Abstracts

Dabney: SAB member for the INSIGHT Study.
Baltan: SAB member for the INSIGHT Study.
Sohrabji: SAB member for the INSIGHT Study.
Pennybacker: Co-owner of Cerelex.
Nanda: SAB for Insight Study.
Woodward: None.
Rivet: Consultant for Medtronic.
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P89 "NOT ONLY CAROTID: TWO UNUSUAL CASES OF TREATMENT OF STENO-OBSTRUCTIONS"
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Introduction
The persistent primitive hypoglossal artery (PPHA) is the second most common fetal residue carotid-basilar anastomosis with an estimated incidence of 0.02%–0.30%.

A case of an awake ischemic stroke from internal carotid stenosis and basilar tip obstruction and a case of internal carotid artery restenosis, both associated with persistent primitive hypoglossal artery, are reported and summarized in this abstract.

Methods
Case 1: Female, 42-year-old, was hospitalized with wake-up stroke and rapid worsening of symptoms up to coma; MRI revealed cerebellar and occipital lesions in DWI and the MR-Angiography showed the obstruction of the basilar tip. The patient was taken to the Angio-suite to undergo an i.a. mechanical thrombolysis. Cerebral angiography revealed bilateral vertebral hypoplasia, thrombotic near occlusion in left ICA and ipsilateral PPHA. After basilar recanalization ICA thrombosis was treated deploying a self-expanding stent. The procedure showed a complete recovery of the vessel lumen.

Case 2: Female, 84-year-old, was hospitalized with asymmetrical restenosis of the left internal carotid after CEA, and right ICA stenosis; Carotid duplex ultrasonography showed ulcerated plaque causing 65% stenosis (NASCET criteria). During endovascular treatment, cerebral angiography revealed a left PPHA. CAS was performed using a distal protection device in ICA; at final check the complete regain of the vessel lumen was observed and no complications were reported.

Conclusions
The persistence of fetal anastomosis between carotid and basilar artery would represent a posterior cerebral circulation risk for ischemia and embolic infarction; in these cases, the management of carotid steno-obstructions is challenging and requires special considerations.

REFERENCES

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

P90 INTRACRANIAL BALLOON-EXPANDABLE STENTS AS RESCUE TREATMENT IN ACUTE STROKE SECONDARY TO ATHEROSCLEROTIC STENOTIC VESSEL DISEASE: 10-YEAR SINGLE CENTER EXPERIENCE

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Introduction
Mechanical thrombectomy in acute stroke secondary to intracranial atherosclerotic stenosis is usually unsuccessful and is associated with a poor clinical outcome. Rescue stent angioplasty may be performed, but there is no consensus about the type of stent or the best intraprocedural antiplatelet regime.

Aim
We present our 10-year single center experience.

Methods
We collected relevant clinical and outcome data retrospectively. Primary outcome measures: stent reocclusion, symptomatic intracranial hemorrhage (sICH) and modified Rankin Score (mRS) at discharge and 90 days.

Results
We included 43 patients. Intraprocedural antiplatelet agents was used: aspirin in 28 patients, clopidogrel in 22 patients and GPIIb/IIIb-inhibitor in three patients. Stent reocclusion was observed in five and sICH in four patients. Clinical outcome at discharge was mRS 0–2 in eight patients and mRS 3–6 in 35 patients. Outcome at 90 days is being collected and will be available for the presentation.

Discussion
Following a loading dose of aspirin and/or clopidogrel and applying balloon-expandable stents, we observed a rate of sICH similar to other published research. We observed a high rate of early reocclusion and a low rate of good clinical outcome. This contrasts with other publications reporting on using GPIIIb/IIIa-inhibitors before application of self-expandable stents.

Conclusions
Emergency application of dual antiplatelet agents and balloon-expandable stents for treatment of acute stroke secondary to intracranial atherosclerotic stenotic disease exhibits a comparably high rate of early reocclusion and low rate of good clinical outcome.

REFERENCES

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

P91 DIRECT THROMBECTOMY VERSUS INTRAVENOUS BRIDGING – THE BENEFIT OF ALTEPLASE DEPENDS ON ASPECTS

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Introduction and aim of this study
Baseline variables could be used to guide the administration of additional intravenous alteplase (IVT) before mechanical thrombectomy (MT). The aim of this study was to determine how baseline imaging and demographic parameters modify the effect of IVT on clinical outcomes. We hypothesized that the trend of early ischemic