

## Abstracts

Dubai, UAE, a total of 40 patients who could be treated within 6 h after the onset of symptoms of acute ischemic stroke to receive either medical therapy (including IV or intraarterial alteplase when eligible) and endovascular therapy with a stent retriever (thrombectomy group) or medical therapy alone (IV t-PA) (control group). All patients had confirmed proximal anterior circulation occlusion and the absence of a large infarct on neuroimaging. The primary outcome was the severity of clinical disability at 72 h and at the time of discharge, as measured by the National Institutes of Health Stroke Scale score and modified Rankin scale. **Results:** Thrombectomy reduced the severity of disability over the range of the National Institutes of Health Stroke Scale score and modified Rankin scale. **Conclusion:** Among patients with anterior circulation stroke who could be treated within 6 h after symptom onset, stent retriever thrombectomy reduced the severity of poststroke disability and increased the rate of functional independence.

**OC203****Endovascular Management of Complex Wide-Neck Intracranial Aneurysms: Rashid Hospital Experience of the Current Day Armamentarium at Our Hands!**

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**Background:** Subarachnoid hemorrhage due to ruptured cerebral aneurysm is a disastrous event accounting for approximately 5%–15% of all stroke cases and has a mortality rate of 20%–40%. There has been a radical change in the management of intracranial aneurysms during the past decade. Endovascular approach is now considered as the management of first-choice over surgical means; however, it has its limitations with respect to wide-neck aneurysms. We present the results of our experiences of using assisted techniques for wide-neck aneurysms, with an emphasis on potential applications, technical aspects, and associated complications. **Methods:** A retrospective review was performed to identify all cases from 2010 to 2017 performed at our institution in which assisted techniques of aneurysm embolization were employed. Demographic data including age, gender, vascular risk factors, and comorbidities were collected. Angiographic data were collected regarding the location, size, and shape of the aneurysms and whether they were ruptured or unruptured. Angiographic occlusion results were evaluated and classified according to the Raymond-Roy Scale. Data regarding devices used were evaluated in relation to the aneurysm. **Results:** A total of 133 aneurysms in 119 subjects were embolized at our institution from 2010 till 2017 with 67 wide-neck aneurysms having a mean aspect ratio (maximum width of dome/width of neck) of 2.07. Eighty-one percent of patients presented with subarachnoid hemorrhage. Assisted techniques were employed in 63% of the cases. Eighty-seven percent of the wide-neck aneurysms were located in anterior circulation, while 13% belonged to posterior circulation. Complete occlusion (Raymond-Roy Occlusion Class 1) was achieved in 85% of cases. **Conclusion:** The data from Rashid hospital add to the growing evidence that assisted techniques are safe, effective, and necessary when embolizing wide-neck intracranial aneurysms. Further rigorous clinical evaluation of all techniques and devices is required to precisely assess their safety and efficacy in the management of wide-neck aneurysms.

**OC204****Treatment of Iatrogenic Peripheral Pseudoaneurysms**

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**Background:** Pseudoaneurysms are known complications of few invasive procedures, puncture site aneurysm after angiography, postjoint replacement surgery, etc. They are amenable to less invasive endovascular management, compared to open surgical approach. We present a series of 14 cases of pseudoaneurysms treated in our institute. **Methods:** Fourteen iatrogenic pseudoaneurysms were referred to our department in the past 2 years. Ten were postangiography arising from common or superficial femoral artery, two were postjoint replacement surgery, one in popliteal and femoral artery each, and 2 were involving brachial arteries, in dialysis patients in which artery was punctured in place of fistula vein. After initial ultrasonographic evaluation, sonography-guided compression was attempted in all. Four responded and 10 patients needed endovascular intervention. In one patient, pseudoaneurysm was arising from a branch of profunda femoris artery which was embolized using glue and coils. In remaining nine patients, the rent was in a major artery. In seven patients, balloon was kept in artery across the neck of pseudoaneurysm to occlude the flow in the pseudoaneurysm and percutaneous thrombin was injected. In one patient, complete thrombosis was not achieved by this treatment. In remaining two patients and in one who did not respond to percutaneous thrombin, a stent graft was deployed across the rent in the artery to close off the pseudoaneurysm. **Results:** All 14 patients were successfully treated, 4 by ultrasonography-guided compression and 10 by endovascular intervention. Balloon occlusion with percutaneous thrombin was done in seven patients and was adequate for six patients. Embolization with glue and coils was done in one patient in which the pseudoaneurysm was from a small branch. Three patients needed placement of stent graft. **Conclusion:** Interventional radiology offers various methods to successfully treat iatrogenic pseudoaneurysms in completely noninvasive or minimally invasive ways.

**OC205****Planning for Yttrium-90 Selective Internal Radiation Therapy: A Primer**

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**Background:** Hepatocellular carcinoma (HCC) is one of the leading causes of cancer deaths worldwide. Yttrium-90 selective internal radiation therapy (Y-90 SIRT) has emerged as an effective treatment option for patients with intermediate and advanced HCC. The procedure involves delivery of glass or resin particles loaded with Y-90 into hepatic arteries supplying HCC. While a high radiation dose is delivered to the hepatic tumor, the adjacent hepatic parenchyma which is supplied preferentially by the portal