the FRED cohort (15.2% vs. 6.9%; OR=2.411 [0.682–8.518], p=0.172).

Conclusion Compared to PED, FRED offers modest 6 months occlusion rates which may be due to aneurysmal and baseline patient characteristics differences between both cohorts. Though not significant, FRED was associated with a higher complication rate mostly due to in-stent stenosis. Additional studies with longer follow-up durations should be conducted to further evaluate FRED thrombogenicity and efficacy compared to other flow diverters.


E-063  EARLY SPINAL ANGIOGRAPHY IDENTIFIES ARTERIAL INJURY IN SURFER’S MYELOPATHY

Introduction Surfer’s myelopathy is a rare, non-traumatic spinal cord injury affecting young, healthy novice surfers. Only 64 cases have been reported to date, and the condition is neurologically serious, with more than half of described patients remaining wheelchair-bound after six months. Growing circumstantial evidence supports a vascular mechanism of injury leading to spinal cord ischemia/infarction. However, a precise understanding of the vascular injury, predisposing anatomical features, and effective medical interventions remains elusive. This is partly because spinal angiography, the gold standard for confirming vascular pathology affecting the spinal cord, is rarely pursued acutely. The only reported case including angiographic evidence of an ischemic source was performed 4.5 months after injury.

Methods We report a case of a healthy 30-year-old male who developed acute paraplegia immediately following his first surfing lesson in Big Island, Hawaii. As part of his workup and treatment, he was flown urgently to our Neuroscience ICU in Honolulu and underwent acute spinal angiography within 10 hours from injury.

Results Angiography demonstrated disconnection of the right radicular artery at T12 to the anterior spinal artery (ASA). The left T12 radicular artery feeds across midline to the right T12 arcade to supply the artery of Adamkiewicz (AKA). The cranial ASA did not fill from the AKA. Given that pre-injury imaging was not available, it is uncertain whether the right T12 radicular artery directly connected with the AKA at baseline. However, the non-filling of the cranial ASA despite full spinal angiography suggests ASA occlusion from arterial injury.

Conclusion Surfer’s myelopathy is a rare, non-traumatic spinal cord injury without any known medical interventions, resulting in complete paraplegia in over 50% of cases. Our patient represents the first reported case undergoing acute spinal angiography, which revealed anterior spinal artery compromise. This case supports an arterial pathophysiology underlying surfer’s myelopathy, offering valuable insight into potential acute interventions.


Abstract E-063 Figure 1

E-064  TECHNICAL ND CLINICAL SUCCESS AFTER VENOUS SINUS STENTING FOR TREATMENT OF IDIOPATHIC INTRACRANIAL HYPERTENSION: INITIAL MULTI-CENTER EXPERIENCE USING A NOVEL GUIDE CATHETER FOR ACCESS

Introduction Venous sinus stenting has gained increasing popularity as an alternative to cerebrospinal fluid diversion for the treatment of idiopathic intracranial hypertension (IIH) with associated venous sinus stenosis. We report our initial experience using the TracStar LDP™ (Imperative Care, Campbell, USA, 0.088-inch inner diameter) as the guide catheter to provide access for venous sinus stenting.

Methods A multi-institutional retrospective chart review of a prospectively maintained IRB-approved database was performed. Consecutive patients who underwent venous sinus stenting for IIH between May 2020 and January 2022 were included. Patient characteristics, procedural details, TracStar...
LDP distal reach, outcomes, and complications were collected and analyzed. Data are presented as mean (standard deviation) and percentage (counts). The paired t-test was used to determine if there is a significant difference between the gradient pressure across transverse sinus before and after procedure. P value <0.05 was considered to be statistically significant.

Results A total of 58 patients were included in the study. The mean age was 33.8 (10.8) years, and majority of patients were female (93.1%, 54/58). Visual changes prompted evaluation in 86.2% (50/58) of patients and 82.7% (48/58) had papilledema (Table 1). Stent placement was successful in all patients. TracStar LDP catheter was advanced to the location of stent placement in 97.9% (46/47) of cases in which it was attempted. No intermediate catheters were required for access. The large 0.088-inch inner diameter lumen enabled compatibility with all desired stent sizes ranging from 6 to 10 millimeters. The superior sagittal sinus was reached in 13.8% (8/58) of patients; the torcular or further distal was reached in 25.9% (15/58) of patients. The transverse sinus or beyond was reached by the TracStar LDP in 74.1% of patients (Table 1). Right-sided sinus stent placement was performed in 74.1% (43/58) of patients. Gradient pressure across transverse sinus stenosis dropped significantly from 19.5 (11.2) mmHg pre-procedure to 1.7 (1.7) mmHg post-stent placement, p<0.001. Clinical improvement was achieved in 87.9% (51/58) of patients. The overall complication rate was 10.3% (6/58), which include two cases of stent re-stenosis, one case of stent thrombosis, one groin hematoma, and two cases that had required further treatment with cerebrospinal fluid diversion at latest follow up. There were no catheter-related complications.

Conclusion The TracStar LDP is a safe and effective access platform for reaching treatment locations in patients who present with idiopathic intracranial hypertension and who are candidates for stent placement. The high rate of technical success in accessing the pathology may be attributed to the unique design of the TracStar LDP.


E-065 EXPERIENCE WITH NEUROFORM ATLAS STENTING AS RESCUE ENDOVASCULAR TREATMENT AFTER FAILED MECHANICAL THROMBECTOMY SECONDARY TO INTRACRANIAL ATHEROSCLEROSIS

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Background Patients with emergent large vessel occlusion secondary to intracranial atherosclerotic stenosis (ICAS-ELVO) who fail mechanical thrombectomy (MT) pose a treatment challenge. The aim of this study is to report our single center experience using the Neuroform Atlas stent as a potential rescue modality.

Methods Data was analyzed from a prospectively maintained database at a Comprehensive Stroke Center between January 2019 and September 2021 on all ICAS-ELVO patients who underwent MT and required rescue stenting with the Neuroform Atlas. We systematically gathered demographic, clinical, procedural and functional characteristics on patients presenting with ELVO within 24 hours of last known normal. The