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, radial 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.

**Disclosures**


**E-066**

**ROBOTIC ARM USE IN NEUROENDOVASCULAR PROCEDURES: SYSTEMATIC REVIEW OF LITERATURE**

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**Background**

The use of robotic arm in neuroendovascular procedures has gained increasing popularity in the last few years. The theoretical benefits of using a robotic arm include more accurate deployment of stents and coils, and the ability to perform procedures remotely. However, limited evidence is currently available to support the use of robotic arm in routine neuroendovascular practice.

**Methods**

Databases searched include PubMed, CINAHL Complete, and Scopus from database date of inception through February, 11th 2022. We included all human studies that reported the procedural and clinical outcomes of using a robotic arm as a primary approach to perform neuroendovascular procedures. The search strategies used a combination of subject headings and keywords for the following two concepts: robotic arm, and neuroendovascular procedures.

**Results**

A total of 11 studies were identified including 10 case reports/case series and 1 comparative study. Overall, 65 procedures were performed using the CorPath (Corindus Inc.) robotic arm including 28 diagnostic cerebral angiograms, 28 cervical carotid stents, 8 cerebral aneurysm embolization, and one selective spinal angiogram. No complications were reported and only one case (1.5%) required conversion to manual approach. In the single comparative study that compared manual vs. robotic carotid stenting, there was no difference in the procedural and clinical outcomes in both groups.

**Conclusion**

The use of robotic arm is a promising new technology in the neuroendovascular field. Future comparative studies are needed to confirm efficacy and safety of using the robotic arm.

**Disclosures**


**E-067**

**VERAPAMIL AND ITS ASSOCIATION WITH HIVES IN NEUROENDOVASCULAR DIAGNOSTIC ANGIOGRAMS**

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**Introduction**

Introduction of 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.

**Disclosures**


**E-068**

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

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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...