70%. Final eTICI ≥2b was 95% (median 1 pass, range 1–7). There no major complications from the procedure. The rate of SAH was low (10%).

Conclusion The Neurovas Envi is a novel stent-retriever with a good safety record and excellent rates of recanalisation including high rates of FPE.

Do you have any conflict of interest to declare?: Yes
Conflict of Interest Statement Consultant for: phenox
Perflow
Neurovasc
Balt
Cerenovus
Brainomix
Perfuze
Pocket Diagnostics

P72 NEVATM THROMBECTOMY DEVICE (NVTD): INITIAL EXPERIENCE IN A REGIONAL ARGENTINIAN STROKE CARE CENTER

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Background The (NvTD) (Vesalio LLC, Nashville, USA) had shown high recanalization rates in LVO thrombectomy, either in animal, in-vitro, and in previously available clinical studies. A new architecture, called, "Drop Zone technology" (closed distal tip, strong expansive radial force, with different clot entrapment areas), would might show high First Pass Effect.

Aim To assess the safety and efficacy of this new tech retrieval.

Methods Between November 2019 and April 2022, 52 patients were prospectively analyzed after going under NvTD as first-line of treatment strategy in LVO strokes. First-pass recanalization, 90-day functional outcome, complications, and complication were reported.

Results Between November 2019 and April 2022, 52 patient (24 female, 28 male, 68 yo average, 42–84 yo age interval) patients were enrolled. At admission, median NIHSS was 23.3, and median ASPECT score was 8.2. The median time from groin to successful recanalization was 34 min (interquartile range (IQR): 13–56). First-pass recanalization rates were 58.8% (mTICI 2b/3) and 34.9% (mTICI 2c/3). Final successful recanalization rate was 93.7% (TICI 2b/3). Favorable mRS 0–2 was 61.5% in the “first-pass” subgroup and 57.6% in the hole population. The median passes to final recanalization score was 1 (IQR 1–2). Embolization into new territory was seen in 1.9%. Symptomatic hemorrhage was observed in 3 patients (5.7%).

Conclusions The NvTD showed high First Pass and overall recanalization rates. Even though a safety profile was observed, further investigation regarding this item are needed.

REFERENCES


P73 QUANTIFICATION OF DISTAL EMBOLI DUE TO CONTRAST INJECTIONS

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Introduction During the mechanical thrombectomy (MT), contrast injections through the deployed stentriever (SR) are commonly performed to visualize arterial segments beyond the occlusion.

Aim of study To study the potential generation of distal emboli due to these contrast injections.

Methods Fragment-prone clot analogs (Length=7.74±1.92 mm, Diameter=3 mm) were used to embolize M1-MCA in a 3D-printed neurovascular model. After SR deployment (Solitaire ™ 4×20mm), 6 mL contrast injections through a distal access catheter (React 0.071”) were performed and generated clot fragments were collected in an output filter before retrieving the SR. Collected thromboemboli were analyzed (size and number) with an image processing algorithm. Sixty-five experiments were performed to create a control group (n=13: SR deployment without contrast injection) and four experimental groups (n=13 each) combining injection location (Proximal: ICA vs. Distal: M1-MCA) and injection rate (fast: 3 ml/s vs. slow: 1 ml/s).

Results The distal/fast combination generated significantly larger particles (mean±SD=1.9±1.4 mm) than distal/slow (0.85±0.58 mm; p<0.01), proximal/fast (0.75±0.35 mm; p<0.01) or proximal/slow (0.92±0.46 mm; p<0.01). In the control group, the number (p<0.01) and size of emboli (0.38 ±0.47 mm; p<0.05) were significantly lower than in any other combination.

Conclusions Contrast injection through a deployed SR may induce distal embolization. Neurointerventionalists should carefully consider performing these injections and, if necessary, measures to minimize distal embolization should be adopted.

REFERENCES

Do you have any conflict of interest to declare?: No

P74 KEEP IT SIMPLE: MAC (MANUAL ASPIRATION WITH CONTRAST) TECHNIQUE FOR THE ENDOVASCULAR MANAGEMENT OF ACUTE ISCHEMIC STROKE (LVO & MVO)

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