Methods We performed a retrospective analysis of all consecutive acute ischemic stroke (AIS) patients with primary or secondary DMVO who underwent mechanical thrombectomy with the Tigertriever 13. Patients’ clinical, procedural and angiographic characteristics were reviewed.

Results Between November 2019 and November 2021, 24 DMVO were included (46% female, median age 63 [51–65] years). The overall successful reperfusion rate (mTICI 2b-3) was 88% (21/24) for the dedicated vessel. Follow-up imaging showed a subarachnoid-hemorrhage in 29% of the cases and a parenchymal hematoma in 8% while symptomatic Intracranial hemorrhages did not occurred. At 3 months, 62% of the patients (15/24) had a favorable outcome (mRS 0–2). An example is discussed in figure 1 to 7.

Conclusion Mechanical thrombectomy for both primary or secondary DMVO seems feasible and as safe as for LVO. Our initial experience using the Tigertriever 13 is of special interest as it shows we can potentially significantly expand AIS population that can benefit from mechanical thrombectomy treatment.

Disclosures A. Guenego: None. B. Lubicz: None.

E-223 ATYPICAL DELAYED MECHANICAL THROMBECTOMY FOR CALCIFIED CARDIAC EMBOLI

A Pandhi,1 A Alrohimi,1 A Mahapatra,1 A Russman,1 G Toth.1 Endovascular Surgical Neuroradiology, Cleveland Clinic, Cleveland, OH; 2Neurology, Cleveland Clinic, Cleveland, OH

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1A Pandhi, 1A Alrohimi, 1A Mahapatra, 1A Russman, 1G Toth.1 Endovascular Surgical Neuroradiology, Cleveland Clinic, Cleveland, OH; 2Neurology, Cleveland Clinic, Cleveland, OH

Background Calcified cardiac embolism to the brain requiring mechanical thrombectomy is a rare entity. Calcified cardiac emboli (CCE) are small, few millimeter particles, usually originating from calcific aortic stenosis or mitral annular calcification, either spontaneously or following cardiac valve or coronary surgery. Calcified non-cardiac emboli have also been described from cervical large vessel plaques. We present a unique case of CCE causing recurrent stroke symptoms requiring atypical delayed mechanical thrombectomy.

Methods

Case description and literature review

Results A patient in their late 50's with prior bioprosthetic aortic valve replacement presented with concerns for valve dysfunction. Workup revealed prosthetic aortic stenosis with a large mobile calcified echodensity on the valve. The patient developed recurrent, fluctuating symptoms of left facial droop, dysarthria, and left-sided weakness over several days with a return to no neurologic deficits between the 10–15 minute long spells. EEG was negative for seizures. Noncontrast head CT showed a small hyperdense lesion in the right sylvian fissure. Brain CTA was suggestive of a subocclusive right M2 thrombus. MRI confirmed small punctate infarcts in the corresponding right middle cerebral artery distribution. The pathomechanism was presumed to be a combined ‘valve-like’ hemodynamic effect and microembolism from CCE. After extensive discussions of risks and benefits with the patient and cardiology, the patient was taken for an angiogram. Successful mechanical thrombectomy of the subocclusive calcified material at the origin of the superior M2 division was performed with a combination of an Embotrap stentriever and local aspiration. Pathology confirmed calcified debris, most likely originating from the patient’s degenerating prosthetic aortic valve. The patient made a full recovery without further recurrent symptoms. The literature search reviewed revealed a rare phenomenon with a reportedly low chance of successful thrombectomy. The use of local aspiration, stentriever with a ‘cage’ design, and even microsurgical resection have been reported.

Conclusion Mechanical thrombectomy for intermittent stroke symptoms due to CCE was successfully achieved using an Embotrap device despite several days of relapsing-remitting symptoms with full neurologic recovery. Regardless of prior reports showing a low success rate, with the advent and availability of advanced thrombectomy devices, tailored endovascular treatment for patients with CCE to the brain should be strongly considered.

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E-224 BILATERAL EXTERNAL CAROTID ARTERY SACRIFICE IN MASSIVE REFRACTORY HEMORRHAGE OF THE PHARYNX: A CASE REPORT

S Esmaeil, A Eltatawy, M Hossein Abbsai, A Mowla, A Grossman, C Prestigiacomo, P Shirani. Department of Neurology and Rehabilitation Medicine, University of Cincinnati Medical Center, Cincinnati, OH

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S Esmaeil, A Eltatawy, M Hossein Abbsai, A Mowla, A Grossman, C Prestigiacomo, P Shirani. Department of Neurology and Rehabilitation Medicine, University of Cincinnati Medical Center, Cincinnati, OH

Endovascular intervention can help clinicians in the control of extensive bleeding in vascular malformations, traumatic events, and during challenging intra-operative situations. Recently, unilateral embolization of the external carotid artery (ECA) or its branches in case of malignancy associated vessel blow-out (this was used in the past by several interventionists) was