angio graphy (CTA) and digital subtraction angiography (DSA). We performed a quantitative assessment of hyperdense vessel on CT, measuring Hounsfield unit (HU) in the occluded side and its counterpart. The primary outcome was unsuccessful recanalization measured by the Thrombolysis in Cerebral Infarction (TICI) score (0-2A). We utilized univariate and multivariate logistic regression to examine these associations.

**Results** Out of 348 anterior LVO patients, 87 had failed MT. In univariate analysis, smoking, difficult arch, vessel tortuosity, vessel calcification specifically matching the LVO location, diminutive vessels, truncal M1 occlusion and quantitative measures for hyperdense MCA (delta HU and HU ratio) were significantly associated with failed MT. When we fitted 2 separate multivariate models delta HU or HU ratio; both delta HU<6 (OR: 2.07, 95% CI: 1.09–3.92, p=0.0253) and HU ratio<1.1 (OR: 2.003, 95% CI: 1.05–3.81, p=0.0034) were independently associated with failed MT after adjusting by smoking, diminutive vessels, vessel tortuosity, and difficult arch. (Table 1) Our final model ROC plots presented an AUC of 0.717.

**Conclusions** Quantitative assessment of HU utilizing delta HU and HU ratio may help identify patients refractory to standard thrombectomy strategies.


### E-051 CAN COMPUTED TOMOGRAPHIC ANGIOGRAPHY BE USED TO PREDICT WHO WILL NOT BENEFIT FROM ENDOVASCULAR TREATMENT IN PATIENTS WITH ACUTE ISCHEMIC STROKE? THE CTA-ABC SCORE

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**Objective** The objective of this study was to develop a score to predict patients with acute ischemic stroke (AIS) who will not benefit from endovascular treatment (EVT) using computed tomographic angiography (CTA) parameters.

**Methods** The CTA-ABC score was developed from 3 scales previously described in the literature: the Alberta Stroke Program Early CT Score (0–5 points = 3, 6–10 points =0), the clot Burden score (0–3 points = 1, 4–10 points =0), and the leptomeningeal Collateral score (0–1 points = 2, 2–3 points = 0). We evaluated the predictive value of CTA parameters associated with symptomatic intracranial hemorrhage (sICH) or malignant middle cerebral artery infarction (MMCAI) after EVT and developed the score using logistic regression coefficients. The score was then validated. Performance of the score was tested with an area under the receiver operating characteristic curve (AUC-ROC).

**Results** The derivation cohort consisted of 115 and the validation cohort consisted of 40 AIS patients. The AUC-ROC was 0.97 (95% CI, 0.94–0.99; P<0.001) in the derivation cohort. The proportions of patients with sICH and/or MMCAI in the derivation cohort were 96%, 73%, 6% and 0% for scores of 6, 5, 1 and 0 points, respectively. In the validation group, the proportions were similar (90%, 100%, 0% and 0%, respectively) with an AUC-ROC of 0.96 (95% CI, 0.90–1.00; P<0.001).

**Conclusion** Our CTA-ABC score reliably assessed risk for sICH and/or MMCAI in patients with AIS who underwent EVT. It can support clinical decision-making, especially when the need for EVT is uncertain.

**Disclosures** J. Park: None.

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### E-052 SAFETY AND EFFICACY OF STENTING POST FAILED THROMBECTOMY: MULTI-INSTITUTIONAL EXPERIENCE

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**Introduction** Even in the era of stent-retrievers, complete recanalization is often not achieved.

**Methods** In this multi-institutional effort, we retrospectively evaluated 101 consecutive patients across 6 centers who underwent placement of a self-expanding stent during thrombectomy, either as a rescue strategy for intracranial recanalization or for tandem extracranial/intracranial occlusion. We aimed to evaluate recanalization, complications, clinical outcomes, and antithrombotic regimens in these patients.

**Results** Occlusive thrombus was located in the internal carotid artery (ICA) in 23.8%, in the middle cerebral artery in 59.4% and in the vertebral-basilar circulation in 16.8% of cases. Indications for stenting included persistent occlusion/failed recanalization in 42.6% of cases, tandem occlusions with proximal flow limiting stenosis in 19.8%, vessel recanalization after initial recanalization in 14.9%, vessel dissection in 15.8% cases, and underlying intracranial stenosis in 6.9% patients. 48.5% of patients had a stent deployed intracranially, 41.6% of stents were deployed within the extracranial ICA/vertebral artery while 9.9% extended from an extracranial to an intracranial vascular segment. Multiple stents were deployed in 9.8% of cases. Successful recanalization (TICI