affected stroke territories, post revascularization mTICI outcomes as well as the pertinent devices are presented and discussed.

Results In our series of 41 patients with emergent small vessel occlusions of the anterior and posterior circulation, 6 ACA and 3 PCA branches occlusions are described. Age on admission was distributed as 68 ±16 years (mean ± SD), and approximately 51% were male. mTICI revascularization was possible in 41% with at least 50% recanalization in 93%.

Conclusions Mechanical revascularization for emergent small vessel occlusions is a viable intervention alternative with minimal post procedural risk profiles in patients.

Disclosures K. Carr: None. **Z. Thwing:** None. **R. Shivashankar:** None. **Y. Serulle:** None.

| E-114 | PREDICTORS OF POOR OUTCOME AFTER SUCCESSFUL MECHANICAL THROMBECTOMY OF ANTERIOR CIRCULATION LARGE VESSEL OCCLUSIONS WITHIN 6 HOURS OF SYMPTOM ONSET |

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Introduction Successful recanalization is a significant predictor of a good clinical outcome after mechanical thrombectomy (MT). However, some patients have a poor clinical outcome even with complete revascularization.

Objective We aimed to study the clinical, imaging, and procedural factors that predict a poor clinical outcome (90-day modified Rankin Scale $\geq$ 3) in patients with anterior circulation large vessel occlusion (LVO) who undergo successful MT within 6 hours of symptom onset.

Patients and methods We performed a retrospective review of all patients who underwent MT within 6 hours of symptom onset for an anterior circulation LVO at our institution between May 2016 to June 2018. Poor outcome was defined as a modified Rankin Scale equal or more to three at 90 days.

Results A total of 56 patients met criteria for inclusion in this study. A poor outcome occurred in 31 (55.4%) patients. On univariate analysis, compared to patients with good clinical outcomes, patients with poor outcomes had higher mean NIHSS scores on presentation (23.3 vs. 13.8, $P<0.001$), were more likely to have internal carotid artery (ICA) occlusions (38.7% vs. 8%, $P=0.008$), and had a higher incidence of distal clot migration (DCM) after MT (48.4% vs. 8%, $P=0.028$). Age, gender, other baseline clinical characteristics, the method of revascularization, and incidence of hemorrhagic transformation did not differ between the two cohorts. Using multivariate regression analyses, baseline NIHSS score, site of occlusion, and the presence of DCM remained significant predictors of a poor clinical outcome at 90 days ($P=0.001$, $P=0.026$, and $P=0.04$, respectively).

Conclusion Baseline NIHSS score, ICA occlusion, and DCM are independent predictors of a poor outcome after MT for anterior circulation LVO performed within 6 hours of symptoms onset.

All values are presented as the number of patients (n) and percentage (%) unless indicated otherwise. Boldface type indicates statistical significance.

Abstract E-114 Table 1 Baseline characteristics, angiographic findings and clinical outcome

	Good Outcome N=25	Poor Outcome N= 31	P value
Age (years) Mean ± SD	65.2 ± 15.1	68.4 ± 14	0.40
Gender	10 (40%)	17 (54.8%)	0.27
Atrial fibrillation (AF)	12 (48%)	12 (38.7%)	0.49
Arterial hypertension	20 (78.8%)	23 (80%)	0.61
Diabetes mellitus	4 (16%)	7 (22.6%)	0.54
Time LKW (min) Mean ± SD	215.8 ± 75	228.2 ± 77.9	0.55
ASPECT score (Mean ± SD)	9.4 ± 0.7	9 ± 1.1	0.14
Prior rTPA administration	17 (68%)	23 (74.2%)	0.61
Baseline NIHSS score Mean ± SD	13.8 ± 5.7	21.3 ± 5.3	**<0.001**
Site of occlusion:	2 (8%)	12 (38.7%)	**0.008**
ICA			
MCA	23 (92%)	19 (61.3%)	
Tandem lesion	1 (4%)	6 (19.4%)	0.09
Technique	17 (68%)	25 (80.6%)	0.28
Stentriever			
Aspiration	8 (32%)	6 (19.4%)	
Number of passes Mean ± SD	1.9 ± 1.4	2.3 ± 1.8	0.61
Puncture to recanalization (min) Mean ± SD	37.1 ± 23.3	51.1 ± 36.7	0.16
TICI score $\geq$ 2b	24 (96%)	26 (83.9%)	0.15
Hemorrhagic transformation	7 (28%)	14 (45.2%)	0.19
Symptomatic hemorrhagic transformation	2 (8%)	6 (19.4%)	0.23
Distal clot migration	5 (20%)	15 (48.4%)	**0.028**
NIHSS score after procedure Mean ± SD	3.2±3.7	17.7 ± 5.5	**<0.001**

Abstract E-114 Table 2 multivariate analysis for predictors of poor outcome

	Odds ratio	95% Confidence interval	P value
Baseline NIHSS score	1.3	1.11–1.52	**0.001**
Site of occlusion (ICA)	8.9	1.3–60.9	**0.026**
Distal clot migration (DCM)	5.77	1.09–30.69	**0.04**

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| E-115 | INTRACRANIAL SALVAGE TECHNIQUES IN REFRACTORY THROMBECTOMY: WHO, WHEN AND HOW? |

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Purpose Emergent large vessel occlusion due to underlying vessel wall pathology may be refractory to the endovascular