Conclusions In a high volume Comprehensive Stroke Center, general anesthesia is safe to always use mechanical thrombectomy. Outcomes of mechanical thrombectomy for LVO in are in keeping with published results for both conscious sedation and general anesthesia. This adds to the body of evidence supporting GA as a excellent option for sedation for mechanical thrombectomy. It is particularly useful in more complex cases and leads to high revascularization rates.

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QUANTITATIVE EVALUATION OF FACTORS AFFECTING TUMOR SIZE REDUCTION ON WIDE ANGLE FUNDUS CAMERA FOLLOWING RETINOBLASTOMA CHEMOSURGERY

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Introduction Intra-arterial delivery of chemotherapy (chemosurgery) via selective ophthalmic artery infusion has had an increasing role in the treatment of retinoblastoma. However reported success rates and enucleation rates have varied. The many differences in institutional protocols including choice of first line therapy, availability of patient follow-up and rationale for enucleation yields different results. We hypothesized that a quantitative assessment of tumor size reduction on wide angle fundoscopic imaging would show differences in tumor response with regards to cycle of treatment, adjunct treatments, and prior IV chemotherapy.

Materials and methods Following IRB approval, a retrospective review of pediatric patients with retinoblastoma who had been referred for chemosurgery at our institution in the past 6 years was performed. Data collected included patient demographics, retinoblastoma classification, prior and concurrent treatments, chemotherapy agents, catheterization technique, fluoroscopy time, vascular anatomy, complications, and response on fundoscopic examination. RetCam wide angle fundoscopic images were digitally transferred to DICOM image processing software for analysis or digitized from hard copy. Quantitative changes in tumor volume between images were measured.

Results From June 2013 to March 2019, a total of 114 chemosurgery cases were performed on 30

patients to treat 32 eyes. All patients received eye exams under anesthesia. 158 eye exams under anesthesia were reviewed including analysis of wide angle fundoscopic images when available.

After the first cycle of intra-arterial chemotherapy, response to treatment progressively decreased, with greatest change in tumor volume at time of first treatment. Decrease tumor size decrease per treatment was much greater when intra-arterial therapy was utilized as a first line therapy.

Abstract E-146 Table 1

	Cycle 1	Cycle 2	Cycle 3
First Line	58.9%	35.54%	2.05%
Prior IV	4.12%	3.97%	2.88%
Chemotherapy			

Combination therapy appears to be more efficacious than IA alone for cycles 3 and greater.

IA Alone	1.58%
Concurrent Laser Hyperthermia	2.89%
Concurrent Intravitreal	9.30%
Chemotherapy	

The catheters were placed in two locations, either the middle meningeal artery or the origin of the ophthalmic artery. A slightly greater average decrease in tumor size per cycle was seen with middle meningeal infusion (17.63%) versus ophthalmic artery infusion (12.38%).

Conclusion Quantitative assessment of wide angle fundoscopic imaging for tumor size helps evaluate Chemosurgery efficacy retrospectively. Utilizing this measurement allows us to more accurately assess treatment effects, which appear to be greater in IV chemotherapy naïve patients.

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A RETROSPECTIVE REVIEW OF THE IMPACT OF ASPIRIN USE IN SUBARACHNOID HEMORRHAGE

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Objective There is limited evidence on the use of aspirin (ASA) to reduce the risk and morbidity of cerebral aneurysmal rupture. This analysis retrospectively assessed aspirin use in patients presenting to our institution with aneurysm rupture.

Methods We evaluated 7 years of retrospective data from our neurovascular center and an existing database of patients with aneurysmal rupture. Initial presentation, hospital course and discharge outcomes were evaluated and compared based on whether or not patients were on ASA at the time of aneurysm rupture.

Results A total of 18 cases with patients on ASA and 168 control patients were identified. ASA use did not appear to lead to differences in initial presentation, including Hunt-Hess score and Fisher grade. In addition, ASA use was not associated with increased rates of delayed cerebral ischemia (DCI) or worsened modified Rankin score (mRs) at 90 days. Our analysis showed that increased Hunt Hess score and the