mRS ≤2 at three months was seen in 20% of the patients. On univariate analysis extravasation was significantly higher in PC compared to anterior circulation (AC) (9% vs 4%, p < 0.01) as well as post-procedural sICH (13% vs. 4%, p = 0.01); vessel recanalization (TICI ≥2b) was significantly lower in PC compared to AC (70% vs 90%, p < 0.01); mortality rate was significantly higher in patients with PC compared to AC (38% vs 9%, p < 0.01). On multivariate analysis AC had a significantly shorter LOS by about three days, compared to PC (coef: -3.04, 95%CI: -6.05 to -0.14, p < 0.05). There was no difference in odds of achieving a good TICI score. The AC group also had had almost four times greater odds of having a good mRS (OR: 3.69, 95%CI:1.06–12.8, p < 0.05). They also had significantly lower odds of mortality, by around eighty-eight percent (OR:0.12, 95%CI: 0.05–0.31, p < 0.01).

Conclusions MT is a safe and efficacious first-line therapy for PC strokes. PC-MT provides a high rate of recanalization without procedural complications. Improvement in functional outcome remains low, and mortality remains high, but with a much better outcome than leaving the disease untreated.


E-105 PREDICTORS OF EXCELLENT OUTCOMES POST THROMBECTOMY IN LARGE VESSEL OCCLUSION WITH MILD STROKES


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Successful recanalization was defined as mTICI 2b and 3. Excellent outcomes are defined as modified Rankin Stroke (mRS) scale of 0–1 at 3 months.

Results Total of 146 patients with low NIHSS ELVO were included in the study. Of those, 95 (65%) patients (48% male, 71% Caucasians, mean NIHSS 3.6 ±1.3) had excellent outcome (mRS 0–1), while remaining 51 (35%) patients (57% male, 72% Caucasians, mean NIHSS 3.8 ±1.4) had poor outcome (mRS 2–6). The patients who had excellent outcome had lower age at presentation [years, mean (SD): 61.6±17.2 vs. 68.9±18.6; p: 0.012], higher rates of successful recanalization [91.2% vs. 74%; p: 0.012], and shorter groin puncture to recanalization time [minutes, mean (SD): 43.4 ±27.3 vs. 60.4 ±41.5, p=0.008] compared to poor outcome group. The mean baseline ASPECTS tended to be higher in excellent outcome group (9.3 ±1.0 vs. 8.9 ±1.3, p=0.08). In multivariable analyses after adjustment for potential confounders, lower age (OR: 0.96, 95% CI 0.93–0.99, p=0.034), shorter groin puncture to recanalization time (OR: 0.97, 95% CI 0.96–0.99, p=0.003), and successful recanalization (OR: 11.2, 95% CI 1.5–80.4, p=0.016) were independent predictors of excellent outcome at 3 months.

Conclusions Our retrospective multi-center study demonstrates that lower age, shorter groin puncture to recanalization time and successful recanalization were independent predictors of excellent outcomes post MT in ELVO patients with NIHSS <6.