E-046

ABSTRACT WITHDRAWN

E-047

TIGER STUDY: TIGERTRIEVER EFFECTIVENESS IS INDEPENDENT OF THE USE OF BALLOON GUIDE CATHETER

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Introduction Stent retrievers with ancillary devices such as balloon guide catheters (BGC) and/or aspiration catheters are used in combination to achieve high rates of successful revascularization and improved clinical outcomes. The use of BGC has been previously reported associated with improved clinical outcomes and reperfusion. We thus assessed the effectiveness and safety of TigrisTrievers when used with and without BGC use in the TIGER study.

Methods The TIGER study is a single arm, prospective, multicenter trial assessing the efficacy and safety of this novel radially-adjustable stent retriever technology for LVO related stroke. We evaluated the revascularization success (mTICI 2b-3) with TigrisTrievers, the rate of embolization to new territory (ENT), 90d mRS scores, symptomatic intracranial hemorrhage (sICH), and 90d mortality at in patients treated with BGC compared to those treated without BGC.

Results A total of 160 patients were enrolled with a mean age of 66±15 years and median NIHSS of 18 [IQR 13–22]. A total of 104 (65%) did not use a BGC, and 56 (35%) used a BGC during the procedure. Patient demographics including age, gender, baseline mRS and vessel occlusion location, were similar in both groups. There were no significant differences in the effectiveness and safety outcomes in the patients treated with TigrisTrievers without the use of BGC, compared to the patients where BGC was used (table 1).

Conclusions The effectiveness of TigrisTrievers in enabling successful reperfusion is independent of the use of BGC. These results suggest that the unique technology of braiding and radially device control may lead to better encapsulation of the clot thereby reducing embolization during thrombectomy. This may be especially beneficial in the posterior circulation where converging blood supplies and vessel size limits the utility of BGC use.

Disclosures K. Snyder: 2; C; Medtronic, EV3, Abbott Vascular, Micrus, Boston Scientific, Codman, Zimmer, Stryker, Vital, Cannon. 4; C; Boston Scientific, Access Closure Inc, Niagara Gorge Medical. 6; C; Endo Tex, Micrus, BSC EPI, Access Closure Inc, Cordis, Primus. A. Jadhav: None. E. Levy: 2; C; Claret Medical, GLG consulting, Guidepoint Global, Imperative Care, Medtronic, StimMed, Misionix, Mosaic, Clarion, Stryker, NeXtGen, Biologics, MEDX, Cognition Medical, Endostream Medical, Rapid Medical, Rebound Therapeutics, Three Rivers Medical. 6; C; Medtronic, Penumbra. A. Siddiqui: 2; C; Adona medical, Inc, AmnisTherapeutics, ApellisPharmaceuticals, Inc, Bent IT Technologies, Ltd, Blink TBI,

Abstract E-047 Table 1

Group	mTICI 2b-3 after TigrisTrievers	First pass success (mTICI 2b-3)	ENT	mRS 0–2 at 90d	mRS 0–1 at 90d	sICH at 24h	Mortality at 90d
Tiger, no BGC (65%)	80.8%	56.7%	2.9%	53.8%	44.2%	1.9%	20.2%
Tiger + BGC (35%)	82.1%	53.6%	1.8%	46.4%	39.3%	1.8%	17.9%
P value	0.83	0.70	0.67	0.36	0.54	0.95	0.71

Inc, Boston Scientific, Buffalo Technology Partners, Inc, Canon Medical Systems USA, Inc, Cardinal Health 200, LLC, CerebrotechMedical Systems, Inc, Cerenovus, Corindus, Inc, Cognition Medical, Endostream Medical, Ltd, Imperative Care, Inc, Intylla, Inc, Integra LifeSciencesCorp, International Medical Distribution Partners, IRRAS, LaunchNY Seed Fund Management, Medtronic, MicroVention, MinnetronixNeuro, Inc, NeuroRadial Technologies, Inc, Penumbra, PerflowMedical, Ltd, Q'ApelMedical, Inc, Rapid Medical, Rebound Therapeutics Corp, Rist Neurovascular, Inc, Sense Diagnostics, Inc, Serenity Medical, Inc, Silk Road Medical, Spinnaker medical, Inc, StimMed, Stryker, Three Rivers Medical, Inc, Truvic Medical, Inc, Vastrax, LLC, VICIS, inc, Videon, Inc, Viz.ai, VasSol, W. L. Gore & Associates. J. Davies: 1; C; NIH R01. 2; C; Medtronic, Microvention. 4; C; Cerebrotech, Rist neurovascular. O. Zaidat: 1; C; Penumbra, Stryker Neurovascular. 2; C; Stryker Neurovascular, Cerenovus, Penumbra, Rapid Medical, Medtronic. D. Yavagal: 2; C; Medtronic, Cerenovus, Rapid Medical, Vascular Dynamics, Poseydon, Neurosave, Neural Analytics, Galaxy Therapeutics. J. Saver: 2; C; Medtronic, Stryker, Cerenovus, Rapid Medical. 6; C; University of California. R. Gupta: 1; C; PI for TIGER Study (Rapid Medical), PI for the ASSIST Registry (Stryker Neurovascular), PI for the RECLAIM II Study (Zoll), CLEAR Study (Vesalio), Clinical Events Committee for the MIND Trial (Penumbra). 2; C; Cerenovus.

E-048

CEREBRAL VENOUS THROMBOSIS DUE TO ULCERATIVE COLITIS: A CASE REPORT

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Introduction Cerebral Venous Thrombosis is a rare but potentially fatal complication of Ulcerative Colitis (UC). It most commonly occurs in the setting of an active bout of the disease due to hypercoagulability, intestinal loss of essential factors of clotting cascade, iron deficiency anemia, or endothelial changes during the proinflammatory state. This is a case report of a 26-year-old male previously asymptomatic with a stable biopsy-proven UC diagnosis who presented to the hospital with a new acute repetitive focal seizure with secondary generalization and was found to have a vein of Trolard thrombosis.