to occur in the CCB infusion group (100% vs. 44.4%, p < 0.001). No significant difference was noted between groups for time to occlusion (313.7 vs. 392.8 days, p = 0.807) or overall angiographic follow up time (209.1 vs. 302.5 days, p = 0.326).

Conclusion Optimization of device sizing is important to increase FD density over the aneurysm neck and promote thrombosis. To improve accuracy of measurements of parent vessels prior to device selection, CCB infusion can reduce the effects of mild vasospasm. In this study, subsequent aneurysm occlusion was more likely to occur following FD treatment when device size selection was based on measurements performed following CCB infusion.

Abstract P-025 Table 1 Diameter change after CCB infusion

Measurement	Change
Distal Landing Zone	30.2%
Proximal Landing Zone	44.3%
Maximum Diameter	60.7%
Minimum Diameter	8.4%

Disclosures M. Alexander: None. **R. Darflinger:** None. **F. Settecase:** None. **A. Nicholson:** None. **D. Cooke:** None. **M. Amans:** None. **S. Hetts:** None. **C. Dowd:** None. **R. Higashida:** None. **V. Halbach:** None.

P-026 CERVICAL CAROTID "PSEUDO-OCCLUSION:" INTRACRANIAL OCCLUSIONS MASQUERADING AS EXTRACRANIAL OCCLUSIONS

[1]J Grossberg, [2]F Cardoso, [2]L Rebello, MD, [2]D Haussen, [2]M Frankel, [2]R Nogueira. *[1]Department of Neurosurgery, Emory University School of Medicine, Atlanta, GA; [2]Emory, Atlanta, GA*

10.1136/neurintsurg-2016-012589.68

Introduction The entity of internal carotid artery (ICA) "pseudo-occlusion," where an occlusion of the intracranial ICA appears as an occlusion of the extracranial cervical ICA on computed-tomography angiography (CTA) or digital subtraction angiography (DSA) is more common than previously thought. We aim to accurately describe and analyze this entity for the benefit of the treating interventionalist.

Methods This was a retrospective review of a prospectively collected thrombectomy database between February 2011-January 2016. Over 900 patients were treated within the study period, and we subselected the 46 patients who had an occlusion of the intracranial ICA without evidence of a tandem occlusion in the cervical ICA. These patients' angiograms were analyzed for the presence of cervical ICA "pseudo-occlusion." Details of their demographics, medical history, thrombectomy procedure, and outcome were then analyzed.

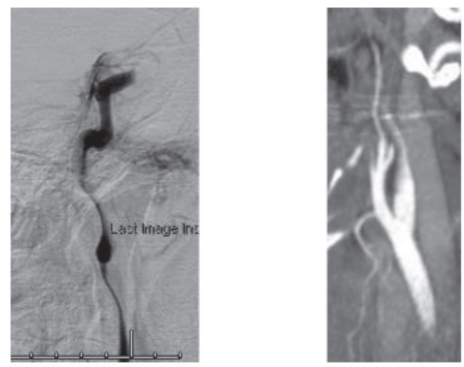
Results The mean age for the total population was 62.3 (Range: 31–91). There was an exact split between sexes in the total population. Cervical ICA "pseudo-occlusion" was found in 21 of the 46 patients (46%) on CTA. 17 (81%) of these patients had "pseudo-occlusion" of the proximal cervical ICA and 4 had "pseudo-occlusion" of the mid-cervical ICA. 15 (71%) of these patients continued to have "pseudo-occlusion" on DSA during their thrombectomy procedure.

When comparing the two groups, 48% of the"pseudo-occlusion" group and 52% of the non-"pseudo-occlusion" group were male. The mean age of the "pseudo-occlusion" cohort was 64.8 versus 60.1 in the non-"pseudo-occlusion" cohort. 38% of the "pseudo-occlusion" patients and 40% of the non-"pseudo-occlusion" patients received IV TPA.

