occipital lobes. The history of liposuction, the disturbance in consciousness, the petechial rashes on the skin, and the CT/MRI findings prompted a diagnosis of fat embolism. The black signal seen on the CT scan image was considered to be representative of a fat embolism, which had blocked the left internal carotid artery. Large amounts of fat droplets had embolized to the distal arteries and the watershed area was uninvolved. Although aggressive therapeutic medical measures were performed, her condition deteriorated due to a combination of factors, including the development of cerebral herniation, pneumonia, acute renal insufficiency, and hepatic failure. She died of multi organ failure on the 13 day after the liposuction procedure.

Disclosures D. Raza: None.

E-046 RACIAL DIFFERENCES IN TIME TO BLOOD PRESSURE CONTROL OF ANEURYSMAL SUBARACHNOID HEMORRHAGE PATIENTS: A SINGLE-INSTITUTION STUDY

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Background and Purpose Aneurysmal subarachnoid hemorrhage (aSAH) occurs in approximately 30,000 patients annually in the United States. Uncontrolled blood pressure (BP) is a major risk factor for aSAH. Clinical guidelines recommend maintaining BP control until definitive aneurysm securement occurs. It is unknown whether racial differences exist regarding BP control and outcomes in aSAH.

Methods We conducted a retrospective review of adult aSAH cases between 2013–2019 at a single large tertiary medical center. Data extracted from the medical record included sex, age, race, insurance status, aneurysm location, aneurysm treatment, initial systolic and diastolic BP, Hunt Hess grade, Modified Fisher score, time to BP control (defined as time in minutes from first BP measurement to the first of three consecutive systolic BP measurements under 140mmHg), hospital length of stay, and final discharge disposition.

Results 194 patients met inclusion criteria; 140 (72%) White and 54 (28%) Black. Black patients were older than White patients (59.2 ± 3.44 years versus 52.92 ± 4.36 years, p = 0.004). White patients were more likely than Black patients to be privately insured (62.1% versus 33.3%, p < 0.001). Black patients were more likely than White patients to have Medicare (55.6% versus 15.0%, p < 0.001). Compared to White patients, Black patients presented with a higher median systolic (165 mmHg versus 148 mmHg, p=0.004) and diastolic (93 mmHg versus 84 mmHg, p = 0.02) BP. Black patients had a longer median time to BP control than White patients (200 minutes versus 90 minutes, p = 0.001). Black patients had a shorter median length of stay than White patients (15 days versus 18 days, p < 0.031). There were no significant racial differences present in discharge disposition, complications, or need for further intervention.

Conclusion Black race was associated with higher BP at presentation, longer time to BP control, but shorter length of stay. No racial differences were present in aSAH associated complications or interventions.

Tables to be presented:

Abstract E-046 Table 1 Demographics and presentation of included patients

Abstract E-046 Table 2 Management and Clinical Outcomes


E-047 STAGED APPROACH TO COMPLEX Y-STENTING FOR WIDE-NECKED BIFURCATION ANEURYSMS

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Purpose The treatment of wide-necked bifurcation aneurysms (WNBA) is evolving rapidly. Complex techniques, such as Y-stent-assisted coiling (Y-SAC), in which coils are deployed over a dual-stent assembly, with one passing through the interstices of the other, are effective but present unique challenges and complications. We describe the results of a staged Y-SAC method for unruptured WNBAEs.

Methods We retrospectively reviewed the records of patients harboring WNBAEs treated at our institution with staged Y-SAC between 2015 and 2021. Inclusion criteria were adult patients with unruptured intracranial bifurcation aneurysms with wide necks, defined as neck width ≥ 4 mm or a dome-neck ratio ≤ 2. Primary endpoint was periprocedural risk of staged Y-SAC, defined by major complications (ischemia or hemorrhage within 48 hours of the procedure) or minor complications (pharmacologic or other complications requiring intervention). Secondary endpoints were degree of initial and follow-up occlusion, characterized by Raymond-Roy (RR) class, as well as need for retreatment. These outcomes were qualitatively compared with data in extant Y-SAC studies.

Results A total of 21 patients (13 female, mean age 61.1) underwent successful staged Y-SAC for unruptured WNBAEs (eight anterior communicating, six middle cerebral, six basilar tip, one internal carotid artery terminus). Mean dome/neck ratio was 1.55. Mean interval between stages was 52.1 days. Major complications occurred in one (4.76%) patient who had a non-occlusive thrombus near their stent on postoperative day two after trauma. There were no intraoperative or interoperative ruptures or other hemorrhagic complications. Minor complications included two (9.52%) asymptomatic intraoperative thromboses treated effectively with GP IIb/IIIa inhibitors and one (4.76%) intraoperative access site complication requiring vascular consult. Immediately following the second stage, eight (38.1%) cases had complete occlusion, with five (23.8%) neck remnants, and eight (38.1%) aneurysm remnants. Follow-up angiography was available for 15 patients (mean follow-up of 6.01 months) and revealed complete occlusion in 12 (80%), neck remnant in one (6.67%), and aneurysm remnants in two (13.3%). Adequate occlusion (RR1 or RR2) was achieved in 86.7% of cases. Two (9.52%) aneurysms required retreatment over one year after initial