that, despite heterogeneous management of ppVAD, the resulting outcomes were favorable.


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**ANALYSIS OF RACIAL AND ACCESSIBILITY DISPARITIES WITH MECHANICAL THROMBECTOMY USAGE FOR ACUTE ISCHEMIC STROKE AT A SINGLE CENTER**

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Background Recent studies describe racial and socioeconomic disparities with mechanical thrombectomy (MT) for acute ischemic stroke (AIS). Our study investigated whether such disparities are present at our institution and the surrounding region.

Methods A retrospective cohort study of 541 patients was conducted at a single institution between January 1, 2017 to March 19, 2020. Patients were grouped based on racial status. We compared demographics, clinical presentation, treatment characteristics, and outcomes. We adjusted for potential confounders such as patient’s location (e.g., ‘drip and ship’, emergency department, in-patient), transfer status (e.g., initial presentation or transferred from an outside facility),
Flow diversion of superior cerebellar artery aneurysms

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Introduction

Flow diversion is commonly used to treat intracranial aneurysms in various regions of the cerebral vasculature, but is only approved for use in the internal carotid arteries. Treatment of superior cerebellar artery (SCA) aneurysms with the Pipeline embolization device (PED) is sometimes performed, but has not been well-studied given the rare nature of these aneurysms. These aneurysms are also located in a perforator-rich region, which may influence their response to flow diversion, and makes them distinct from other intracranial aneurysms. Here, we report our experience with flow diversion of distal SCA aneurysms with PED.

Methods

Clinical and angiographic data of eligible patients was retrospectively obtained and assessed for key demographic characteristics and clinical and angiographic outcomes. Principals outcomes included rates of aneurysm occlusion, clinical complications, technical complication, and later development of in-stent stenosis. Aneurysm occlusion was quantified using the O’Kelly-Marotta scale.

Results

Two female and 1 male patient underwent flow diversion with PED for treatment of SCA aneurysms. Aneurysm sizes were 5.3 mm, 6.2 mm, and 10.7 mm. All aneurysms were saccular in morphology. Treatment indications were incidental, recent subarachnoid hemorrhage, and recurrence after prior coiling. One technical complication occurred, which was a retained microwire. Clinical and angiographic follow-up was available for all patients. Complete aneurysm occlusion was achieved in 0% of cases, but all cases demonstrated angiographic improvement at final follow-up, with 2 instances of subtotal filling and 1 entry remnant observed. Following treatment, 1 patient experienced an ischemic stroke in the territory of the PED, while another experienced a transient ischemic attack in the territory of the PED. One patient had no ischemic complications after flow diversion, but did experience distal migration of the PED on angiographic follow-up.

Conclusion

While our data is preliminary and reflects the uncommon nature of these aneurysms, flow diversion of SCA aneurysms with PED appears to carry a high risk of clinical complications and a low likelihood of complete aneurysm occlusion. Caution when pursuing flow diversion in these aneurysms is warranted. Further study in larger cohorts is necessary to better define clinical scenarios in which flow diversion or other interventions for SCA aneurysms should be considered.

Disclosures

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Endovascular treatment of cerebral vascular lesions using nickel/nitinol containing devices in patients with nickel allergies


A nickel hypersensitivity is the most common metal allergy with an estimated prevalence of 10–15%. Nickel is found in many of the new endovascular treatment devices, including flow-diverting stents, self-expanding stents, and intrasaccular occlusion devices. With the increased usage of these devices, the relative risk when they are used in patients with nickel and other metal allergies remains to be fully elucidated.

We sought to review the outcomes of patients with documented nickel/metal allergies who underwent endovascular cerebral pathology treatment with nickel-containing devices. We performed a retrospective analysis of our endovascular database and identified patients with a documented nickel and/or metal allergies who underwent treatment with a nickel-

Abstracts