

of clinical onset of symptoms, CT/MR perfusion was also done and was taken for mechanical thrombectomy according to the DEFUSE 3 trial criteria. Good clinical outcome was defined as an improvement of 8 points on NIHSS or NIHSS score 0 at discharge or modified Rankin scale ≤ 2 at discharge or at 90 days. **Results:** We obtained good revascularization (treatment in cerebral infarction IIb/III) in 20 out of 25 patients. Out of these 20 patients, in nine patients, we were able to get successful revascularization with this first-pass aspiration technique. No procedural complications were witnessed in these patients with ADAPT. Procedure-related subarachnoid hemorrhage happened in two patients, and in both, the patients' stent retrievers were being used. **Conclusion:** ADAPT is an effective endovascular method of stroke treatment with short procedural time. It is also cost-effective with less procedure-related complications.

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Endovascular Treatment of Complex Distal Part Basilar Artery Aneurysms Using Different Techniques

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Objectives: Aneurysm of basilar artery (BA) bifurcation and the origin of superior cerebellar artery (SCA), united in the concept of the BA apex (BAA) aneurysms, along with the size of the aneurysm, is a predictor of the rupture. These lesions more often are challenging for microsurgery. Intervention techniques are more favorable, but the vascular anatomy of this localization requires a careful selection of the endovascular occlusion method. **Methods:** Between 2016 and 2018 in the neurovascular department, 69 patients with aneurysms of the distal part of BA (dBAA) were operated. There were 15 (21.7%) men and 54 (78.3%) women. The average age of the population was 51.5 years (range, 25–74 years). There were 48 (69.6%) aneurysms on the basilar tip and 21 (30.4%) on the SCA. Most of the aneurysms (88.4%) were less 15 mm. Thirty-six patients had unruptured aneurysms and 33 (47.8%) suffered hemorrhage in anamnesis. **Results:** A total of 69 endovascular procedures were performed. Coiling was used in 9 (13.1%) patients, coiling with stent assisting – 37 (53.6%) or coiling with balloon assisting – 9 (13.1%), flow diverters (FDs) – 7 (10.1%), and a combination of techniques in 7 (10.1%). Immediate complete occlusion (Raymond I) was achieved in 48 (69.6%) and near-complete (Raymond II) in 12 (17.4%) aneurysms. Occlusion rate in eight patients after FD was evaluated after 6–12 months. Complications leading to permanent morbidity in 3 (4.3%) patients. Mortality 2 (2.9%) patients. Good clinical result (mRs 0–1) has been obtained in 62 (89.8%). **Conclusion:** Endovascular treatment of aneurysms of the dBAA today is good alternative to open surgery. We have demonstrated complete or near-complete occlusion in 87% after initial treatment, with morbidity of 4.3%. Endovascular embolization is a safe and effective treatment modality in cases of dBAA.

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Endovascular Treatment of Dissecting Cerebral Aneurysm

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Educational Poster Background: Dissecting cerebral aneurysms are rarely encountered. The treatment is challenging since the incidence of rebleed and morbidity is high. Intracranial dissecting aneurysms were previously thought to occur primarily in early-aged patients who presented with subarachnoid hemorrhage. The appropriate management of dissecting aneurysms in the anterior circulation remains controversial. We present our experience with endovascular management of the dissecting brain aneurysm in the anterior and posterior circulation. Dissecting aneurysms are unstable with variable and unpredictable changes, and a thorough treatment is crucial.

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Endovascular Management of Cerebral Arteriovenous Malformations: Technical and Clinical Outcome

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Objectives: (1) To report our institutional initial technical experience in the endovascular management of cerebral arteriovenous malformations (AVMs). (2) To detect the clinical outcome involving efficacy and complications of the endovascular management of cerebral AVMs. **Methods:** This is a cross-sectional study involving 14 cases diagnosed as having cerebral AVMs, who underwent diagnostic angiography and planned after written consent for an attempt of endovascular embolization.

- Our standard technique will be performed under a general anesthesia and get through transfemoral artery approach
- Microcatheter will be advanced through a guiding catheter to the arterial feeders supplying the cerebral AVMs.
- Onyx or Histoacryl was used as embolizing agent for successfully navigated cerebral AVMs by microcatheter
- Immediate follow-up conventional angiography was done to assess the size of residual AVM.
- Continuous clinical and radiological follow-up of our cases is still running every 6 months.

Results: Technical results involved successful microcatheter navigation and embolization in 9 of 14 cases (64%) with failed microcatheter navigation in 2 of 4 cases (14%) and failed embolization in 3 cases (22%). Clinical results involved controlled recent intracranial hemorrhage on 2 of 3 cases (67%), controlled seizure on 2 of 5 cases (40%), and complicated hemorrhage on 2 of 9 cases (22.2%) with one reported death. Anatomical results