to FR group. The rates of sICH and procedural complications were comparable among both groups. Similarly, sensitivity and subgroups analyses demonstrated better outcomes with comparable safety in those who underwent RS compared to FR group.

Conclusion In patients with posterior circulation occlusion stokes who failed mechanical thrombectomy, our study suggests that RS has better outcomes with comparable safety profile. Randomized controlled studies are warranted for more concrete evidence.

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E-249 USE OF THE SCEPTER MINI IN MANAGEMENT OF CEREBROVASCULAR MALFORMATIONS: A SINGLE-CENTER EXPERIENCE AND REVIEW OF INDICATIONS

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Introduction Balloon assistance has been utilized to enhance the efficacy of endovascular embolization of cerebrovascular malformations. Recently, the advent of dual-lumen balloon catheters (DLBC) has allowed for simultaneous flow arrest and the injection of liquid embolic agents (LEA) for embolization without reflux or the creation of a proximal plug. To maximize safety and efficacy in embolization, the balloon should be placed as close as possible to the target pathology. The Scepter Mini is a new dual-lumen microballoon catheter which offers a softer balloon and smaller diameter than previous DLBCs to catheterize small-caliber distal intracranial vasculature. Here, we report on our institution's experience with the Scepter Mini microcatheter.

Methods A single-center retrospective chart review identified all patients with cerebrovascular cerebrovascular pathology (dural arteriovenous fistulas, Vein of Galen Malformations, arteriovenous malformations, intracranial aneurysms, subdural hematomas, and tumor embolizations) treated with the Scepter Mini. Clinical data, structural and hemodynamic characteristics of the pathology, and technical parameters including anatomic approach, LEA used, complications and embolization success were reviewed.

Results 110 Scepter Mini microcatheters were used during 80 procedures in the treatment of 13 pediatric and 53 adult patients. The most common pathology treated with the Scepter Mini was dural arteriovenous fistulas (29/80 procedures). 75/80 procedures were performed by transarterial approach, and the Scepter Mini was used for embolization in all but one instance where it was used as balloon assistance for the coiling of a ruptured aneurysm. Technical success was achieved in 96.3% of all cases. Near-tip entrapment of the Scepter Mini occurred in 1/110 (0.9%) uses of the catheter, which was successfully retrieved without further complication. Clinical complications unrelated to the Scepter Mini occurred postoperatively in 8/80 cases and no intraoperative reflux or vessel rupture was noted.

Conclusion We report the largest cohort to date of Scepter Mini usage in the treatment of cerebrovascular malformations. The Scepter Mini is an important tool in the treatment of cerebrovascular pathology requiring extremely distal access and allows for the safe utilization of LEAs in high-flow pathology or small-caliber tortuous vasculature.

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E-250 ETICI 2B67–3 IS AN OPTIMAL REPERFUSION BENCHMARK AND IS ACHIEVED ON THE FIRST PASS IN TWO OUT OF EVERY THREE CASES IN THE NEVA CLEAR STUDY

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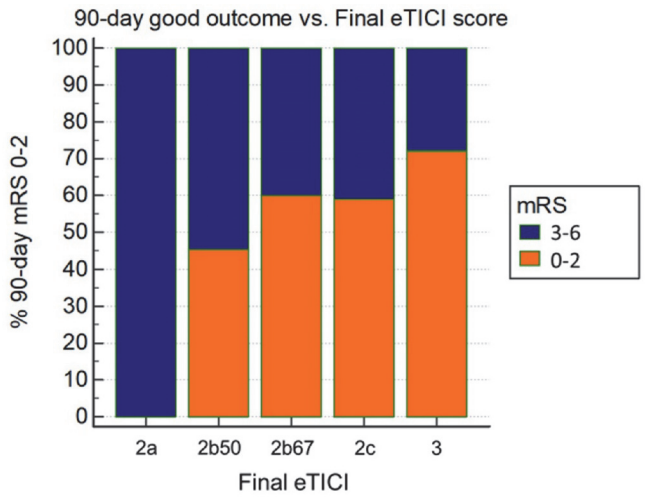
Introduction/Purpose Rapid reperfusion is associated with the best clinical outcomes following thrombectomy. Multiple first pass effect (FPE) definitions exist based on the extent of reperfusion, with previous work showing that first pass eTICI (expanded Treatment in Cerebral Ischemia) 2c-3 is the optimal discriminator of good outcome. Emerging data suggest an equally beneficial effect of eTICI 2b67 compared to eTICI 2c. Using data from the CLEAR study of the NeVa device, we sought to compare outcomes following eTICI 2b67 reperfusion to determine whether it should be included into the optimal FPE definition.

Materials and Methods A secondary analysis of the prospective, multicenter, FDA-regulated CLEAR trial was conducted on the Intention to Treat (ITT) study population of 139 patients. An independent core lab prospectively adjudicated eTICI including the 2b67 threshold during the trial. Good



Abstract E-250 Figure 1

outcome (90-day mRS 0-2) rates were compared between individual eTICI score levels at procedure end (final eTICI). The association between the number of passes to achieve eTICI 2b67 or greater and the likelihood of a good clinical outcome at 90 days (mRS 0-2) was assessed with logistic regression. Significance was taken at P<0.05.

Results The proportion of final eTICI scores were 2a in 2 patients (1.4%), 2b50 in 11 (7.9%), 2b67 in 20 (14.4%), 2c in 45 (32.4%), and 3 in 61 (43.9%). Good outcomes were seen in none of the final 2a patients, 45.5% (5/11) of 2b50, 60% (12/20) of 2b67, 59.1% (26/44) of 2c, and 72.1% (44/61) of 3 (P=0.02, Cochran-Armitage trend test) (see figure). First pass eTICI 2b67-3 was seen in 64.0% (89/139). Good outcome rate was 73.0% (65/89) with FP 2b67-3 versus 44.9% (22/49) without (P=0.001, Chi-squared). For the 125 subjects that achieved an eTICI score of 2b67-3, the odds of a good outcome decreased by a multiple of 0.545 for each additional pass completed (p-value = 0.005).

Conclusion Core lab-adjudicated data from CLEAR reveal equivalent rates of good outcome between final eTICI 2b67 and final eTICI 2c reperfusion, supporting eTICI 2b67-3 as an optimal benchmark of treatment success. NeVa results in eTICI 2b67-3 in almost two-thirds of patients after a single pass.

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E-251 UNUSUAL COURSE OF THE FACIAL VEIN ENCOUNTERED DURING DIRECT CAROTID CAVERNOUS FISTULA EMBOLIZATION

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This 66 year-old woman presented to the ophthalmologist with 3-days history of left eyelid swelling, exophthalmos, chemosis and corkscrew hyperaemia. Periorbital bruit was audible on the left side. MRI/MRA showed dilation of the left superior ophthalmic vein and expansion of the left cavernous sinus. DSA images raveled a direct, Barrow Type A, high-flow left carotid-cavernous fistula. The left ICA flow terminated into the left cavernous sinus. Transarterial and transvenous coiling (through the ipsilateral and contralateral inferior petrosal sinuses and the left superior ophthalmic vein) succeeded in closing the fistula and restoring the left anterior circulation. The unusual termination of the left common facial vein into the left subclavian vein was noted, it was used to gain access into the left superior ophthalmic vein, avoiding the need for an open surgical cannulation of the superior ophthalmic vein.

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