Methods The retrospective review of the institutional, IRB-approved database was undertaken to find cases where the TracStar LDP™ or Zoom™ 88 guide catheters (Imperative Care, Campbell, CA) were used with a TRA for neurointerventions. For this study, gender, age, case type, target anatomy, distal location reached with the guide catheters, time from access to reperfusion, complications, and the Thrombolysis in Cerebral Infarction (TICI) score were collected. Safe placement of the guide catheters to the target anatomy was considered a technical success.

Results From August 2020 to March 2021, 13 patients underwent TRA neurointerventions using the TracStar LDP or Zoom 88 guide catheters. The TracStar LDP was used in 77% (10/13) of patients; the Zoom 88 guide catheter was used in 23% (3/13) of patients. The type of intervention was acute ischemic stroke in 69% (9/13) of patients and aneurysm embolization in 31% (4/13) of patients. The TracStar LDP facilitated the implantation of flow diverters in all aneurysm cases with 75% (3/4) using a biaxial system. Overall, there was an even distribution between females (54%, 7/13) and males (46%, 6/13). The median age was 72.5 (range=48-88) years. Most patients with aneurysms were females (75%, 3/4); this population's median age was 58.5 (range=54-64) years. In patients with acute ischemic stroke, the median age was 76 (range=48-88) years. The target anatomy for all aneurysm patients was the left internal carotid artery. The target anatomy for stroke patients included right internal carotid artery in 77.8% (7/9) of patients, left internal carotid artery in 11.1% (1/9) of patients and left vertebral artery in 11.1% (1/9) of patients. In these patients, the final positions of the guide catheters included Supracarotid Carotid (n=2), Ophthalmic segment (n=2), Petrous Carotid, Petro-Cavernous junction, Basilar, Cavernous-Carotid, and in one case the Zoom 88 was positioned in the right M1. The median puncture to reperfusion time was 30.5 (range=5-50) minutes. The TICI 2b or greater was achieved in 77.8% (7/9) of patients. There were no complications associated with the guide catheters. In two patients (one stroke, one aneurysm), the TracStar LDP guide catheter was used successfully as the rescue option after the initial approach with the 0.079" radial guide catheter failed.

Conclusion Transradial access with the TracStar LDP and Zoom 88 large-bore guide catheters is feasible and safe in achieving intracranial access for neurointerventions in carefully selected patients.

Disclosures L. Lyons: None. M. Abouelleil: None. A. Restrepo Orozco: None. L. Verhey: None. J. Tsai: 2; C; Cerenovus, Medtronic. P. Mazaris: 2; C; Stryker. J. Singer: 2; C; Medtronic, Cerenovus, Stryker, Pneumra, Nico.

E-083

SAFETY AND EFFICACY OF XACT STENT IN TANDEM INTERNAL CAROTID ARTERY AND INTRACRANIAL LARGE VESSEL OCCLUSION

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10.1136/neurintsurg-2021-SNIS.178

Introduction Endovascular stenting of the extracranial internal carotid artery (ICA) in the setting of tandem intracranial arterial occlusion (ICAO) is an area of ongoing research.

Objective We demonstrate the safety and efficacy of endovascular stenting of the ICA with tandem ICAO using the Xact stent.

Design This is a retrospective cohort analysis of all patients presenting to a single academic center with tandem ICA/ICAO who underwent mechanical thrombectomy from 2015-2020. Patients were included per AHA guidelines excluded if pre-procedural angiography did not show tandem occlusions.

Main outcomes and measures Baseline variables included age, baseline National Institute of Health Stroke Scale (NIHSS), baseline Alberta Stroke Program Early CT Score (ASPECTS), site of intracranial occlusion, treatment techniques and time efficiencies, and thrombolysis in cerebral infarction score. Outcome measures included modified Rankin scale (mRs) at 90 days, median infarct volume, stent complications, stent restenosis rate, recurrent stroke at 30 days and symptomatic intracerebral hemorrhage (sICH).

Results A total of 67 patients with symptomatic angiographically-confirmed tandem ICA/ICAO were identified. The median patient age was 66, baseline median NIHSS was 16.2, Mean ASPECTS 8.1, ICAO location was the M1 segment of middle cerebral artery (MCA) in 39% of patients, internal carotid artery terminus in 37%, M2 segment of MCA in 23% and M3 segment of MCA in 1.6% of patients. Successful reperfusion of TICI 2B-3 was achieved in 91% of patients. Favorable mRS of 0-2 was achieved in 52% of cases, mortality was 19%, and median final infarct volume was 30.9mL. The rate of stent complications occurred in 3% of patients, most common being partial in stent thrombosis extending intraluminally. Rate of sICH was 4%, recurrent stroke occurred in 5% of patients within 30 days, and in-stent stenosis >50% happened in 16% at 18 months. No patients required additional interventions.

Conclusions The Xact carotid stent is safe and efficacious in the treatment of tandem ICA/ICAO lesions. Larger prospective trials are needed to help confirm our retrospective findings.

Disclosures M. Oliver: None. G. Dawod: None. S. Zaidi: None. M. Jumaa: None.

E-084

NICARDIPINE VERSUS CLEVIDIPINE FOR POST MECHANICAL THROMBECTOMY BLOOD PRESSURE MANAGEMENT IN PATIENTS WITH ISCHEMIC STROKE DUE TO ISOLATED MIDDLE CEREBRAL ARTERY OCCLUSION

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10.1136/neurintsurg-2021-SNIS.179

Objective Intensive blood pressure (BP) management after mechanical thrombectomy (MT) may be beneficial in patients with acute anterior circulation (AC) Ischemic stroke (IS) due to large vessel occlusion (LVO). We sought to evaluate the efficacy of Nicardipine (NCR) vs. Clevidipine (CLV) in IS patients with LVO who underwent successful MT.

Methods With IRB approval, we retrospectively collected data on consecutive patients with isolated MCA M1 occlusion who underwent successful MT (TICI score of 2B or 3). Patient demographics, baseline characteristics, time efficiencies, procedural data, incidence of hemorrhagic transformation (HI) and symptomatic ICH per ECASS II criteria on 24H head CT, and clinical outcomes were recorded. We also recorded duration from recanalization to optimal BP control (ROBP), IV drip utilized (NCR vs. CLV), number of SBP excursions, and total duration of time outside the target SBP in first 24H.