imaging. Of the remaining 213 cases, IR resulted in infarction in 114 cases (43.9%); of which, meniscus sign was seen in 16/114 cases (14%) and mixed pattern in 42/114 cases (36.8%).

Conclusion The majority of incomplete reperfusion caused by multiple small occlusions or slow flow was associated with new infarction on follow-up imaging. In half of these cases, distal occlusions (meniscus sign) were detected, which could be potential targets for intra-arterial thrombolysis.

REFERENCES

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

P77 PREDICTORS OF GOOD CLINICAL OUTCOME AFTER THROMBECTOMY FOR DISTAL MEDIUM VESSEL OCCLUSIONS
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Introduction Good clinical outcome predictors have been emphasized in mechanical thrombectomy (MT) for acute ischemic stroke (AIS) with large vessel occlusion (LVO). MT for distal, medium vessel occlusions (DMVO) is still debated.

Aim of study We sought to assess the factors associated with clinical outcome after MT for DMVO.

Methods We retrospectively analyzed the data of consecutive patients who underwent MT for a primary DMVO in one large academic center and aimed to identify the baseline clinical, imaging and MT factors associated with good clinical outcome (defined as modified Rankin scale [mRS] of 0–2) at 3 months.

Results Between January 2018 and January 2021, 61 patients underwent a MT for an AIS with a primary DMVO. Between January 2018 and January 2021, 61 patients (46% female, median age 63 [51–63] years). The overall successful reperfusion rate (mTICI 2b-3) was 88% (21/24) for the dedicated vessel. Follow-up imaging showed a subarachnoid-hemorrhage in 29% of the cases and a parenchymal hematoma in 8% while symptomatic intracranial hemorrhages did not occurred. At 3 months, 62% of the patients (15/24) had a favorable outcome (mRS 0–2).

Conclusion An older age, a longer puncture to recanalization time and a higher baseline core volume were strongly associated with poor clinical outcomes, while successful recanalization (mTICI 2c-3) was associated with better outcomes after MT for DMVO.

REFERENCES

Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement Consultancy for Rapid Medical (travel grant only)

P78 HOW FAR IS TOO FAR IN STROKE THROMBECTOMY? FROM XL TO XS VESSEL OCCLUSIONS WITH RADially ADJUSTABLE STENT-RETRIEVERS — TIGERTRIEVER XL AND TIGERTRIEVER 13
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Introduction A New class of Radially adjustable Stent-retrievers, Tigertriever XL and Tigertriever 13-12 (Rapid Medical, Yoqneam, Israel) are respectively CE-Marked for large, and distal, medium vessel occlusions (DMVO). Despite no randomized data support distal vessels recanalization yet.

Aim of study We report our initial experience with the Tigertriever 13 in DMVO and illustrate it with a case where Tigertriever XL and 13 were needed to obtain a complete recanalization.

Methods We performed a retrospective analysis of all consecutive acute ischemic stroke (AIS) patients with primary or secondary DMVO who underwent mechanical thrombectomy with the Tigertriever 13. Patients’ clinical, procedural and angiographic characteristics were reviewed.

Results Between November 2019 and November 2021, 24 DMVO were included (46% female, median age 63 [51–63] years). The overall successful reperfusion rate (mTICI 2b-3) was 88% (21/24) for the dedicated vessel. Follow-up imaging showed a subarachnoid-hemorrhage in 29% of the cases and a parenchymal hematoma in 8% while symptomatic intracranial hemorrhages did not occurred. At 3 months, 62% of the patients (15/24) had a favorable outcome (mRS 0–2).

Conclusion Mechanical thrombectomy for both primary or secondary DMVO seems feasible and as safe as for LVO. Our initial experience using the Tigertriever 13 is of special interest as it shows we can potentially significantly expand AIS population that can benefit from mechanical thrombectomy treatment.

REFERENCES

Do you have any conflict of interest to declare?: Yes

Conflict of Interest Statement Consultancy for Rapid Medical (travel grant only)