Material and Methods Retrospective review of our prospectively maintained Neuro IR database and identification of all patients who underwent mechanical thrombectomy for anterior circulation strokes between January 2019 and November 2020. First pass efficacy was defined as successful single-pass mechanical thrombectomy resulting in mTICI score equal or greater than 2B. Information on number of passes needed to achieve TICI 2B or greater as well as total number of passes and final recanalization score were recorded.

Results The Walrus BGC (Q’apel Medical) is a revolutionary 0.087-inch inner diameter and 0.110-inch outer diameter device specifically designed for stroke patients. Its design offers distal flexibility, great trackability and optimal proximal support. A total of 239 anterior circulation stroke cases were identified between January 2019 and November 2020. Of those, 80 cases were performed using the Walrus BGC. First pass mTICI score equal or greater than 2B was achieved in 45/80 cases (56.3%) using the Walrus BGC with 39 of those cases (86.7%) achieving mTICI 2C or 3. An mTICI score equal or greater than 2B was achieved in 77/159 cases (48.4%) using other guide catheters including the Flowguide BGC (Stryker), Cello BGC (Medtronic), Merci BGC (Stryker), Neuron Max (Penumbra) and Infinity (Stryker) with 59 of those cases (76.6%) achieving mTICI 2C or 3. mTICI 2B was not achieved in 35 cases (43.7%) in the Walrus BGC group versus 82 cases (51.6%) in the other guide catheter group. The higher first pass and final recanalization scores maybe explained by the ability to put larger ID intermediate catheters for either aspiration alone or with stent retrievers in conjunction with the Walrus BGC.

Conclusion The Walrus BGC achieved more first pass mTICI scores equal or greater than 2B when compared to other guide catheters for anterior circulation mechanical thrombectomy and among those cases also achieved more mTICI 2C and 3 recanalizations.

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Abstracts

E-122 INCIDENCE OF ACCESS SITE COMPLICATIONS AFTER TRANSRADIAL ACCESS FOR NEUROINTERVENTIONS

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Purpose To report the incidence of access site complications after transradial (distal radial (anatomical snuffbox) and radial artery) access for diagnostic and interventional Neuro IR procedures.