



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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#### UNUSUAL COURSE OF THE FACIAL VEIN ENCOUNTERED DURING DIRECT CAROTID CAVERNOUS FISTULA EMBOLIZATION

<sup>1,2</sup>K Alok\*, <sup>1</sup>J Salame. <sup>1</sup>Department of Neurosurgery, Fouad Khoury Hospital, Beirut, Lebanon; <sup>2</sup>American University of Beirut, Beirut, Lebanon

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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 revealed 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. **Disclosures** K. Alok: None. J. Salame: None.