Abstract E-030 Table 1  Patient overview and outcome

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>Baseline mRS</th>
<th>NIHSS</th>
<th>IV tPA</th>
<th>Number of Passes</th>
<th>Final TICI</th>
<th>Asymptomatic Intracranial Hemorrhage</th>
<th>NIHSS end of hospitalization</th>
<th>mRS at 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>36</td>
<td>0</td>
<td>5</td>
<td>Yes</td>
<td>1</td>
<td>2c</td>
<td>Petechiae</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>81</td>
<td>0</td>
<td>5</td>
<td>No</td>
<td>2</td>
<td>2b</td>
<td>SAH</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>63</td>
<td>0</td>
<td>6</td>
<td>Yes</td>
<td>2</td>
<td>2a</td>
<td>SAH</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>62</td>
<td>1</td>
<td>23</td>
<td>Yes</td>
<td>1</td>
<td>2b</td>
<td>None</td>
<td>10</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Abstract E-030 Figure 1

M4 segment. The patient’s baseline mRS was 0 in 3 cases and 1 in 1 case. Comorbidities included hypertension, hypercholesterolemia, smoking and atrial fibrillation. The patients presented with NIHSS ranging from 5 to 23. Three patients received IV tPA. All mechanical thrombectomies were performed via femoral access under general anesthesia. Aspiration was the first line techniques in all cases. TICI 2B or greater was achieved in all cases. No post-procedure symptomatic hemorrhage occurred. On post-procedural cross-sectional imaging 2 patients showed mild thrombectomy related subarachnoid hemorrhage and one patient demonstrated petechial hemorrhage within the infarct. None of the hemorrhages were symptomatic. Patient mRS at 3 months was 1, 2, and 3. One patient did not reach the follow-up time point yet. Stroke etiology was determined to be cardioembolic in 3 cases and unknown in 1 case.  

Conclusion Angular artery occlusions often present with disabling symptoms, commonly including speech deficits and limb paresis. Our limited data suggests that mechanical thrombectomy of the angular artery is feasible and safe. As with thrombectomy in other vascular territories, and amongst other factors, patient outcome is influenced by grade of reperfusion.

Disclosures A. Kuhn: None. J. Singh: None. F. Massari: None. A. Puri: 1; C: NIH, Microvention, Cerenovus, Medtronic Neurovascular and Stryker Neurovascular. 2; C: Medtronic Neurovascular, Stryker NeurovascularBalt, Q'Apel Medical, Cerenovus, Microvention, Imperative Care, Agile, Merit, CereVasc and Arsenal Medical. 4; C: InNeuroCo, Agile, Perfuze, Galaxy and NTI.

E-031  CONSERVATIVE MANAGEMENT FOR AN INCIDENTALLY FOUND PIAL ARTERIOVENOUS FISTULA IN AN ELDERLY PATIENT

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Introduction Pial arteriovenous fistulas (pAVFs) are rare vascular malformations requiring intervention in neonates and infants, but the natural course in the elderly population remains unclear.

Methods The authors describe the case of a 78-year-old male with transient symptoms of vertigo and diplopia. Workup including magnetic resonance imaging (MRI) and computed tomography angiography (CTA) demonstrated no acute infarct or hemorrhage to explain the symptoms, but a vascular lesion was noted in the right cerebellum. Digital subtraction angiography confirmed the diagnosis of a right cerebellar pAVF, filling mainly from distal superior cerebellar artery branches, draining directly into dilated cortical veins with no obvious AVM nidus. After review of the literature and discussion with the patient, conservative monitoring with serial imaging was elected.

Results The patient was followed up with delayed CTA which demonstrated stable findings, and the patient continued to do well, remaining neurologically asymptomatic. pAVFs are often symptomatic lesions when found in neonates and infants, necessitating intervention. The findings of these lesions in the elderly (>70 years of age) are exceedingly rare in the literature and may follow a benign natural course.

Conclusion Without direct evidence of associated symptoms or pathologic findings, conservative management with serial imaging may be a reasonable option for pAVFs.

Disclosures D. Chang: None. R. Babadjouni: None. P. Eboli: None.

E-032  COMPARING EFFICACY OF PLATELET INHIBITION IN PATIENTS TREATED WITH PRASUGREL VERSUS CLOPIDOGREL UNDERGOING CEREBROVASCULAR STENT-ASSISTED EMBOLIZATION WITH FLOW DIVERSION

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Purpose Clopidogrel is frequently used in neuro-interventional radiology. Approximately 30% of patients are resistant to clopidogrel due to a multi-step mechanism of inhibition of the platelet P2Y12 adenosine diphosphate receptor (ADPR) resulting in increased predictive value of platelet reactivity unit (PRU) levels (measurement of responsiveness) and incidences of ischemic events.1 Prasugrel inhibits the same P2Y12 ADPR through a single-step mechanism of inhibition resulting in increased physiologic responsiveness.1 We seek to compare the efficacy of platelet inhibition in patients treated with prasugrel versus clopidogrel undergoing cerebrovascular stent-assisted embolization with flow diversion (CVSAEFD).