compared to the published literature rates of individuals not receiving post-operative heparin. Additional variables included PTT range, type of heparin protocol used (weight based vs physician controlled), total time of heparinization, heparin dose, and number of PEDs deployed.

**Results**
0% (0/73) patients developed thrombotic complications in the post-operative period. The reported literature rate of symptomatic thrombotic events is 6.6%. Post-operative heparin reduced symptomatic thrombotic complications following PED placement (p=0.0125). 2.7% (2/73) patients developed intraparenchymal hemorrhage resulting in neurological deficit, compared to a published rate of hemorrhagic complications approximating 3%.

**Conclusions**
Post-procedural low dose heparin prophylaxis reduces thrombotic complications in the post-operative period, without increasing hemorrhagic complications.

**Disclosures**

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**Abstracts**

**P-033 DOES SYSTEMIC HYPERTENSION IMPACT RECANALIZATION OF COILED ANEURYSMS?**
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Background and Purpose It is well known that hypertension is a significant factor in the formation, growth, and rupture of aneurysms; and recanalization of coiled aneurysms is affected by hemodynamic stress. At present, however, the impact of hypertension on recanalization of coiled aneurysms has not been adequately investigated. We examined the relation between hypertension and subsequent outcomes of coiled aneurysms, using a matched patient analysis.

Methods A total of 715 subjects undergoing coil embolization of intracranial aneurysms between 2011 and 2013 were selected for study. Time-of-flight magnetic resonance (TOF-MRA) or conventional angiography was used (singly or together) to gauge degrees of occlusion after coiling, applying the Raymond classification in grading recanalization. Patients with hypertension were grouped as controlled or uncontrolled, based on blood pressure (BP) readings at outpatient clinics. Hypertensive and non-hypertensive subjects were matched (1:1) for several relevant variables.

Results Overall, 484 patients (67.7%) were hypertensive (controlled, 338; uncontrolled, 146). During the follow-up period (28.6±9.7 months), 129 aneurysms (18.0%) developed recanalization (minor, 58; major, 71). Patient age, concomitant diabetes, hyperlipidemia, aneurysm size, neck size, depth-to-neck ratio, and aneurysm type differed significantly in hypertensive and non-hypertensive groups. However, group incidences of cumulative recanalization were similar (p=0.297). After 1:1 matching, the cumulative recanalization rate (13.5%) in hypertensive and non-hypertensive counterparts (14.3%) again proved similar (p=0.578). In hypertensive group, in addition, recanalization showed no relation to controlled and uncontrolled subgroups (OR=1.000, p>0.999).

Conclusion Unlike other aspects of evolving aneurysms (ie, formation, growth, or rupture), recanalization of coiled aneurysms is seemingly unaffected by systemic hypertension.

Disclosures Y. Cho: None.