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

**Conclusion** The Neurovasc Envi is novel stent-retriever with a high 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, Cerenuos, Brainomix, Perfuze, Pockit Diagnostics.

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**REFERENCES**


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

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**P72 NEVA™ 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 IVO 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 rates.

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

**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 and 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**


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**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 analogous (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 4x20mm), 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

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

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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 analogous (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 4x20mm), 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

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

1.1.8 Pabon*, 1.1.3 A Torres, 2.1.2.4 M Patiño, 1.2.3.1 Pelaez, 1.2.3. Mutis. 1Angiosur, Itagui, Colombia; 2Angioteam, Medellín, Colombia; 3Clínica el Rosario, Medellín, Colombia; 4Clínica Las Americas Auna, Medellín, Colombia

10.1136/neurintsurg-2022-ESMINT.94
The availability of advanced large-bore diameter aspiration catheters has improved recanalization rates and time. We report a prospectively collected clinical experience with a simple technique: MAC (Manual Aspiration Contrast Enhancement) as the primary method for vessel recanalization.

Gently contrast injection while the aspiration catheter is advanced to the thrombus and subsequently creating a closed-loop system with the contrast column within the catheter can result in better visualization during the aspiration, thus improving the FPE avoiding clot fragmentation, multiple passes and blind movements of catheter by a single operator.

**Methods** 47 prospectively patients with ELVO and 3 cases of middle vessel occlusion (MVO) at four institutions were included in the study. The MAC technique was utilized in all patients. Procedural and clinical data were analyzed.

**Results** MAC technique using SOFIA 6 Plus Catheter was successful in achieving first pass effect (FPE) and Thrombolysis in Cerebral Infarction (TICI) 2b-3 recanalizations in 77% of cases. The average time from groin puncture to at least TICI 2b recanalization was 16 min. National Institutes of Health Stroke Scale (NIHSS) score average at onset of 16, and improved to a median NIHSS score at discharge of 5.5. One ICA rupture and two symptomatic intracerebral hemorrhages were recorded peri operatively.

**Discussion** MAC technique is a simple, fast, safe, and effective method that has reduced the requirements to multiple passes and also avoiding the use of expensive materials to reach the occlusion site. MAC is a replicable approach without additional training requirements.

**REFERENCES**


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

**P76**

**FATE OF INCOMPLETE REPERFUSION CAUSED BY MULTIPLE SMALL OCCLUSIONS OR SLOW FLOW IN ETICI 2B REPERFUSION GRADE: INSIGHTS FROM THE ESCAPE-NA1 TRIAL**

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

**P75**

**DIRECT CAROTID PUNCTURE FOR MECHANICAL THROMBECTOMY IN ACUTE ISCHAEMIC STROKE**

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**Objective** While the benefit of mechanical thrombectomy (MT) for patients with acute ischemic stroke with large-vessel occlusion (AIS-LVO) has been clearly established, difficult vascular access may make the intervention impossible or unduly prolonged. In the following cases, functional and safety outcomes of mechanical thrombectomy via direct carotid puncture were evaluated in patients with acute ischemic stroke with limited vascular access.

**Methods** We evaluated seven patients with AIS-LVO who underwent attempted MT in last year with limited vascular access for aborted MT after failed transfemoral access or attempted MT via DCP.

**Results** Of 7 patients with AIS-LVO who underwent attempted MT, Direct carotid access was successfully obtained in all patients, mean age [± SD] 63 ± 15 years. Successful reperfusion (thrombolysis in cerebral infarction score 2b or 3) was achieved in 7 patients (100%). Carotid access complications included dissection vascular in 1 patient, with second vascular Access (carotid puncture) required. In 3 patients (42.8%) thrombolysis therapy with IV r-TPA were administered during thrombectomy by direct carotid puncture. 3 patients presented neck hematomas but they did not require any subsequent interventions. All patients required angi-o-seal vascular closure device for direct carotid Access 6F. We found that the final functional outcome was based on modified Rankin Scale score between 1 and 3 achieve in 5 of 7 patients (71.4%).

**Conclusions** DCP for emergency MT in patients with AIS-LVO and prohibitive vascular access is safe and effective and is associated with higher recanalization rates.

**REFERENCES**