2022.

Results We had 15 patients in total, 7 males and 8 females; the mean age was 54.6 ± 8.1 years, with a range of 46–68 years. There were seven patients who had anterior cerebral artery distal bifurcation aneurysms, four patients with middle cerebral artery bifurcation aneurysms, three patients with an Acom aneurysm, and one patient with a posterior cerebral artery bifurcation aneurysm. Silk flow diverter was used in eleven patients and, four patients had a treatment with the p48 MW. The average follow-up period was 22 ± 9 months. All aneurysms (10/15, 66%) that were under control for more than a year during follow-up were completely occluded or had stable, altered regional angioarchitecture. Intimal hyperplasia, detected in 33,3% of our patients.

Conclusion Flow diversion has emerged as a valuable technique in the management of bifurcation aneurysms.

Disclosure of Interest no.



Abstract P113 Figure 1 ECA angiogram showing dural av fistula from occipital artery feeders DRAINING TO TRANSVERSE sinus

1.2. Brain AVM/AVF, spinal vascular malformations

P113 SINUS PROTECTION- A NOVEL APPROACH IN TREATING DURAL AV FISTULAS TRANSARTERIALY

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Introduction Embolization of Dural AV fistulas with multiple feeders draining to a large venous sinus which is functional is a problem faced by Neurointerventionalists.

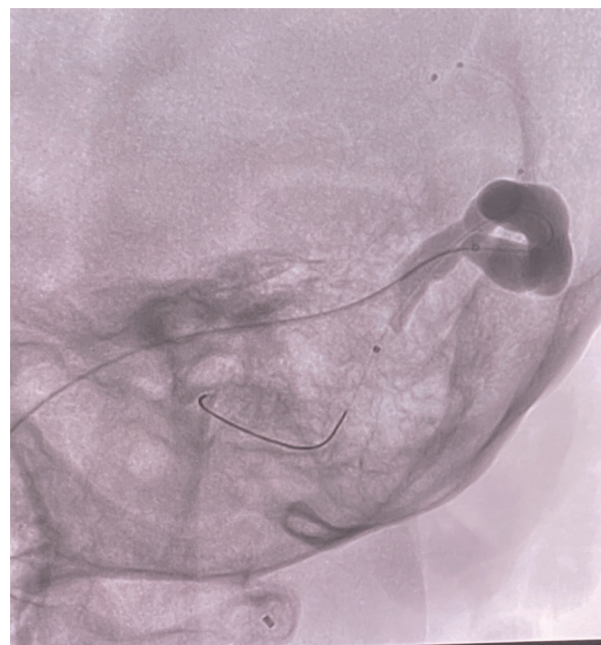
Aim of Study We want to describe a case of lateral dural av fistula supplied by occipital, ascending pharyngeal and vertebral artery draining to transverse sinus.

Methods A 6F guiding catheter was put in the external carotid artery, 8*80mm COPERNIC RC balloon was placed in the right transverse sigmoid sinus. Transarterial onyx embolization was done through a marathon microcatheter selectively placed in occipital artery feeders. Complete embolization was done with onyx injection through a single feeder.

Results Complete cure of fistula was done using transarterial onyx embolization with preservation of transverse sinus using compliant balloon like Copernic.

Conclusion Preserving a normal draining sinus of the brain is important to avoid venous thrombosis and venous hypertension related hemorrhagic complications in treating a dural av fistula.

Disclosure of Interest no.



Abstract P113 Figure 2 Sinus preservation using Copernic balloon placed in the transverse sinus