This study investigates the safety and feasibility of intravenous dose-adjusted cangrelor in patients undergoing acute neuroendovascular interventions.

Materials and Methods We conducted a retrospective chart review of all consecutive patients on intravenous cangrelor for neuroendovascular procedures between September 1, 2020, and March 13, 2022. PatientWe also conducted an updated systematic review and meta-analysis using PubMed, Scopus, Web of Science, Embase and the Cochrane Library up to February 22, 2023.

Results In our cohort, a total of 77 patients were included [mean age (years): 57.6 ± 18.3, males: 40 (51.9%), Black: 50 (64.9%)]. Cangrelor was most used for thrombectomy and stent placement (n=23, 29.9%). Approximately 25.0% of our patients had a favorable outcome with a modified Rankin Scale (mRS) score of 0 to 2 at 90 days (n=14/56); within 1 year, 12.8% of patients had recurrent or new strokes (n=6/47), 6.5% had symptomatic intracranial hemorrhage [sICH] (3/46), 4.3% had major extracranial bleeding events (2/47), and 2.1% had a gastrointestinal bleed (1/47). In our meta-analysis, 11 studies with 298 patients were included. The pooled proportion of sICH and intraprocedural thromboembolic complication events were 0.07 [95% CI 0.04 to 1.13] and 0.08 [9% CI 0.05 to 0.15], respectively.

Conclusions Our study found that intravenous cangrelor appears to be safe and effective in neuroendovascular procedures, with low rates of bleeding and ischemic events. However, further research is needed to compare different dosing and titration protocols of cangrelor and other intravenous agents.

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E-055 SUCCESSFUL VENOUS SINUS STENTING USING A LOW PROFILE, LOW RADIAL FORCE CAROTID STENT

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Introduction/Purpose Idiopathic intracranial hypertension (IIH) is a debilitating disorder with headaches and visual complaints as the most prevalent clinical symptoms. Treatment of venous outflow obstruction due to venous sinus stenosis has moved into focus in the past years. For venous sinus stenting, there is currently no consensus on the type of stent, dedicated venous stent or 'off-label' carotid stent, and the degree of radial force it should possess. We suggest that the use of a low-profile, low radial force carotid stent is a safe and effective option for venous sinus stenting with low rate of complications and in-stent intimal hyperplasia formation.

Materials and Methods We retrospectively reviewed our neurointerventional database between July 2019 and March 2023 and identified all patients who underwent venous sinus stenting for treatment of medically refractory IIH. Patient characteristics, procedural details as well as imaging and clinical outcomes were collected.

Results A total of 10 patients (9 females) underwent venous sinus stenting. All patients had an established diagnosis of IIH and failed medical management. Bilateral stenting was performed in 2 patients in a staged fashion. Mean patient age was 37 years (range 29-42 years). Venous sinus stenoses were seen on the right transverse-sigmoid sinus in 8 cases and on the left in 4 cases. Most stenoses (n=9) were severe (≥70% stenosis). Mean pressure gradient across the stenotic venous sinus segment was 14 cm of water (range 7 - 24 cm of water). The Carotid Wallstent was used in most cases (n=11). One case required telescopic placement of 2 Wallstents. Stents were successfully delivered in all cases. No device related complications occurred. Patients were initiated and maintained on dual antiplatelet therapy with either aspirin 81 mg and plavix 75 mg daily or aspirin 81 mg and ticagrelor 90 mg BID. Patients requiring anticoagulation were maintained on single antiplatelet agent, either plavix or ticagrelor, in addition to the anticoagulation. One patient experienced a post-procedure deep venous thrombosis in the leg used for venous access during the procedure. Nine clinical follow-ups were available, and one patient is due to be seen in the next 2-3 months. All patients reported marked improvement of their symptoms if not complete resolution. Six-month angiogram follow-up was available in 5 patients (50%) showing a patent stent in all cases. Four follow-ups are scheduled in the next 2-4 months. Two patients had a 12-months follow up which shoed persistent patency of the stent in both cases.

Conclusion Use of a low profile, low radial force carotid stent for treatment of sinus venous stenoses in IIH patients resulted in excellent technical and clinical outcomes. Short-term follow-up shows maintained stent patency without intimal hyperplasia.

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E-056 INITIAL EXPERIENCE WITH TRANSCRANIAL ULTRASOUND THROUGH SONOLUCENT CRANIOPLASTY AFTER MINIMALLY INVASIVE INTRACEREBRAL HEMORRHAGE EVACUATION

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Introduction Postoperative rebleeding is a common complication of minimally invasive surgical evacuation for intracerebral hemorrhage (ICH). While computed tomography (CT) is the standard of care for postoperative hematoma cavity monitoring, it entails significant logistical and financial burdens. This study aims to evaluate the feasibility of transcranial ultrasound with sonolucent cranioplasty in postoperative ICH patients.

Materials and Methods Consecutive patients who underwent minimally invasive ICH evacuation and subsequent cranioplasty with 2 cm clear polymethyl methacrylate implant were enrolled. Postoperative sonography was performed. Patient

demographics including age, gender, preoperative hematoma volume, postoperative hematoma volume, infection rate, and revision rates were analyzed.

