AANS/CNS Joint Cerebrovascular Annual Meeting Los Angeles, California February 15-16, 2016

Assessment of Residual Flow by 3D Time-of-flight MR Angiography After Stent-assisted Coiling for Intracranial Aneurysms

Sei Sugata MD, PhD Tetsu Satow, Kodai Uematsu, Eika Hamano, Daisuke Maruyama, Yoji Orita, Seiichiro Eguchi, Hiroharu Kataoka, Jun Takahashi



Introduction

Stent-assisted coiling (SAC) for intracranial aneurysms requires adequate follow-up (FU) imaging because of recurrence and thromboembolic events after the treatment. Residual flow in coiled aneurysms or patency of the stents are difficult to visualize by usual MR angiography (MRA) due to metal artifact.

Objective

we assessed the feasibility and usefulness of time-of-flight (TOF) MRA for FU of intracranial aneurysms treated with SAC.

Subject			
	Total cases	Neuroform EZ	Enterprise VRD
Time period	January 2011 – June 2015		
Case (N)	35	13	22
Female (N)	29	10	19
mean Age (yo)	66.2 (36-87)	66.9	65.7
No. of stents	37	13	24
Ruptured ANs	10	1	9
Unruptured ANs	25	12	13

Methods

We compared postprocedual 3D TOF MRA images with concurrent digital subtraction angiography (DSA) images after SAC.

Follow up protocol post stent-assisted coiling (SAC)			
SAC	3D / MRI 6M / MRI 12M / MRI 24M / MRI		
	3M / DSA 6M / DSA 12M / DSA 24M / DSA		



We applied 3D time-of-flight (TOF) MRA characterized by a **short TE (1.69 ms)** and a high spatial resolution to diminish metal artifact; 1.5T-MRI, non-contrast, TE: 1.69 ms, voxel size: 0.6×0.6×0.4 mm, flip -angle: 25 deg (*N. Yamada, AJNR* 25:1154–1157, 2004).

Results

Results 1			
	Visualization by 3D-TOF MRA		
Parent artery lumen	12 / 35 cases	34.2%	
Residual sac	17 / 35 cases	48.6%	

Results 2				
	Residual flow	Dualua		
	Visualization +	Visualization —	Pvalue	
Total No.	17	18		
Male	4 (23.5%)	1 (5.6%)	0.30	
ruptured	3 (17.6%)	7 (38.9%)	0.29	
Anterior circulation	10(58.8%)	9 (50.0%)	0.85	
Terminal type	2 (11.7%)	3 (16.7%)	0.94	
Neck size (mm)	6.2 (3.7-10.2)	6.2 (1.9-11.2)	0.71	
Max size (mm)	9.6 (6.4-12.5)	9.8 (3.8-16.5)	0.32	
VER (%)	27.7% (16.8-31.5)	29.8 % (16.9-55.7)	0.10	
Neuroform EZ	12 (70.6%)	1 (12.5%)	< 0.001	

		Pos	ulte 2		
Stopthupo	Total caro	mean mean		3D TOF MRA " GDC protocol "	
Stent type	ent type lotal case Diameter of stent	of stent	In-stent flow	Residual sa	
Neuroform EZ	13	4.05 mm (2.5-4.5)	23.6mm (20-30)	11 / 13 (84.6%)	12 / 13 (92.3%)
	22	4.5mm	26.3mm (22-28)	3/ 22 (13.6%)	5 / 22 (22.7%)
				<u>P < 0.01</u>	<u>P < 0.001</u>

A static phantom model

Two intracranial nitinol stents, Enterprise VRD (4.5×22 mm) and Neuroform EZ (4.0×20 mm) were placed in a vessel-like silicon tubes (inner diameter of 3.5 mm) filled with saline. The remaining tube represented the control tube without a stent.

We measured a signal intensity in the stent by 3D-TOF MRI.

Phantom model				
Stent (-) Enter	prise VRD	Neuroform EZ	
	Signa	lintensity		
	Stent (-)	Enterprise VRD	Neuroform EZ	
Proximal	100	23.18	75.62	
Mid	100	20.55	74.01	
Distal	100	24.60	80.99	

Conclusions

For follow-up study after SAC, DSA still remains gold standard. But 3D TOF MRA could provide acceptable visualization of both parent artery lumen and residual sac, especially in the cases with Neuroform EZ®.

Illustrative cases



Rt. IC-Pcom aneurysm, ruptured

Case1. A 81-year-old women with Rt. IC-Pcom ruptured aneurysm was treated by stent-assisted coil embolization. The ICA C2-MCA M1 proximal is covered by a Enterprise VRD. Anatomic outcome of the aneurysm in the DSA was complete occlusion. 3D-TOF MRA showd slightly visible flow in the stent.



BA-SCA aneurysm, unruptured

Case2. A 69-year-old women with unruptured BA -Lt. SCA aneurysm was treated by SAC. The Lt. PCA - basilar artery is covered by Neuroform EZ. Anatomic outcome of the aneurysm in the DSA was neck remnant. 3D-TOF MRA showd the shape of depiction equal to that of DSA.