



Under the auspices of the
President of the Republic of Serbia
H.E. Mr. Aleksandar Vucic

5th ANNUAL MEETING of Serbian Neurosurgical Society

SNSS Annual meeting 2019

with international participation

October 24th - 27th 2019, Kragujevac, Serbia

Venue: Hotel Sumarice, Kragujevac

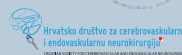


PROGRAM & ABSTRACT BOOK

Joint Venture with
EANS Section for Vascular Neurosurgery
HUNGARIAN Neurosurgical Society and
JAPAN Neurosurgical Society,
Section for Vascular Neurosurgery

Organized by
Serbian Neurosurgical Society
in conjunction with
**Croatian Society for Cerebrovascular
and Endovascular Neurosurgery**

Joint meeting with
Southeast Europe Neurosurgical Society and
WFNS Cerebrovascular Diseases & Therapy Committee



NEUROVASCULAR SUPERSESSIONS:

Exo? Endo? Hybrid? Quo vadis?

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CHALLENGES IN ENDOVASCULAR TREATMENT OF WIDE NECK ANEURYSMS

Menka Lazareska^{1*}, Petar Janevski¹, Milenko Kostov², Aleksandar Caparovski², Vladimir Mircevski², Jasna Bushinovska³, Vladimir Rendeovski², Ace Dodevski⁴, Blagoja Shuntov², Elmedina Asani²

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Background: An aneurysm is an abnormal focal dilatation of an artery. Most of the unruptured aneurysms are asymptomatic and discovered incidentally or some of them symptomatic with mass effect or nerve palsy, but rupture of aneurysm results in a potentially life-threatening subarachnoid haemorrhage. Aneurysms with wide necks are defined by neck diameters greater than 4 mm or dome-to-neck ratios less than 2 and are the most difficult to treat with the endovascular method.

Aim: This study aimed to analyse the decision and type of endovascular treatment of intracranial aneurysms with a wide neck.

Methods: The study population included 56 patients with 67 aneurysms referred to the University Clinic of Radiology in Skopje, the Republic of Macedonia for endovascular treatment during the period from 2017 to 2019. This study included 29 females and 18 males, ranging in age from 25 to 74 years.

Results: From total 56 treated aneurysms 19 were ruptured and 37 unruptured. Six patients were with multiple aneurysms. In these study complex aneurysms were treated with combined technique, 9 with balloon-assisted coiling, 28 with stent-assisted coiling, 6 stents, 3 with flow diverter assisted coiling, 13 FD and 3 with partial coil filling, 5 with coiling and neck remodeling without assistance device.

Conclusion: Aneurysms with wide neck remain a challenge for endovascular treatment. But the development of new techniques and materials in the treatment of aneurysms makes endovascular treatment of intracranial aneurysms safe and feasible.

MECHANICAL THROMBECTOMY IN STROKE- OUR TEN MONTHS EXPERIENCE

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Mechanical thrombectomy for stroke patient started in November 2018 in our country. For ten months we have 21 patient with large vessel occlusion. Our center is for now single center that provide mechanical thrombectomy for population of two million people. All stroke patient were with large vessel occlusion on CT and CTA. First patient was directly evaluated and treated in angiography suite on the basis of native CT- hyperdense MCA sign and clinical symptoms. Next patient underwent CT and CTA and one with MR/MRA. Four patient were with T occlusion, two successful recanalization and two failure. Other 17 were M1/M2 occlusion from witch tree tandem lesions ICA and M1. Patients were on age of 25 to 73 years old. We used stent retriever in all patients (solitaire or embotrap) and aspiration together and in most of patient intermediate catheter (sofia/sofia plus) but we never used balloon guiding catheter. Time window in 18 patient was <6h and 3 of patients with wake up stroke. All patients were with NIHSS >5. TIC1 2b was achieved in 8 patients, TIC1 3 in 4 patients, TIC1 2a in 3 patients, in one patient grade 1 and no reperfusion in 5 patients from witch one with worsening. No major hemorrhage appeared but only 4 patients previously received IV tPA. Till today no national strategy for stroke patient pathway.