

2.3 ISCHEMIC – Treatment

P137/17 INCIDENCE AND OUTCOME OF PERFORATIONS OCCURRING DURING MEDIUM-VESSEL OCCLUSION THROMBECTOMY COMPARED TO LARGE-VESSEL OCCLUSION THROMBECTOMY

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Introduction Vessel perforation during thrombectomy is a severe complication and is hypothesized to be more frequent during MeVO compared to LVO thrombectomy.

Aim of the study To compare the incidence and outcome of patients with perforation during MeVO and LVO thrombectomy and to report on the procedural steps that led to perforation.

Methods In this multicenter retrospective cohort study, data of consecutive patients with vessel perforation during thrombectomy between January 01, 2015 and September 30, 2022 were collected. The primary outcomes were independent functional outcome (i.e. modified Rankin Scale 0–2) and all-cause mortality at 90 days. Binomial test, chi-squared test and t-test for unpaired samples were used for statistical analysis.

Results During 25,769 thrombectomies (5,124 MeVO, 20,645 LVO) in 25 stroke centers, perforation occurred in 335 patients (1.3%; mean age 72 years, 62% female). Perforation occurred more often in MeVO thrombectomy (2.4%) than in LVO thrombectomy (1.0%, $p < 0.001$). More MeVO than LVO patients with perforation achieved functional independence at three months (25.7% vs 10.9%; $p=0.001$). All-cause mortality did not differ (overall 51.6%). Navigation beyond the occlusion and retraction of stent-retriever/aspiration catheter were the two most common procedural steps that led to perforation.

Conclusions In our cohort, perforation was approximately twice as frequent in MeVO than in LVO thrombectomy. Considering the rather benign natural course of MeVO stroke, physicians should be avoiding perforation during MeVO thrombectomy by all means. Efforts to optimize the procedure may focus on navigation beyond the occlusion site and retraction of stent-retriever/aspiration catheter.

Disclosure of Interest Nothing to disclose

P138/30 THE RELATIONSHIP BETWEEN BODY MASS INDEX AND STROKE OUTCOMES ACCORDING TO STROKE SUBTYPE

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Introduction Obesity is closely associated with ischemic stroke risk and has a nearly-linear relationship.

Aim of Study Since the association between stroke and obesity may differ depending on pathophysiology of the stroke subtype based on the causative factors of stroke, this study aimed to explain the relationship between body mass index (BMI) and functional prognosis according to stroke subtype.

Methods A prospective institutional database on stroke was accessed from March 2014 to December 2021 (4,509 patients); consecutive patients with ischemic stroke were selected retrospectively. Multivariate logistic analysis of the complete-case, multiple imputation (MI), and propensity score-matched analysis (PSM) database sets was conducted to evaluate the relationship between BMI and functional outcomes.

Results Finally, 2,779 patients were enrolled according to the inclusion criteria. For logistic regression analysis of the three stroke subtypes such as large artery disease (LAD), cardioembolism (CE), small vessel occlusion (SVO), the final PSM analysis showed significantly favorable results in the overweight and obese patient groups (OR 0.38, 95% CI 0.20–0.74; OR 0.40, 95% CI 0.21–0.76, respectively) in the case of CE. In the SVO group, favorable outcome was observed in the obese group (OR 0.55, 95% CI 0.32–0.95), whereas in the LAD group, no significant difference was observed in functional outcomes.

Conclusion CE showed a favorable outcome in the overweight and obese patient groups compared to the normal weight group. SVD revealed that only the obese patient group had a favorable outcome; however, an association was not observed in the LAD patient group.

Disclosure of Interest none

P139/31 ROLE OF SARCOPEINIA AS A PREDICTOR OF FUNCTIONAL OUTCOME OF ISCHEMIC STROKE

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Introduction Several studies have been conducted on sarcopenia occurring during the stroke recovery process; however, few studies have observed the functional prognosis of patients with sarcopenia following stroke.

Aim of Study In this study, sarcopenia was investigated by measuring early skeletal muscle mass in patients with ischemic