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**P150/168 ACUTE ISCHEMIC STROKE DUE TO DISTAL VESSEL OCCLUSION TREATED WITH PRESET LITE STENT RETRIEVER. SINGLE CENTER EXPERIENCE**

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**Introduction** Mechanical thrombectomy (MT) is standard treatment for large vessel occlusion (LVO). Despite MT is increasingly performed for distal vessel occlusions (DVO), evidence for its clinical benefit remains scarce.

**Aim of Study** In this study we assessed Single-Center efficacy and safety of DVO MT using stent retriever pREset-LITE (Phenox).

**Methods** Of 461 MT performed in our Center between 01/2021–04/2023, we treated with pREset 79 DVO in 71 consecutive Pt (median age 71,66/range 42–93, median NIHSS 13/range 6–24).

**Results** 71 Pt with 79 DVO underwent MT using pREset-LITE (3x20 o 4x20 mm).

73/79 cases pREset was used in combination with proximal aspiration catheter.

49 cases (62%) are primary distal occlusion, others were associated with PLVO.

We performed 61 MT on M2 segment (61/79, 77,2%), 7 on M3/M4 (8,9%), 7 on A2/A3 (8,9%) and 4 on P2-P3 (5,1%).

We performed a single-pass in 54 cases (68,3%), 2 passes in 11 (13,9%), ≥3 passes in 8 (10.1%).

TICI 3 was observed in 51 Pt (71,8%), TICI 2b/c in 15 Pt (21,1%), TICI 0/1 in 5 cases (7%).

Post-procedural asymptomatic SAH was observed in 26 Pt (36,6%), asymptomatic ICH in 8 (11,2%).

1 case of vessel rupture during MT lead to post-procedural exitus in 24h.

7 Pt (8,9%) died within 1 month after MT for clinical situation out of ischemic stroke.

mRS≤2 at 3 months was observed in 58 Pt (80.5%).

**Conclusion** Our Single-Center experience shows safety and efficacy of pREset stent retriever in MT for DVO. Further research is needed.

**Disclosure of Interest** Nothing to disclose

**P151/175 DIRECT ASPIRATION WITH EMBOVAC – FIRST CLINICAL EXPERIENCE AND CLOT COMPOSITION (RESULTS THE "PERFECT" STUDY)**

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**Introduction** EMBOVAC is a large bore aspiration catheter with an inner diameter of 0.071".

**Aim of Study** PERFECT (NCT04531904, CERENOVUS) was a prospective, post-market, single-arm study to assess direct aspiration with EMBOVAC as first line therapy in patients with large vessel occlusion and analyse the composition of retrieved thrombus.

**Methods** Subjects were enrolled and followed across 11 European centres between October 2020 and July 2022. A minimum of 3 direct aspiration passes with EMBOVAC were mandated before switching strategy. The primary endpoint was core-lab assessed successful reperfusion (mTICI≥2b) post-procedure. Other outcomes included 90-day mRS by an independent evaluator, symptomatic intracerebral hemorrhage by an independent Clinical Events Committee, and clot analysis by an independent central clot lab.

**Results** Final mTICI≥2b was achieved in 98.0% (97/99) while final mTICI≥2c was reached in 86.9% (86/99) of patients. Final mTICI≥2b without rescue was reached in 87.9% (87/99). First pass mTICI≥2c without rescue was achieved in 53.5% (53/99). mRS≤2 at 90 days was 56.6% (56/99). All-cause mortality at 90 days was 12.9%. No patients experienced sICH at 24 hours post-procedure. One device-related SAE occurred within 90 days. Composition analysis revealed median 54.80% red blood cells and 24.90% fibrin.

**Conclusion** This is the first clinical evaluation of EMBOVAC. Direct aspiration with EMBOVAC as first line therapy resulted in high rates of reperfusion and favorable clinical outcomes. Clot composition analysis can aid in better understanding of the stroke etiology and means for effective clot removal.

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