Methods We retrospectively analyzed a consecutive series of 168 patients who presented with acute stroke symptoms and imaging revealing intracranial large vessel occlusion, who underwent cerebral angiography and attempted endovascular thrombectomy. Patients who underwent successful thrombectomy with no evidence of post-thrombectomy underlying ICAD lesion, dissection, or other vascular abnormality were presumed to have an embolic cause of their LVO. Patients who had an underlying vessel abnormality post-thrombectomy (exclusive of mechanical vasospasm) and no history of atrial fibrillation or other embolic risk factor were categorized as *in-situ* thrombosis.

Results Of the 168 patients, 151 arteries were revascularized with no post-thrombectomy vessel abnormality, indicating potential embolic cause. The remaining 17 patients had an underlying abnormality of which 15 appeared to be atherosclerotic in nature and 2 with underlying arterial dissection. These patients were initially identified by the inability to pass the occlusive lesion with a J shape microwire. All 17 patients underwent angioplasty of their stenotic lesion at the time of thrombectomy. In addition, 13 patients underwent intracranial stenting. This included 8 patients stented acutely and 5 patients stented in a delayed fashion. Stenting was typically performed acutely if there was significant arterial recoil or lack of sufficient flow following angioplasty alone. One patient appeared to have an acute stent thrombosis within 12 hours of stenting.

Conclusions Although the majority of acute LVO stroke was embolic in this series, 10.1% of patients appeared to have a clinical picture more consistent with *in-situ* thrombosis and 8.9% of the total patient cohort appeared to have an underlying ICAD lesion. Within this regional series, *in-situ* occlusion is a less common, but significant pathology, that may require different treatment strategies that conventional thrombectomy for LVO.

Disclosures M. Alexander: 2; C; Stryker Neurovascular, Medtronic, Penumbra, Inc. Z. Barnard: None.

E-109

SHORT-TERM IN-HOSPITAL OUTCOMES OF THROMBOLYSIS FOR ACUTE ISCHEMIC STROKE PATIENTS WITH NON-PRIMARY BRAIN TUMORS AND ELECTROLYTE IMBALANCES

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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 electrolyte imbalances.

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 electrolyte imbalances. 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 24692 encounters with AIS patients treated with thrombolysis and had no history of primary brain tumors, 5450 were diagnosed with electrolyte imbalances (EI).

- Mean mortality rate of patients was significantly increased (10.4% with EI vs. 6.0% with no EI, $p < 0.0001$).
- Mean LOS was significantly longer (9.21 days with EI vs. 5.53 days with no EI, $p < 0.0001$).
- Average total charges were significantly increased (\$117,906.49 with EI vs. \$77,032.77 with no EI, $p < 0.0001$).
- Average age at admission was significantly older (67.88 years with EI vs. 66.81 years with no EI, $p < 0.0001$).

Conclusion This study aims to inform physicians to better manage AIS patients receiving IV thrombolysis with electrolyte imbalances and no history of primary brain tumors. These patients experience higher mortality rate, longer LOS, increased total hospital charges, and older age at admission than those without EI. These findings suggest that placing clinical focus on managing electrolyte imbalances before administering IV thrombolysis for AIS may be critical for improving short-term in-hospital outcomes. Future research should aim to investigate different thrombolytic agents to determine the most optimal choice for patients with electrolyte imbalances.

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E-110

ENDOVASCULAR TREATMENT DECISION IN ACUTE STROKE: DOES PHYSICIAN SEX MATTER? INSIGHTS FROM AN INTERNATIONAL MULTIDISCIPLINARY SURVEY

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Introduction Numerous studies have compared treatment approaches of female and male physicians in different medical subspecialties, some of them revealed significant differences. To date, only few women are engaged in the neurointerventional field. Hence, it is unclear whether the treatment practice is influenced by physicians' sex. We explored whether there are differences in treatment decisions made by female and male physicians.

Materials and methods An international cross-sectional survey of both female and male stroke physicians and neurointerventionalists was conducted. Participants were randomly assigned