The rates of mTICI 2 b/3 reperfusion were 81% in the "pseudo-occlusion cohort" versus 100% in the non-"pseudo-occlusion" cohort. (p < 0.05). The mean procedure length was 89.45 minutes in the "pseudo-occlusion" group

versus 62.16 minutes in the non-"pseudo-occlusion" group (p = 0.07). The rate of ECASS Parenchymal Hematoma Type 2 was 4.8% in the "pseudo-occlusion" group versus 4% in the non-"pseudo-occlusion" group. 90 day follow-up mRS was available in 20 "pseudo-occlusion" patients and 19 non"-pseudo-occlusion" patients. The rate of 90 day mRS 0–2 was 35% in the "pseudo-occlusion" group and 63% in the non-"pseudo-occlusion" group. The 90 day mortality rate was 25% in the "pseudo-occlusion" group and 21% in the non-"pseudo-occlusion" group.

Conclusions Carotid "pseudo-occlusion" is a common entity in the thrombectomy population, and its presence is associated with increased procedure time and decreased rates of reperfusion.



Abstract P-026 Figure 1

Disclosures J. Grossberg: None. **F. Cardoso:** None. **L. Rebello:** None. **D. Haussen:** None. **M. Frankel:** None. **R. Nogueira:** None.

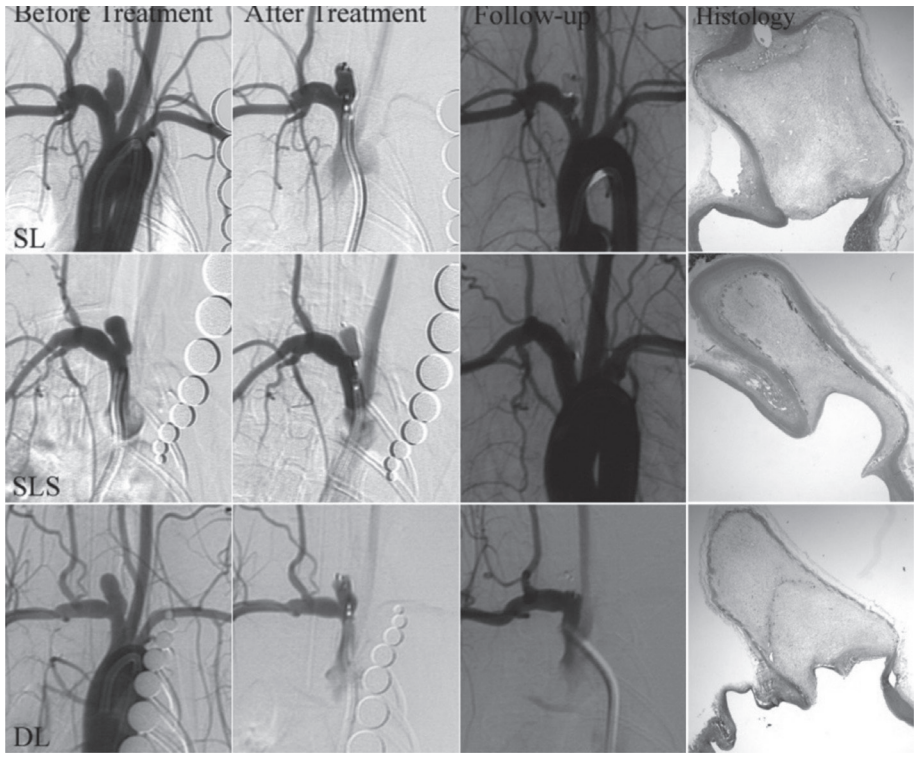
P-027 EXPERIMENTAL TESTING OF DIFFERENT TYPES OF WOVEN ENDOBRIDGE DEVICES IN ELASTASE-INDUCED ANEURYSMS IN RABBITS

Y Ding, D Dai, D Schroeder, R Kadirvel, D Kallmes. *Radiology, Mayo Clinic, Rochester, MN*

10.1136/neurintsurg-2016-012589.69

Purpose The Woven Endobridge (WEB) device (Sequent Medical, Inc., Aliso Viejo, CA) is an intrasaccular flow-disruption device. The purpose of this study was to evaluate the acute and chronic performance of new generation WEB devices using rabbit aneurysm model.

