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 revascularization 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 Flowgate 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.

Disclosures A. Kuhn: None. V. Naragum: None. J. Singh: None. K. de Macedo Rodrigues: None. F. Massari: None. V. Anagnostakou: None. M. Gounis: 1; C; National Institutes of Health (NIH), the United States – Israel Binational Science Foundation, Anaconda, ApicBio, Axovant, Cerenovus, Cook Medical, Gentuity, Imperative Care, InNeuroCo, Magneto. 2; C; Cerenovus, Imperative Care, phenox, Medtronic Neurovascular, Route 92 Medical, Stryker Neurovascular. 4; C; Imperative Care, InNeuroCo and Neurogami. A. Puri: 1; C; NIH, Stryker Neurovascular, Medtronic, Cerenovus. 2; C; Microvention, QApel, Perfuz Medical, Arsenal Medical, Merit Medical, Stryker Neurovascular, Medtronic, Cerenovus. 4; C; InNeuroCo Inc, Galaxy therapeutics, Agile Medical, Perfuz medical and NTL.

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EVALUATION OF SAFETY AND EFFICACY OF SNUFFBOX (DISTAL RADIAL ARTERY) ACCESS FOR MECHANICAL THROMBECTOMY IN ACUTE ISCHEMIC STROKE

¹A Kuhn, ¹J Singh, ¹F Massari, ²K de Macedo Rodrigues, ¹V Naragum, ¹V Anagnostakou, ¹M Gounis, ¹A Puri*. ¹Division of Neurointerventional Radiology, Department of Radiology and New England Center for Stroke, University of Massachusetts, Worcester, MA; ²Greensboro Radiology, Greensboro, NC

10.1136/neurintsurg-2021-SNIS.216

Purpose To evaluate the safety and efficacy of snuffbox (distal radial artery) access for mechanical thrombectomy in patients presenting with acute ischemic strokes.

Material and Methods High-volume, single center, retrospective analysis of our neurointerventional database between January 2019 and November 2020 and a collection of all patients who underwent mechanical thrombectomy via snuffbox access for treatment of anterior or posterior circulation strokes. Patient demographic information, procedural and outcome data were obtained.

Results A total of 256 anterior (n=239) and posterior (n=17) circulation strokes were identified between January 2019 and November 2020. Of those, 7 were performed via snuffbox access (2.7%), with 2 strokes located in the anterior and 5 in the posterior circulation. Three patients were female. Mean patient age was 64.1 years (range: 48 to 77 years). The anterior circulation occlusions were located at the M3/MCA and A3/ACA. The posterior circulation occlusions involved the basilar artery. The NIHSS ranged between 2 to 7 (mean NIHSS 5). None of the patients received IV tPA. TICI 3 recanalization was achieved in all cases. Single pass success was seen in 4 cases (57.1%). Number of total passes ranged between 1 to 3. The Benchmark (Penumbra) and Infinity (Stryker Neurovascular) catheters were mainly used as guide catheters for the intervention. Aspiration catheters used included the 5F Sofia distal access catheter (Microvention), Large Bore aspiration catheter (Cerenovus) and Catalyst 6 (Stryker). A stent retriever, either Trevo (Stryker) or Solitaire (Medtronic), was used in all cases. No procedural complications or intracranial hemorrhage was seen. No access site complications were noted. Good clinical outcome with mRS equal or less than 2 was seen in 4 cases (57.1%). Two patients died.

Conclusion Snuffbox (distal radial artery) access for mechanical thrombectomy in acute ischemic stroke is feasible and safe. It represents a good alternative to the traditional femoral approach, especially in cases of posterior circulation strokes, patients on anticoagulation or with large body habitus.

Disclosures A. Kuhn: None. J. Singh: None. F. Massari: None. K. de Macedo Rodrigues: None. V. Naragum: None. V. Anagnostakou: None. M. Gounis: 1; C; National Institutes of Health (NIH), the United States – Israel Binational Science Foundation, Anaconda, ApicBio, Axovant, Cerenovus, Cook Medical, Gentuity, Imperative Care, InNeuroCo, Magneto. 2; C; Cerenovus, Imperative Care, phenox, Medtronic Neurovascular, Route 92 Medical, Stryker Neurovascular. 4; C; Imperative Care, InNeuroCo and Neurogami. A. Puri: 1; C; NIH, Stryker Neurovascular, Medtronic, Cerenovus. 2; C; Microvention, QApel, Perfuz Medical, Arsenal Medical, Merit Medical, Stryker Neurovascular, Medtronic, Cerenovus. 4; C; InNeuroCo Inc, Galaxy therapeutics, Agile Medical, Perfuz medical and NTL.

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INCIDENCE OF ACCESS SITE COMPLICATIONS AFTER TRANSRADIAL ACCESS FOR NEUROINTERVENTIONS

¹A Kuhn, ¹J Singh, ¹A McGowan, ¹M Kirk, ¹F Massari, ²K de Macedo Rodrigues, ¹V Naragum, ¹V Anagnostakou, ¹M Gounis, ¹A Puri*. ¹Division of Neurointerventional Radiology, Dept of Radiology, New England Center for Stroke Research, University of Massachusetts, Worcester, MA; ²Greensboro Radiology, Greensboro, NC

10.1136/neurintsurg-2021-SNIS.217

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.