in the SRS only cohort. When comparing obliteration rates based on embolysate material, obliteration rates with Onyx +SRS were 42.1% and 50.0% in the non-Onyx embolysate + SRS cohort.

Conclusion Embolization of AVMs is a nuanced topic that relies heavily on the embolic material used and has evolved significantly over the decades. Previously trialed embolysates have included polyvinyl alcohol (PVA) particles, N-butyl-2-cyanoacrylate (NBCA), and NBCA with adjunctive platinum coils, however, all of these have been associated with conflicting effects on post-embolization radiosurgical outcomes. Recently, Onyx (ethylene vinyl-alcohol (EVOH) copolymer dissolved in dimethyl sulfoxide (DMSO) and suspended in micronized tantalum powder) has been increasingly used for the embolization of intracranial AVMs with increased success in regard to its ease of use from a technical standpoint and has been shown to perform similarly to other embolysate materials.


E-190 TRENDS IN ADMISSIONS FOR INTRACRANIAL DISSECTIONS IN THE UNITED STATES

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Introduction Although intracranial artery dissection (IAD) is thought to be rarer than cervical artery dissections, an epidemiological study is lacking in the field. There are only several small-scale studies attempting to characterize the natural history of the disease. Herein, we analyze the prevalence of IADs in hospitalized patients using a national database.

Methods The National Inpatient Sample was queried from 2016–2019 for patients with a diagnosis of unruptured intracranial dissection (uIAD) using ICD-10-CM codes (I67.0). Moreover, patients with acute ischemic stroke (AIS), cervical dissections, and intracranial aneurysm (IA) were extracted to compare its prevalence among patients with concomitant AIS (+/-dissections) or to those with IA. The cochrane-Armitage test was conducted to assess trends in prevalence of uIADs among those with concomitant AIS, or among all cranio cervical dissections, or IA.

Results There were 750 hospitalizations involving uIAD, while there were 215,069 involving IA. uIADs represented 6.6 per 100,000 with AIS. uIADs represented 2.13% of all dissections with concomitant AIS (n=655/30,740). There was no trend in the average age of presentation for uIADs, ranging from 53.3 in 2016 to 55.0 in 2019 (trend: -0.058 per year; 95% CI: 0.26 to 0.19; p=0.59). Proportion of females among those with uIADs increased from 33.3% in 2016 to 63.4% in 2019 (trend: +10.8% per year; 95% CI: 4.5 to 17.0; p=0.001). There was no trend in proportion of races among those with uIADs (White: -0.71, p=0.84; Black: -4.36, p=0.14; Hispanic: 3.26, p=0.068; Other: 1.81, p=0.40).

Conclusion The prevalence of uIADs among hospitalized patients is scarce, and only 2% of cranio cervical dissection-related AIS is due to uIAD. Compared to IAs, patients were more likely younger and male, and uIAD more commonly led to acute ischemic stroke and motor deficits. The trend in age remained stable across the four years analyzed, while the proportion of females increased. There was no trend in the proportion of races among uIADs, however.

Disclosures W. Wahood: None. G. Lanzino: None. Z. Keser: None.

E-191 INFLUENCE OF SOCIOECONOMIC FACTORS ON THE DEVELOPMENT OF POST-STROKE DEPRESSION IN ANEURYSMAL SUBARACHNOID HEMORRHAGE SURVIVORS


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Introduction/Proposal The risk of developing depression based on the severity and location of injury and patient demographic factors is widely studied for ischemic stroke, but not well characterized for aneurysmal subarachnoid hemorrhage (aSAH) survivors. Furthermore, a direct relationship between socioeconomic factors and depression after aSAH has not been studied. The purpose of this study was to investigate the potential links between the development of depression and socioeconomic factors among survivors of aSAH.

Materials/Methods Data were retrospectively collected for 322 patients treated for aSAH at Harborview Medical Center (Seattle, WA) between 2014–2021. We excluded 133 patients due to inpatient mortality, previous history of depression, or previously prescribed psychotropic drugs. Demographic data and socioeconomic factors were collected (Table 1). Multivariate logistic regression analyses were used with a primary outcome, development of new depression after aSAH.

Abstract E-191 Figure 1 Receiver operating characteristic curve for the prediction of socioeconomic factors influencing the development of depression after aSAH.

ROC for Logistic Regression of Socioeconomic Factors on Depression After aSAH