Materials and methods Six Enhanced Visualization (EV) WEB-DL (Dual Layer with barrel configuration); six EV WEB-SL (Single Layer with barrel configuration); and six EV WEB-SLS



Abstract P-027 Figure 1

(Single Layer Sphere with spherical configuration) were deployed in 18 elastase-inducedaneurysms in the rabbits and followedfor 12 months. Degrees of aneurysm occlusion immediately after treatment and before sacrifice were graded on a 4 point scale from digital subtraction angiography (DSA): Grade 1, complete flow cessation; Grade 2, near complete flow cessation; Grade 3, incomplete flow cessation; Grade 4, fully patent aneurysm. Comparison of aneurysm occlusion between acute and chronic time points was performed using a 3 point scale (stable occlusion, progressive occlusion, or recanalization). Two shapes of aneurysms were defined: Type I, spherical; Type II, cylinder-like. All aneurysms were harvested for histologic analysis.

Results Four spherical and 14 cylinder-like aneurysms were identified. Grade 3 or 4 occlusion was shown in all the three groups acutely. Before sacrifice, Grade 1 (n = 3) and Grade 2 (n = 3) were shown in DL group; Grade 1 (n = 1), Grade 2 (n = 2) and Grade 3 (n = 3) were indicated in SL group; Grade 1 (n = 1), Grade 2 (n = 1), Grade 3 (n = 3), and Grade 4 (n = 1) were shown in SLS group, respectively. Sixteen (89%, 16/18) aneurysms showed progressive occlusion. Aneurysm recanalization was found in one (6%, 1/18) aneurysm of the SLS group. One (6%, 1/18) aneurysm remained stable in SLS group. Extent of occlusion was greater in one spherical aneurysm treated with SLS device by comparison with other spherical aneurysms treated with DL or SL device. Histologic features included unorganized blood clot or organized loose connective tissue filling the aneurysm sac and endothelialized neointima or incompletely organized thrombus across the neck interface. Inflammation within aneurysm lumen was absent or minimal (as localized, patchy, chronic inflammatory foci) (See attached Figure 1).

Conclusion Progressive aneurysm occlusion can be achieved using all the three types of devices. Based on the good healing achieved using SLS for spherical aneurysm, SLS may be helpful to occlude narrow neck (spherical) aneurysms.

Disclosures Y. Ding: None. **D. Dai:** None. **D. Schroeder:** None. **R. Kadirvel:** None. **D. Kallmes:** None.

P-028 SAFETY AND EFFICACY OF WEB® ANEURYSM TREATMENT: COMBINED ANALYSIS OF WEBCAST, FRENCH OBSERVATORY, AND WEBCAST2 STUDIES – PRELIMINARY RESULTS

L Pierot, A Molyneux, J Byrne. *Radiology, Hôpital Maison-Blanche, Reims, France*

10.1136/neurintsurg-2016-012589.70

Purpose WEB Flow disruption is an innovative endovascular treatment for wide-neck bifurcation aneurysms. Three prospective multicenter GCP (Good Clinical Practice) studies were conducted in Europe (WEBCAST, French Observatory, WEBCAST2). Safety and efficacy data are analyzed in the cumulated population of these 3 studies.

Methods Patients with wide neck bifurcation aneurysms were included in these 3 studies. An independent medical monitor independently analyzed adverse events. Follow-up imaging was obtained at 6 and 12 months in WEBCAST study and at 12 months in French Observatory. An independent expert in Interventional Neuroradiology evaluated anatomical results using the 3 grades scale: complete occlusion, neck remnant, and aneurysm remnant. In WEBCAST, the reader was also directly comparing evolution of anatomical results between 6 months and 12 months classified as improved, stable, or worsened.

Results A total of 168 patients (112 females, 66.7%) with 169 aneurysms including 14 ruptured (8.3%) were included in the 3 studies (51 patients in WEBCAST, 62 in French