LDP distal reach, outcomes, and complications were collected and analyzed. Data are presented as mean (standard deviation) and percentage (counts). The paired t-test and 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 torcula 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.


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

O Lajthia, E Almallouhi, K Kisielinski, J Lena, A Spiotta, S Al Kasab. Neurosurgery, Medical University of South Carolina, Charleston, SC

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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
primary outcome was the rate of revascularization following stenting.

Results 26 patients met the inclusion criteria with a mean age of 56.5 years old, 34.6% of whom were female. On presentation the median National Institute of Health Stroke Scale (NIHSS) was 11 and media Alberta Stroke Program Early CT Score (ASPECTS) was 9. MT was performed using A Direct Aspiration First Pass Technique (ADAPT) in all patients. Following Neuroform Atlas stent placement, 3 patients (11.5%) had moderate in stent stenosis while severe stenosis was encountered in 4 patients (15.4%). The rate of successful revascularization (TICI IIB-III) was identified in 92.3% of the patients. On follow up vascular images, re-occlusion occurred in 2 patients (7.7%) and symptomatic hemorrhage was encountered in 3 patients (11.5%). Excellent outcome at 90 days (mRS 0–2) was achieved in 13/26 (50%) of patients.

Conclusions Our series provides preliminary safety and efficacy data regarding the use of the Neuroform Atlas stent as a rescue modality in ICAS-ELVO cases.


E-067 VERAPAMIL AND ITS ASSOCIATION WITH HIVES IN RADIAL ARtery CATHETERIZATION FOR NEUROENDOVASCULAR DIAGNOSTIC ANgiograms

1D. Romeo, 2M. Salem, 1J. Burkhardt, 1B. Jankowitz. 1Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA; 2Department of Neurosurgery, University of Pennsylvania, Philadelphia, PA

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Introduction Different combinations of medications are utilized during radial artery (RA) catheterization for neuroendovascular procedures to preclude RA spasm. These combinations commonly include verapamil, a calcium channel blocker among the ‘radial cocktail’, without established benefit in mitigating the risk of RA spasm. However, the negative effects of verapamil such as the acute development of hives are sparsely reported in the context of RA neuro-angiography. We sought to assess their association using a case-control cohort of our single center experience.

Methods A series of consecutive patients undergoing diagnostic radial angiograms were reviewed and analyzed. Patients who had verapamil in their medication cocktail were classified as ‘cases’ and patients without verapamil were ‘controls’. We limited the analysis to diagnostic angiograms, excluding treatment procedures to avoid potential confounding factors such as the complexity of a given treatment. The primary outcomes assessed were the presence of hives and radial artery spasm.

Results 215 radial diagnostic neuro-angiography procedures were included in our analysis. 137 patients underwent RA catheterization with verapamil and 84 underwent RA catheterization without verapamil. Of the 137 patients that received verapamil, 4 (2.9%) developed hives during the RA catheterization procedure and were subsequently treated with Benadryl (25 mg) and 0 (0.0%) experienced RA vasospasm. Of the 78 who did not receive verapamil, there were 0 (0.0%) cases of hives and 1 (1.3%) case of RA spasm.

Conclusion The administration of verapamil for those undergoing RA vasospasm appears to be associated with the development of hives without significant reduction in the RA spasm risk. More data is needed to better understand the utility and safety of verapamil in RA catheterization procedures.


E-068 A SINGLE-INSTITUTION RETROSPECTIVE ANALYSIS OF PEDIATRIC CEREBRAL VENOUS SINUS THROMBOSIS

M. Brown. Interventional and Diagnostic Radiology, Aurora St. Luke’s Medical Center, Milwaukee, WI

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Objective Pediatric cerebral venous sinus (sinovenous) thrombosis (CSVT) is a rare complication with limited data on presentation, treatment, and prognosis. Most literature consists of case reports and small case series that demonstrate variable morbidity and mortality outcomes. The purpose of this study was to retrospectively analyze the risk of CSVT in a single-institution pediatric population, to identify correlating factors, and to evaluate clinical features, diagnosis, management, and prognosis.

Methods A comprehensive retrospective review of electronic medical records was performed for 9149 hospitalizations in 6374 unique patients evaluated by the pediatric neurosurgery