materials will be addressed and her clinical course will be described in the presentation.

Disclosures W. Yoon: None.

E-258 ROLE OF VITAMIN D IN CLINICAL COURSE OF INTRACRANIAL ANEURYSMS – FROM RuptURE TO RECOVERY

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Background To date, there is no medical treatment to prevent subsequent progression to rupture of intracranial aneurysms and to control rupture-followed complications to improve the clinical outcome after SAH. We explored the role of Vitamin D (VitD3) status because of its known anti-inflammatory effect as a potential treatment.

Methods 25-vitaminD3 levels tested between 2017-02/2021 at admission and data of SAH patients with ruptured aneurysms were analyzed, prospectively. We correlated VitD3 status with size and number of ruptured aneurysms in admitted patients as well as the rate of cerebral vasospasm and clinical outcome 6 months after aSAH.

Results A total of 103 patients were included in this cohort. We determined a significant association of sufficient VitD level with smaller size of aneurysms (<5mm) at the time of rupture (p<0.001; OR 7) as well as with lower number of detected aneurysms (=1) (p<0.001; OR 7). Sufficient VitD level at SAH onset was associated with a significantly lower rate of neurological deficits at admission (Hunt&Hess grade ≤III) (p<0.0001; OR 0.03) or high blood volume described as Fisher Score 3 (p<0.001;OR 7). Furthermore, patients with sufficient VitD level at hemorrhage onset had a lower risk for cerebral vasospasm (p<0.05; OR 3.5), specially for severe vasospasm (p<0.05; OR 15) and delayed cerebral infarction (p<0.01; OR 4.2). In addition, we observed a higher chance of favorable outcome (mRS 0–2) (p<0.01; OR 4.6) in case of patients with normal VitD plasma level at admission. In our multivariate analysis, sufficient VitD level (≥30 ng/ml) was an significant independent factor affecting aneurysm size, number of aneurysm, developing cerebral vasospasm and the clinical outcome 6 month after SAH.

Conclusion VitD3 attenuates subsequent progression and aneurysm rupture, affecting size and number of aneurysms. Furthermore, sufficient Vitamin D level decreases the rate of post SAH complications and supports the chance for favorable outcome. However, VitD-administration should be tested as optional treatment in management of patients with unruptured and ruptured aneurysms.


E-259 MECHANICAL THROMBECTOMY WITHIN THE P2 AND P3 SEGMENTS IN ISOLATED POSTERIOR CEREBRAL ARTERY OCCLUSIONS

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Background Mechanical thrombectomy for posterior circulation medium size vessel occlusion within the P2 and P3 segments are rarely performed in daily clinical practice since all major MT trials excluded such patients.

Purpose To evaluate the feasibility and preliminary safety and efficacy of MT in isolated PCA occlusion stroke patients within the P2 and P3 segments with new-generation MT devices.

Methods Endovascularly treated acute ischemic stroke (AIS) patients were identified from a prospectively collected database and their baseline characteristics were noted. Clinical outcomes were angiographic recanalization, a favorable clinical outcome at 3 months on modified Rankin Scale (mRS) and visual field (VF) deficit improvement on confrontation test, rate of intracranial hemorrhage (ICH), and mortality at 3 months.

Results A total of 460 AIS patients underwent MT from January 2019 to December 2021. P2 and P3 segment MT were performed in 11 consecutive patients. The mean age was 64 ± 17 years, and 6 (54%) were women. Median presentation NIHSS was 9 (interquartile range 5–15). MT devices used were stent retrievers in 7 patients and combined aspiration and stent retriever in 4 patients. Complete recanalization (TICI 2c or 3) was achieved in 8 patients. 3-month VF normalization was seen in 5 patients. Post-procedure symptomatic ICH occurred in 1 patient. mRS score of 0–2 was achieved in 7 patients, but one patient was dead at 3 months post procedure.

Conclusion MT is safe and feasible among patients with primary distal occlusion of the posterior cerebral artery of the P2 or P3 segment with low complication rates and improved functional outcomes.


E-260 IMPROVING LENGTH OF STAY QUALITY METRICS IN SUBARACHNOID HEMORRHAGE PATIENTS

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Introduction Clinical documentation of patient care alters the coding accuracy of Diagnosis Related Groups (DRGs), expected mortality, and expected length of stay (LOS). These factors are used to code quality metrics which can impact physician and medical center profiling, quality reporting, and revenue. However, it can be difficult to accurately document all major factors due to poor data accessibility and ease of interpretation by providers and coders. We aimed to analyze documentation of subarachnoid hemorrhage (SAH) patients

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