

Abstract Format

TITLE (BOLD, ALL CAPS, ARIAL 11)

Primary Author, Co Author 1, Co Author 2 (Underlined for presenting author, Arial 11, single spacing)

Affiliation/Institution (Arial 11, single spacing)

Objectives (Arial 11, Bold)

Content (Arial 11, align justify, single spacing)

Method (Arial 11, Bold)

Content (Arial 11, align justify, single spacing)

Result (Arial 11, Bold)

Content (Arial 11, align justify, single spacing)

Conclusion (Arial 11, Bold)

Content (Arial 11, align justify, single spacing)

Sample Abstract

VARIATION IN ENDOVASCULAR MANAGEMENT OF CEREBRAL ANEURYSM

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Background

Intracranial aneurysms are common abnormalities found with an overall frequency ranging from 0.8% to 10%. In recent years, there has been an increased number of incidental aneurysm correlating to an increased awareness for annual health screening using advance diagnostic modalities such as CT and MR imaging. Related to this, we will be elaborate on technical feasibility, safety, and efficacy of endovascular treatment and its various techniques on ruptured and unruptured cerebral aneurysms in Abdi Waluyo Hospital, Jakarta, Indonesia within the year of 2014 - 2015.

Methods

Patients with aneurysms ruptured or unruptured, were treated under general anesthesia, given fully anti-coagulating agent and deeply sedated. Preliminary 3D diagnostic angiography was performed for road map evaluation and planning. Coiling was done under simultaneous road mapping. Soon after a mesh was created from the first coil, the aneurysm is densely packed with soft coils of decreased diameter until there is no more coils could be deployed into the aneurysm.

Results

There were a total of 6 cases of saccular cerebral aneurysm, of which two were diagnosed with acute subarachnoid hemorrhage due to ruptured cerebral aneurysm while the rest were asymptomatic, unruptured incidental aneurysm. From the total sample of 6 cases, there were 4 cases of narrow-neck cerebral aneurysm while the two other were wide-neck cerebral aneurysm. Endovascular treatment was technically feasible for all cases and installation of coiling wires for wide-neck aneurysm was done using balloon-assisted methods. Complete (100%) or nearly complete (95–99%) occlusion was achieved in 5 out of 6 aneurysms, while one case presented with acute subarachnoid hemorrhage due to a giant mycotic aneurysm was only able to receive partial occlusion (60-70%) due to its size and limited availability of coils. All patients except one that came with subarachnoid hemorrhage and initial severe neurologic deficits achieved good recovery and no significant adverse effect, resulting in a morbidity rate of 0% and a mortality rate of 16.7%, which is within the parameters of known prognosis.

Conclusion

Variation endovascular embolization of ruptured and unruptured cerebral aneurysms is an effective therapeutic alternative to neurosurgical clipping and is associated with very low morbidity and mortality rates. As for those presented with subarachnoid hemorrhage due to ruptured cerebral aneurysm, the prognosis would be highly depended on the severity of the hemorrhage and its associated neurological deficits.