

24.5%), and Zoom 0.071 (n=9, 18.4%). Successful recanalization was achieved in 49 (98%) patients. Median arterial puncture to final recanalization time was 24 minutes (IQR 14-37). Median number of passes was 1.5 [IQR 1-2]. First pass effect was achieved in 23 (50%) patients. Discharge NIHSS was available for 36/50 patients of which median discharge NIHSS was 3 (IQR 0.5-6.5). Only 1 (2%) patient experienced a symptomatic ICH.

Conclusion Our findings suggest that aspiration thrombectomy with asymmetric clot engagement is safe and highly effective in patients with stroke from DVO.

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E-049 COMPLICATIONS OF MIDDLE MENINGEAL ARTERY EMBOLIZATION – A SYSTEMATIC REVIEW

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Introduction Middle meningeal artery (MMA) embolization is becoming an increasingly established treatment option for chronic subdural hematoma (cSDH). Although several systematic reviews have considered outcomes and/or overall incidence of complications following MMA embolization, no prior review has conducted a comprehensive assessment of overall and specific complications following MMA embolization. The aim of the present systematic review was to establish estimates of incidence for overall and specific complications following MMA embolization.

Methods PubMed, Embase and Cochrane were searched for studies reporting complications following MMA embolization in November 2022. Studies with >5 adult patients undergoing MMA embolization for cSDH were included. Outcomes were categorized according to complication type, including neurological complications, cardiovascular complications, infection, and miscellaneous complications. PRISMA guidelines were followed.

Results A total 389 abstracts were screened of which 128 full texts were reviewed. A final 49 studies containing 3009 patients undergoing MMA embolization were included. No complications or mortalities were reported in 28 studies representing 1352 patients. Across the 49 studies, the incidence of overall complications was 3.79% (114/3009 patients).

Neurological complications were reported in 40 patients (1.33%) including: new onset seizures in 13 patients (0.43%); unspecified stroke in 9 patients (0.30%); aphasia in 4 patients (0.13%); MMA rupture in 4 patients (0.13%); visual changes in 3 patients (0.10%); facial droop in two patients (0.07%); lethargy in one patient (0.03%); imbalance in one patient (0.03%); numbness in one patient (0.03%); headaches in one patient (0.03%); and hemiplegia in one patient (0.03%). Cardiovascular complications were reported in 8 patients (0.27%) including: deep venous thrombosis or pulmonary embolus in two patients (0.07%); fistula in two patients (0.07%); access site hematoma in one patient (0.03%); aortic dissection in one

patient (0.03%); femoral artery pseudoaneurysm in one patient (0.03%); and external carotid artery spasm in one patient (0.03%). Infection was reported in 11 patients (0.37%) including: urinary tract infection in three patients (0.10%); pneumonia in three patients (0.10%); and empyema in three patients (0.10%). Other complications reported included: acute kidney injury in three patients (0.10%); catheter herniation in two patients (0.07%); and retained microcatheter in one patient (0.03%). No periprocedural mortalities were reported.

Conclusion The published literature suggests that MMA embolization is a generally well-tolerated procedure, but with a low risk of significant complications, including, but not limited to stroke, seizures, visual obscurations, and facial palsy. Further studies and sub-analyses are needed to fully characterize the incidence of such complications.

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E-050 POST THROMBECTOMY CEREBRAL BLOOD FLOW (CBF) STUDY USING FLAT PANEL CONE BEAM COMPUTED TOMOGRAPHY: A NEW APPROACH TO UNDERSTAND INTERACTION BETWEEN RECANALIZATION, REPERFUSION AND POST MT BP LEVELS: STUDY CONCEPT AND DESIGN

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Introduction The optimal guidelines for post-mechanical thrombectomy (MT) blood pressure (BP) management are not well established. While observational studies have shown benefits of lowering BP in successfully recanalized patients to reduce the risk of reperfusion injury, there are no randomized trials to support this hypothesis. Recanalization may not always result in reperfusion and non infarcted area of brain in occluded arteries' territory can remain hypo-perfused (no-reflow or stunned brain phenomena). Acute lowering of BP in this subgroup of successfully recanalized patients can potentially be harmful. Therefore, knowledge of the reperfusion status in the immediate post-MT period can potentially help determine the optimal BP target and provide prognostic information.

Methods For each eligible study patient with LVO, a CBF study using Siemens ARTIS icono biplane will be performed immediately post MT while patient is on angiography table. We will retrospectively generate CTPpost maps (CBV, CBF, TTP and Tmax). Hypoperfusion will be defined as volume of Tmax delay ≥ 6 seconds in the affected vascular territory. Hyperperfusion will be defined as visual increase in CBF and CBV with reduced Tmax compared with the unaffected hemisphere. A retrospective correlative analyses of reperfusion status, recanalization grades, post thrombectomy BP levels with various outcome measures will be performed. We hypothesize that the successfully recanalized (based on angiography) and reperfused (based on cerebral blood flow analysis) patients would do better with lower levels of BP, whereas the patients