Figure: A) ADC based stroke evolution, split into two groups, fast evolvers, and slow evolvers. B) TTP based classification of canines, predicting stroke evolution.

Abstract O-027 Figure 1 A) ADC based stroke evolution, split into two groups, fast evolvers, and slow evolvers. B) TTP based classification of canines, predicting stroke evolution

understanding of new therapeutics. Here we have shown that by analyzing the degree of delay from the TTP map, the rate of evolution of the stroke can be predicted.

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O-028 POST-SURGICAL PROPHYLACTIC EMBOLIZATION OF CHRONIC SUB-DURAL HEMATOMAS IN PATIENTS WITH HIGH RECURRENCE RISK: A MONOCENTRIC STUDY

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Background and purpose The gold standard treatment for chronic subdural hematomas (cSDHs) is the surgical evacuation through a burr hole. Recurrence after such surgical procedure may occur in 10 to 20% of the cases. Embolization through the middle meningeal artery (MMA) is a promising technique for the treatment of cSDHs. The purpose of our study was to evaluate the feasibility, safety and effectiveness, in terms of recurrence reduction, of post-surgical embolization of cSDH in patients with a high risk of recurrence.

Materials and methods Monocentric retrospective study performed on prospectively collected data at the Pitié-Salpêtrière Hospital. From March 2018 to February 2019, embolizations with calibrated microparticles through the MMA were performed in patients surgically treated for a cSDH with a high risk of recurrence, defined as follows: 1) previous recurrence of cSDH or 2) antiplatelet therapy or 3) full anticoagulation therapy or 4) coagulation disorder or 5) hepaticopathy or 6) chronic ethylism. In all patients, a pre-embolization supra-aortic trunks (SATs) CT-angiography was performed to rule

out a dumb-bell thrombus on the aortic arch or severe atheroma/tortuosity of the SATs.

Results Forty-four patients met the inclusion criteria during the inclusion period. Two patients were excluded (one in a prolonged comatose state and another with a chronic renal failure). Two patients refused the embolization procedure. A last patient was excluded due to major atheroma on the SATs. Finally, 39 patients with 43 cSDHs (4 patients had bilateral SDHs) underwent the embolization procedure. Thirty-seven embolization procedures (95%) were performed under local anesthesia. Among the 43 cSDHs, 5 (9%) could not be embolized due to catheterization failure (4 cases) or to the presence of a 'dangerous anastomosis' (1 case). No complication (either major or minor) was recorded. Only one recurrence (2.6%) requiring a surgical retreatment was recorded during the follow-up period.

Conclusion Post-surgical embolization through the MMA is a simple and safe procedure, which may reduce the recurrence risk of cSDHs. These preliminary results should be confirmed by randomized controlled trials.

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O-029 BRAIN TISSUE IRON QUANTIFICATION AT THE PERIPHERY OF THE HEMATOMA BY MRI IN PATIENTS WITH INTRACEREBRAL HEMORRHAGE: TRANSLATIONAL EVIDENCE IN FIRST 10 PATIENTS

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Objective Intracerebral hemorrhage (ICH) has devastating consequences in the human population. No specific outcome modifying treatment or objective risk stratifying measure currently exists in ICH patients. The goal of our study is to