reviewed by fellowship-trained neuroradiologists who were not blinded to imaging protocol or field strength. Scans were reviewed chronologically, progressing from DSA to 3T to 1.5T to 7T.

Results On reference DSA, a total of 11 bAVMs were identified and one bAVM was found to have a high-risk imaging feature (venous outflow stenosis). This scan exposed the patient to 2106 mGy of ionizing radiation and 181 mL of Omnipaque contrast agent. At 1.5T a total of 8 regions of curvilinear enhancement were identified. At 3T a total of 7 bAVMs were identified. At 7T, 9 of the AVMs identified on DSA were discernible. Although a venous outflow stenosis was noted for one of the AVMs on DSA, this was not visible on 7T. However, signal dropout in the center of the draining vein was noted, perhaps connoting fast or turbulent flow. Gadolinium contrast was used at 1.5T and 3T and no contrast was used at 7T.

Conclusion Given the higher number of detected bAVMs at 7T without the administration of a contrast agent, this imaging modality may provide a promising non-invasive screening and longitudinal monitoring tool for bAVMs in individuals with HHT. The improved spatial resolution and signal-to-noise ratio (SNR) due to the increased field strength enable both detection of smaller bAVMs and delineation of high-risk structural features that may portend a more complicated clinical course.

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E-008

VARIATION IN SUBARACHNOID HEMORRHAGE PRESENTATION AND DEMOGRAPHICS IN CALIFORNIA DURING THE COVID-19 PANDEMIC: A UC STROKE CONSORTIUM STUDY

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Background The COVID-19 pandemic dramatically highlighted health systems behaviors across the USA, including care for patients with cerebrovascular disease. Disparities in morbidity, mortality, and access to care during the pandemic are well-documented. Therefore, understanding the impact of COVID-19 on subarachnoid hemorrhage (SAH) presentation is critical to highlight and mitigate systemic barriers in access to care for cerebrovascular disease. The purpose of this study was to investigate demographic differences in SAH presentation across the University of California System, comprising 5 academic medical centers.

Methods Publicly available COVID-19 data along with regional demographic data were analyzed. Patients admitted between March 2019-2021 for non-traumatic SAH who underwent angiography were identified via the UC Stroke Consortium Database, across five sites (UC San Francisco, UC Davis, UC Los Angeles, UC Irvine, UC San Diego).

Results Young COVID(+) SAH patients showed a significantly higher incidence compared to older patients age (<50 yrs vs. > 50 yrs, OR = 1.46 (1.08, 1.97), $p = 0.01$) across UC centers. At the system-wide level, there were no significant

differences in racial/ethnic distribution of SAH in COVID(+) compared to COVID(-) patients ($p = 0.22$). However, COVID(+) SAH presentations were disproportionately elevated for white patients in UCSD but reduced at UCD ($p = 0.03, 0.02$, respectively) with higher incidence in Black patients at UCD ($p = 0.04$). There was trend toward fewer COVID(+) Hispanic SAH patients (OR 0.75 (0.55, 1.03), $p = 0.07$) driven by southern California sites where COVID19 had higher penetration. Differences in Hispanic patients' SAH distribution for each UC site varied and is summarized in figure 2.

Abstract E-008 Figure 1 Mean number of daily COVID 19 cases per capita 3/29/20–3/13/21 by county with UC sites labeled as white circles

Abstract E-008 Figure 2 Relative fraction of Hispanic patients with SAH by COVID19 status across the UC Health systems. Dashed line indicates equal portion of COVID(+) and COVID (-) patients; centers below the dashed line had lower fraction of COVID(+) SAH patients and those above the line had higher fraction of COVID19(+) (* $p < 0.1$)

Conclusions COVID19(+) patients presenting with SAH were younger than COVID(-) controls, and there was a trend toward underrepresentation of Hispanic patients in the COVID(+) group. Recognizing COVID19 status as a factor in SAH presentation is important to mitigate healthcare disparities in California.

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