The LVIS Blue is an FDA-approved stent with 28% metallic coverage that is indicated for use in conjunction with coil embolization for the treatment of intracranial aneurysms\(^1\). Given a porosity similar to approved flow diverters and higher than currently available intracranial stents, we sought to evaluate the effectiveness of this device for the treatment of intracranial aneurysms.

**Methods:**
We performed an observational single-center study to evaluate initial occlusion and occlusion at 6 months follow-up for patients treated with the LVIS Blue in conjunction with coil embolization at our institution using the modified Raymond-Roy classification (mRRC). mRRC1 indicating complete embolization, mRRC 2 persistent opacification of the aneurysm neck, mRRC 3a filling of aneurysm dome within coil interstices, and mRRC 3b filling of the aneurysm dome.

**Results:**
Sixteen aneurysms were treated with the LVIS Blue device in conjunction with coil embolization with 6 month angiographic followup. Aneurysms were treated throughout the intracranial circulation: 5 proximal internal carotid artery (ICA) (ophthalmic or communicating segments), 2 superior cerebellar artery (SCA), 2 ICA terminus, 2 anterior communicating artery (ACoA), 2 distal middle cerebral artery (MCA), 1 posterior inferior cerebellar artery (PICA), and 2 basilar tip aneurysms. Post procedurally, there was 1 mRRC 1 closure, 5 mRRC2 closures, and 10 mRRC 3a or 3b occlusion. At follow-up, all the mRRC 1 and mRRC 3a, 85% of the 3b and 75% of the mRRC2 were stable or improved to an mRRC 1 or 2 at followup.

**Conclusions:**
The LVIS Blue represents a safe option as a coil adjunct for endovascular embolization within both the proximal and distal anterior and posterior circulation.