artery occlusion due to prior angiogram (n=1). A 5 Fr sheath was used for diagnostic procedures while 6 Fr was used for neurointerventions. A TR band was used for closure. No case required conversion to femoral access. No access related complication was noticed.

Conclusion Transulnar arterial access is safe and feasible for diagnostic and interventional neuroangiography procedures and provides a useful alternative to transradial access, potentially avoiding complications associated with transfemoral access.


ENDOVASCULAR MANAGEMENT OF EPISTAXIS: TIME FOR CONSENSUS? A SYSTEMATIC REVIEW AND META-ANALYSIS


Background Recently, the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) published evidence-based recommendations to improve the quality and management variation for patients who suffer from epistaxis, however, there were no clear guidelines on timing and techniques of endovascular management.

Methods A systematic review and meta-analysis in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Our primary outcome was the proportion of patients who had immediate bleeding control after endovascular management. Secondary outcomes included percentage of major adverse events following embolization. Sensitivity analysis was conducted according to center protocol (materials used, unilateral vs. bilateral approach, and timing of treatment).

Results Fourteen case series (with 719 patients) met our inclusion criteria for primary and secondary outcome. The pooled event rate for immediate control was 86% (95% confidence interval [CI], 82%-89%). Major adverse events (stroke, craniofacial skin necrosis, and retro-peritoneal hemorrhage) had an overall event rate of 2.4% (95% CI 1.4%-4%). Most embolizations were targeting distal portion of the internal maxillary (>95% of cases). Sensitivity analysis revealed that bilateral approaches were associated with less recurrence rates, however, higher rates of major adverse events were noted. Several factors were identified for heterogeneity between studies, including outcomes definitions, follow-up time, angiographic protocol, target vessels and embolization’s materials.

Conclusions The best available evidence for endovascular management of epistaxis is based on retrospective observational studies. Deficiency of standardized reporting methods is a significant drawback to understand the exact role of endovascular treatment for epistaxis and whether it is superior to other operative methods.


SAFETY AND EFFICACY OF AN ACCELERATED DEFLATION ALGORITHM FOR PATENT HEMOSTASIS IN TRANSRADIAL NEUROVASCULAR PROCEDURES

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Introduction/Purpose Transradial access for neurovascular procedures has gained prominence recently given improved safety