E-126

ENDOVASCULAR TREATMENT DECISION IN ACUTE STROKE IN PATIENTS WITH SEVERE COMORBIDITIES – INSIGHTS FROM AN INTERNATIONAL MULTIDISCIPLINARY SURVEY

¹J Ospel*, ²N Kashani, ³J Heo, ⁴M Cherian, ⁵B Kim, ⁶A Rabinstein, ⁷U Fischer, ⁸B Baxter, ⁹M Foss, ¹⁰F Turjman, ¹¹P Sylia, ¹²S Yoshimura, ¹³W Kunz, ¹⁴B Campbell, ⁹A Wilson, ⁹M Almekhlafi, ¹⁵G Saposnik, ⁹M Hill, ⁹M Goyal, ⁹B Menon. ¹Radiology, University Hospital Basel, Basel, Switzerland; ²Radiology, University of Calgary, Basel, AB, Canada; ³Neurology, Yonsei University, Seoul, Seoul, Korea, republic of; ⁴Radiology, Kovai Medical center, Tamil Nadu, India; ⁵St. Mary's Hospital Seoul, Seoul, Korea, republic of; ⁶Radiology, Mayo Clinic Rochester, Rochester, MN; ⁷Radiology, University Hospital Bern (Inselspital), Bern, Switzerland; ⁸Radiology, Erlanger Hospital Chattanooga, Chattanooga, TN; ⁹Radiology, University of Calgary, Calgary, AB, Canada; ¹⁰Radiology, Centre Hospitalier Universitaire de Lyon, Lyon, France; ¹¹Radiology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, India; ¹²Neurosurgery, Hyogo College of Medicine, Hyogo, Japan; ¹³Radiology, University Hospital Munich, Munich, Germany; ¹⁴Neurology, Royal Melbourne Hospital, University of Melbourne, Melbourne, Australia; ¹⁵Radiology, University of Toronto, Toronto, ON, Canada

10.1136/neurintsurg-2019-SNIS.201

Background Endovascular therapy is a highly effective treatment in previously-independent patients. In patients with severe comorbidities, the risks and benefits of endovascular treatment have to be balanced with the life expectancy and treatment risks. We explored the attitude of physicians towards endovascular treatment decision in patients with severe physical comorbidities.

Methods We conducted an international cross-sectional survey among 607 stroke physicians and interventionalists to understand their current practice and therapy decision-making in acute stroke. Participants were asked to give their treatment approach to 10 out of 22 randomly assigned case scenarios, 4 of them involving severe comorbidities (A: heart failure, COPD and renal insufficiency requiring dialysis, B: Stage IV metastatic prostate cancer, C: Non-metastatic prostate cancer with hormonal treatment, D: Rheumatoid arthritis requiring care in a nursing home). In all of those 4 scenarios, the patients had proximal ICA/MCA occlusions and were otherwise EVT-eligible.

Results In total, 6070 responses for 22 scenarios were obtained (276 responses for scenario A, 275 for scenarios B and D, 277 for scenario C). 92% of respondents decided in favor of EVT in scenario A, 72.7% in scenario B, 80.5% in scenario C and 90.2% in scenario D. Except of scenario B, those proportions were slightly higher than the average overall EVT decision rate (75.2%).

Conclusion If EVT criteria are otherwise fulfilled, moderate and even severe physical comorbidities were not considered as reasons to refrain from endovascular therapy in this survey.

Abstract E-126 Figure 1

Disclosures J. Ospel: None. N. Kashani: None. J. Heo: None. M. Cherian: None. B. Kim: None. A. Rabinstein: None. U. Fischer: None. B. Baxter: None. M. Foss: None. F. Turjman: None. P. Sylia: None. S. Yoshimura: None. W. Kunz: None. B. Campbell: None. A. Wilson: None. M. Almekhlafi: None. G. Saposnik: None. M. Hill: None. M. Goyal: None. B. Menon: 1; C; unrestricted research grant by Stryker to the University of Calgary.

E-127

MECHANICAL THROMBECTOMY. RETROSPECTIVE REVIEW OF INCIDENCES AND COMPLICATIONS

¹M de Miquel*, ¹L Aja, ¹S Aixut, ¹R Barranco, ¹O Chirife, ²P Cardona, ³H Quesada, ¹B Lara, ²A Paipa. ¹Neuroradiology, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Spain; ²Neurology, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Spain; ³Neurology, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Spain

10.1136/neurintsurg-2019-SNIS.202

Introduction and purpose Mechanical thrombectomy is accepted as the best treatment when possible in cases of ischemic stroke. Since indications are getting broader in terms of age, time of stroke evolution or NIHSS and ASPECTS records, we frequently face the decision of the convenience to treat borderline patients, for example oligosymptomatic cases. We aimed to review our complications in terms of frequency, age and location in order to help us in taking treatment decisions.

Material and methods This study is based in a retrospective review of our database. Since 2010 we have registered 629 cases of mechanical thrombectomy. From these, data of 620 have been considered well completed and have been entered in this study. Considering the thrombectomy itself, three groups have been differentiated: Uncomplicated cases, those presenting complications, and those in which some incidence has been noted.

Results Out of 620 thrombectomies included in this review, no incidents have been recorded in 499 (80%) cases. A total of 135 incidences or complications have been noted (some patients had more than one). These were distributed as follows: 25 (4%) cases of haemorrhage or contrast extravasation, 18 (2,9%) cases of arterial dissection, 15 (2,4%) cases of puncture site hematoma, 1 patient (0,16%) presented a carotid-cavernous fistula, 5 (0,8%) cases of in-stent thrombosis, significant embolic events were noted in 43 (6,9%) patients, 24 (3,9%) related to the same territory of the thrombus location, and 19 (3%) extending to another territory. Severe vasospasm has been recorded in 7 (1,1%) cases, material related in 8 (1,3%), and general complications such as allergic reaction or heart arrest in 6 (1%) of cases. Mortality directly attributed to the technique has been considered in 11 (1,8%) cases, most of them in keeping with arterial rupture.

Conclusion Technical and angiographical incidences as well as complications are relatively frequent in mechanical thrombectomy. Among other factors, this can be attributed to patient's age, to the fact of needing a blind access to distal vessels, to the embolic material itself or to vascular atheromatous occlusion. Most of these complications, however, are transient or very much associated to the disease, and the fact of overcoming them is linked to the general state of the patient. Mortality related to the thrombectomy itself in our series has been recorded in less than 2% of cases.