Results Sixteen consecutive patients (50% male, median age 67 years [IQR 59-75], median preoperative volume 61 mL [IQR 25-86], median postoperative volume 10.1 mL [IQR 3-15], median evacuation percentage 84.2% [IQR 61-92]) underwent cranioplasty after minimally invasive ICH evacuation. External ventricular drains were placed postoperatively in 43.8% (7/16). Image quality varied by operator, ultrasound system, and postoperative changes. There were no incision infections, ventriculostomy infections, or cranioplasty revisions.

Conclusion Transcranial ultrasound through sonolucent cranioplasty is safe and feasible in postoperative intracerebral hemorrhage patients. There were no infections or revisions. This imaging technique may alleviate the cost, transport, and radiation burden of CT in select ICH patients.

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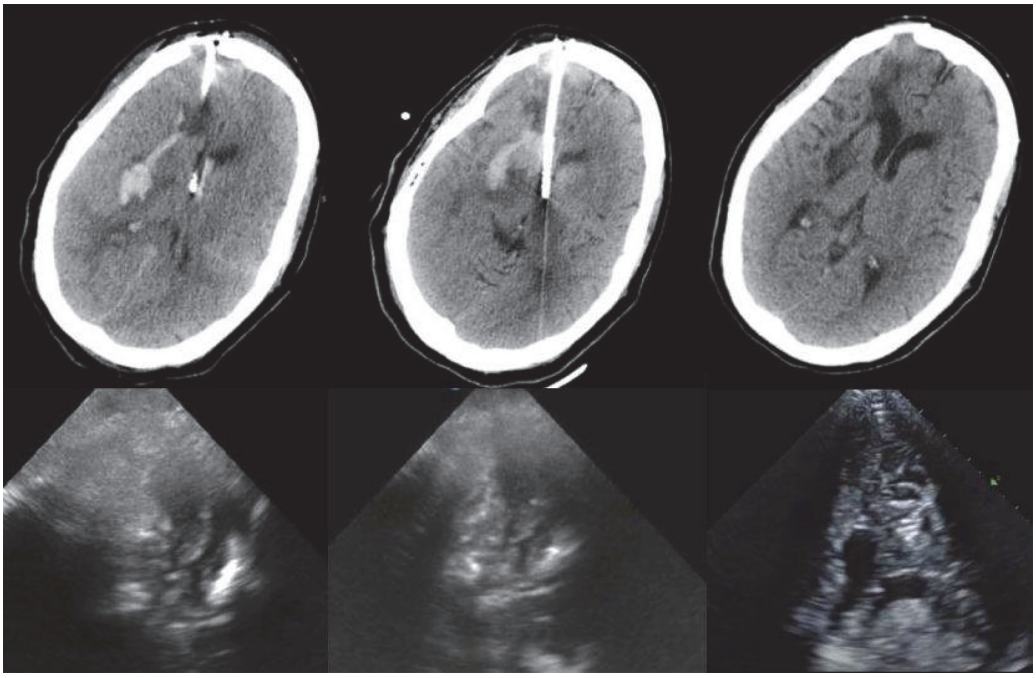
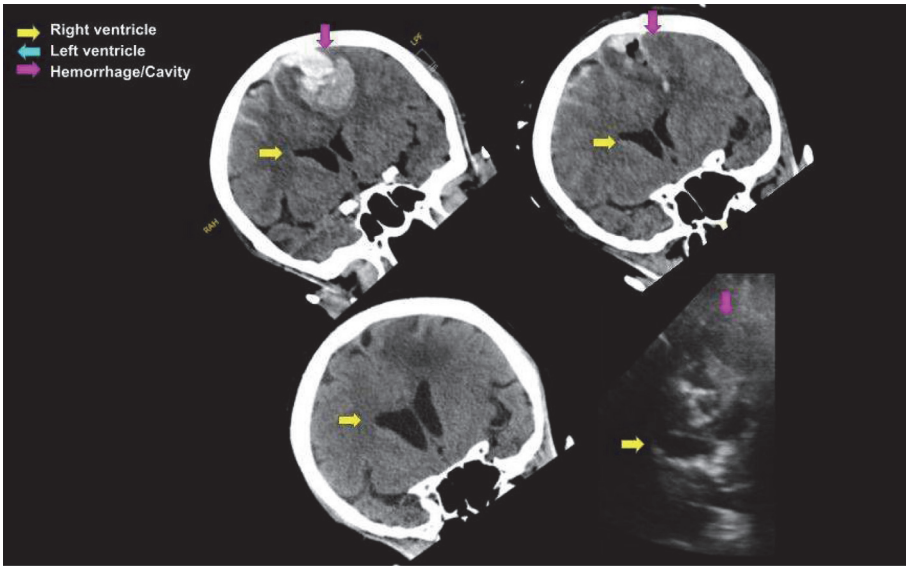


Abstract E-056 Figure 1



Abstract E-056 Figure 2