

2.3 ISCHEMIC – Treatment

020/181 EARLY REPERFUSION OR COMPLETE REPERFUSION TICI 3: DETERMINANTS OF IMPROVE OUTCOME AFTER FIRST PASS RECANALIZATION IN MECHANICAL THROMBECTOMY

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Introduction First-pass(FP)-recanalization has been shown to improve outcome in patients with ischemic stroke undergoing mechanical thrombectomy(MT). Data also suggests that FP-recanalization is more often associated with complete reperfusion TICI=3 than with TICI=2b. Independently, it was shown that TICI=3 significantly improves functional outcome after mechanical thrombectomy

Aim of Study To evaluate whether early recanalization or complete recanalization TICI=3 are the determinants of improved outcome observed after FP-recanalization.

Methods All patients prospectively enrolled in the German Stroke Registry-ET (05/2015–12/2021;N=13082) were screened. Inclusion criteria were anterior circulation stroke and successful recanalization TICI \geq 2b. Good functional outcome was defined as 90d modified Rankin Scale(mRS) \leq 2. Mediation analysis was performed to evaluate how much of the FP-related improvement in functional outcome is explained by complete reperfusion TICI=3.

Results 2589 patients were included, 1170(47%) had successful FP recanalization, 797(68% of FP-cases) with TICI=3. FP-recanalization was associated with higher rate of good functional outcome compared to multi-pass with 49.2% vs 37.6%. Mediation analysis suggests that FP-recanalization increases probability of good outcome by 9.6 percentage points vs. multi-pass recanalization. 12.8% (95%CI:7.6%-23%) of this effect was explained by TICI=3 recanalization whereas 87.2% (77%-92%) are explained by other factors associated with FP-recanalization.

Conclusion Only 13% of the FP-related improvement in functional outcome is explained by higher rates of complete recanalization, suggesting significant importance of early recanalization and low number of MT maneuvers. Results may improve the understanding of the importance of FP-reperfusion vs. early TICI=3 and may help to optimize MT treatment strategies.

Disclosure of Interest HK has financial interest in Eppdata GmbH.

GT received fees as consultant and lecturer from Acandis, Alexion, Amarin, Boehringer Ingelheim, Bayer, BMS/Pfizer, Daiichii Sankyo and Portola. He serves in the board of the TEA Stroke Study and of ESO.

JF is consultant for Cerenovus, Medtronic, Microvention, Penumbra, Phenox, Roche, Stryker and Tonbridge. He is stock holder of Tegus Medical, Eppdata and Vastrax. He serves as Associate Editor at JNIS.

All other authors have nothing to disclose.

021/183 STENTING OF INTRACRANIAL STENOSIS WITH THE FIBRIN-HEPARIN COATED CREDO HEAL STENT - MULTICENTER EXPERIENCE

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Introduction Mechanical thrombectomy (MT) has become the standard treatment for acute ischemic stroke due to large vessel occlusions (LVO). However, MT may not result in successful recanalization due to underlying stenosis and bail-out stenting may achieve permanent recanalization.

Aim of Study To present the heal technology and the Credo heal Stent as an approach to intracranial atherosclerotic disease (ICAD) treatment and report the final results of a multi-center analysis.

Methods We retrospectively analysed data from 16 stroke centres. Patients treated with the Credo heal Stent were divided into two groups: symptomatic intracranial stenosis (sICAD) and persisting LVO due to underlying stenosis after futile mechanical thrombectomy (Rescue Stenting group). Primary endpoints were improvement of stenosis grade and rate of successful recanalization. Favourable neurological outcome was defined by modified Rankin Score at 90 days.

Results 121 patients were treated from 2021–2023 with the CREDO heal Stent. Rescue stenting and sICAD treatment was performed in 82 and 39 cases respectively. Overall, a final TICI \geq 2b score was achieved in 94.5%. In 14% periprocedural complications occurred where in-stent thrombosis accounted for 6.3% (rescue stenting group). The mean stenosis grade in the sICAD group was 90% before and 15% after PTA and stenting. On follow-up (n=27) restenosis was observed in 2.8%.

Conclusion The Credo heal stent offers a treatment option for patients with sICAD or with persistent occlusion. The rate of restenosis is low compared to previous trials. Its effectiveness with regard to long-term ischemic complications will be evaluated in the prospective ReCHRUT trial.

Disclosure of Interest Hannes Nordmeyer and Franziska Dorn received speaker honoraria from Acandis. All other author have nothing to disclose.

3.1 OTHER – Innovation

022/188 BRAIN ANEURYSM FOUNDATION – BRAIN ANEURYSM AWARENESS CAMPAIGN

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Introduction Brain aneurysm foundation – brain aneurysm awareness campaign

As in all countries around the world as well as in LT brain scan tools such as MRI are becoming more popular, well-known, and easily accessible. More unruptured intracranial aneurysms are detected/diagnosed by MRI for multiple reasons, including headache, vertigo, and others. In most cases,