difference in demographics and complication (distal emboli, mortality rate, symptomatic intracranial hemorrhage). The mean time from onset to groin puncture, successful reperfusion rate (defined thrombolysis in cerebral infarction 2b/3) and favorable functional outcome (determined by modified Rankin Scale score 0–2 at 90 days) also showed no significant statistically difference. But MT group had a significantly shorter mean procedure time (45.84 vs. 76.06 min; $p = 0.001$) and hospital stay (11.53 vs. 15.0 day; $p = 0.042$), and a lower 1-day NIHSS score (6.35 vs 10.88; $p = 0.012$).

Conclusion In ineligible patient for IVT, MT alone isn't inferior to MT combined with IVT.

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E-107 SHORT-TERM IN-HOSPITAL OUTCOMES OF THROMBOLYSIS FOR ACUTE ISCHEMIC STROKE PATIENTS WITH NON-PRIMARY BRAIN TUMORS AND HYPERTENSION

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Background Intravenous thrombolysis remains an underutilized treatment for acute ischemic stroke (AIS) due to several relative and absolute contraindications. Previous studies have found similar outcomes after thrombolysis between AIS patients with benign brain tumors and AIS patients without. This study aims to investigate short-term outcomes of thrombolytic treatment for the greater majority of AIS patients who have no history of primary brain tumors, particularly those with hypertension (HTN).

Methods This retrospective cohort study utilized data from the 2012–2015Q3 Nationwide Inpatient Sample (NIS). ICD-9 codes identified adult patients (ages 18+) who suffered acute ischemic stroke and received intravenous thrombolysis, and then further isolated patients diagnosed with HTN. Data for patients who were missing important clinical identifiers (age, gender, race, mortality), did not receive IV thrombolysis, and had primary brain tumors (benign or malignant) were excluded. Data analyses assessed hospital mortality rate, length of stay (LOS), inpatient charges, and average age of admission.

Results Of the 24,692 encounters with AIS patients treated with thrombolysis and had no history of primary brain tumors, 15,219 were diagnosed with HTN.

- Mean mortality rate was significantly decreased (6.3% HTN vs. 8.1% no HTN, $p < 0.0001$).
- Mean LOS was significantly shorter (5.90 days HTN vs. 7.05 days no HTN, $p < 0.0001$).
- Average total charges were significantly decreased (\$81,467.75 HTN vs. \$93,538.04 no HTN, $p < 0.0001$).
- Average age at admission was significantly older (67.73 years HTN vs. 65.95 years no HTN, $p < 0.0001$).

Conclusion This study aims to inform physicians to better manage acute ischemic stroke patients receiving IV thrombolysis with hypertension and no history of primary brain tumors. These patients experience lower mortality rate, shorter LOS, decreased total hospital charges, and older age at admission than those without HTN. The mortality rate and LOS could be explained by a wider range of care provided from an interdisciplinary healthcare team, as opposed to simple post-op observational care. Future research should aim to delineate the differences in approach to determine which aspects improve outcomes for AIS patients with hypertension who receive intravenous thrombolysis.

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E-108 INCIDENCE OF *IN-SITU* THROMBOSIS IN ACUTE LARGE VESSEL OCCLUSION: REVIEW OF 168 THROMBECTOMY PATIENTS

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Introduction Acute large vessel occlusion (LVO) presenting with stroke symptoms may occur as a result of embolic occlusion, *in-situ* thrombosis of intracranial atherosclerotic stenosis or intracranial arterial dissection, vasculopathy, or other etiologies. The literature reflects variation in the incidence of these pathologies depending on geography, heredity, smoking history, as well as others factors.

Abstract E-108 Figure 1