respectively, from the TriNetX Analytics Network. Patient demographics, baseline characteristics, comorbidities, and clinical outcomes were evaluated within 1-year postoperatively. Outcomes examined were headache, tinnitus, blindness/low vision, optic nerve fenestration (ONSF), CSF shunt procedures, and use of medications (i.e., acetazolamide, methazolamide, furosemide, topiramate, valproate, tricyclic antidepressants, and glucocorticoids) for IIH. Pre- and post-stent data were compared using Fisher’s exact test, and the odds ratios were computed using the Baptista-Pike method.

**Results**

540 patients were included in the analysis for baseline characteristics and outcomes within 1-year of DVSS. For baseline characteristics, the mean age at DVSS was 35.8±10.8; 92% were female; 66% were White, 25% were Black/African American, and 7% were Native American. Headaches and acetazolamide use were significantly increased post-DVSS (p-value<0.0001*, OR: 3.92, CI: 3.04–0.0001*, OR: 0.522, CI: 0.41–0.67 respectively). Additionally, glucocorticoid use was significantly increased post DVSS (p-value<0.0001*, OR: 3.92, CI: 3.04–5.06). Tinnitus, blindness/low vision, CSF shunt procedures, ONSF, and other IIH medication usage demonstrated no significant change post-DVSS (p-values>0.05).

**Conclusions**

DVSS is an effective and safe procedure and results in significant improvement of headaches and the use of acetazolamide in patients with IIH. There are also downward trends, but the paucity of pre- and post-DVSS ophthalmological, tinnitus, and shunt procedure data does not provide enough evidence to establish significance.

**Disclosures**

A. Naik: None. V. Srinivasan: None. R. Lall: None. P. Kan: None.

**E-205 IN VITRO EVALUATION OF FULL-LENGTH, MR-SAFE INTERVENTIONAL PASSIVE CATHETER MARKERS AT 3T**


**Background**

Twenty percent of all ischemic strokes occur in the posterior circulation. Early diagnosis and management in the emergent setting are a priority for improved outcomes. In the acute setting, mechanical thrombectomy (MT) has shown to be a safe approach to revascularizing the posterior circulation. While historically, femoral access has been the standard of care for MT, recent studies have proven radial access to be safe and effective for Neurointerventional procedures. In this study, we compare outcomes for radial and femoral access for MT in posterior circulation strokes.

**Methods**

A retrospective analysis of all patients with a posterior circulation large vessel occlusion whom underwent mechanical thrombectomy at two large comprehensive stroke centers was performed. Data on demographics, clinical presentation, procedural data, including radial or femoral access, and outcomes were tabulated. Outcomes of interest included National Institute of Health Stroke Scale at discharge and 24-hours. The Thrombolysis in Cerebral Infarction (TICI) scale was used to ascertain revascularization after intervention. Operative time and hospitalization duration were also investigated. Univariate analysis relied on the Mann-Whitney Test, and Chi-square test. Multivariate analysis utilized propensity adjustments in Firth’s logistic regression for dichotomous outcomes and Poisson regression for continuous outcomes. A propensity adjustment was performed for the following variables: gender, age, admission NIHSS, ASPECT, presence of basilar, vertebral lesion, side of entry, tandem occlusion, stent/stent-retriever, pre-hospital anticoagulation or antplatelet, and TPA usage.

**Results**

Sixty-five patients were included in analysis, 50 (77%) of which had femoral access. 42% of femoral patients received TPA, whereas 6.7% of radial patients received TPA (p = 0.026). 94% of femoral patients had basilar occlusion, compared to 66.7% of radial patients (p = 0.017). Stent-Retriever was used in 64% of femoral patients, compared to 25% of radial access patients (p = 0.034). In multivariate analysis, radial access was associated with reduced hospital stay (p = 0.004), puncture to first-pass time (p < 0.001), and puncture to reperfusion time (p = 0.005).

**Discussion**

In this propensity-adjusted retrospective analysis, radial access for posterior circulation MT is associated with improved procedural and patient outcomes. Radial access had shortened hospitalization and reduced operative times compared to femoral access. A prospective randomized controlled trial is needed to validate.

**Disclosures**