complications were observed. We encountered in our early learning stage a failed attempted placement of Celt in one venous and one arterial access each (0.98%) that remained asymptomatic. In one of these cases the Celt implant was accidentally deployed without properly attaching to the arterial wall. The device was dislodged into the popliteal artery without any flow restriction and the patient remained asymptomatic. Other adverse events were complete and symptomatic occlusion of right external iliac artery, 1 patient presented with a delayed peripheral neuropathy. No early or delayed hematomas were observed whenever a proper device placement was achieved. On follow-up angiograms, several months following the placement, Celt implants were found in 18 cases adjacent to the arterial wall within the soft tissue. The extravascular migration remained asymptomatic and has previously been observed with other closure devices and may be related to arterial pulsation.

Conclusion Based on our experience Celt is very easy to use and an exceptionally safe and effective percutaneous closure device.

Disclosures W. Htun: None. N. Patel: None. R. Rabinovich: None. S. Newman: None. A. Wakhloo: None.

E-123 IMPROVED TICI GRADES IN PATIENTS WITH ACUTE LVO USING MECHANICAL THROMBECTOMY DUAL ASPIRATION TECHNIQUE FIRST 20 CASES

J Brunson Jr*. Radiology, Bayonett Point Regional Medical Center, Hudson, FL

Background and purpose Endovascular Mechanical Thrombectomy is the established standard of treatment for acute ischemic strokes for patients with large-vessel occlusions. Mechanical Thrombectomy techniques are well established in the literature which include direct catheter aspirations and a choice of various stent retrievers or a combination of the above. Additionally some recent clinical studies demonstrate better procedural and clinical outcomes with balloon guide catheters vs other vascular accessories catheters.

Materials and methods We retrospectively compiled and reviewed the clinical and imaging outcomes of the last 20 consecutive patients who presented with acute intracranial LVO (January 2, 2019 - March 13, 2019) who were treated with emergent MT with concomitant stent retriever and Dual Aspiration Technique - (Penumbra and Stryker Aspiration at the level of both distal access catheter and carotid/vascular access sheath catheter).

Results Pt age range 59–105 years, average age 78.5 years, TICI 3 - 9 patients, TICI2 B - 10 Patients, TICI2A - 1, Successful recanalization rate 95% TICI 2B/3 - 95%. Average time to reperfusion 53.6 minutes. Failure rate 0%.

Conclusion Mechanical thrombectomy utilizing stent retriever and concomitant Dual Aspiration Technique appears to be feasible and effective for removal of thrombus in patients with AIS for LVO with high success rate of recanalization. Short/midterm clinical data is however needed to for these patients.

Disclosures J. Brunson: None.

E-124 PERSISTENT TICI 0 AFTER MECHANICAL THROMBECTOMY: INCIDENCE AND INSIGHTS AT A HIGH-VOLUME COMPREHENSIVE STROKE CENTER

R Mattay*, M Cox, M McCabe, J Schmitt, D Kong, O Choudhri, B Pukenas, H Rurst. Radiology, Hospital of the University of Pennsylvania, Philadelphia, PA; 2Neurosurgery and Radiology, Hospital of the University of Pennsylvania, Philadelphia, PA; 3Radiology and Neurosurgery, Hospital of the University of Pennsylvania, Philadelphia, PA

Purpose There is now class 1a evidence for the efficacy of mechanical thrombectomy in patients with acute ischemic stroke and a large vessel occlusion (LVO). Failure to recanalize portends a poor prognosis for the patient with a decreased chance for a good function outcome (modified...