segment using axial image of CT or MR angiography conducted before EVT. Procedural complication was captured including extravasation during angiography and hemorrhagic transformation on follow-up image.

**Results** A total of 104 patients (age, 70.2±11.9 years; male, 53.8%) was evaluated. M2 diameter was ranged from 1.05 to 3.19 mm. Six patients were treated with intraarterial urokinase only, 90 with stent retriever, 3 with aspiration thrombectomy, and 5 patients with both stent retriever and aspiration thrombectomy. Extravasation developed four times more frequently in the lowest quartiles (<1.63 mm) than the highest quartiles (≥2.29 mm) divided by M2 diameter. Hemorrhagic transformation occurred in 25%, and the half of them was subarachnoid hemorrhage. In the logistic regression analysis, the lowest quartile group showed positive association with hemorrhagic transformation (adjusted ORs 8.91 [95% CIs 1.50 – 52.93]), but no association with clinical outcome.

**Conclusion** This study demonstrated that the lowest quartile of M2 diameter was associated with procedural complication in the acute M2 occlusion patients treated with EVT. However, clinical outcome was not differed.

**Disclosure of Interest** Nothing to disclose

**P157/210 COMPARISON OF ADJUSTABLE VS SELF-EXPANDING STENT-RETRIEVERS FOR MECHANICAL THROMBECTOMY IN LARGE VESSEL OCCLUSION**

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10.1136/jnis-2023-ESMINT.185

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**Introduction** Tigertriever stent-retriever (Rapid Medical, Israel) is a device designed using a different approach compared to classical stent-retrievers (i.e. Solitaire or pRESET). The Tigertriever is an adjustable device that provides manual control of its diameter and curvature during stroke endovascular treatment.

**Aim of Study** To compare the efficacy and safety of Tigertriever (adjustable stent-retriever) to stent-like stent-retrievers (SolitaireX and pRESET) in a retrospective single-center study using propensity score analysis.

**Methods** Patients treated in a comprehensive stroke center due to large vessel occlusion acute ischemic stroke between January 2016 and August 2021 were evaluated. Baseline characteristics and treatment results were compared between these groups before and after pair matching. There were 140 patients (60 in Tigertriever group and 80 in the stent-like stent-retriever group). In propensity score analysis, 52 matched pairs were selected in Tigertriever and stent-like stent-retriever groups.

**Results** The Tigertriever group had a higher successful first pass revascularization rate [46 vs. 23%, OR (95% CI): 1.7 (1.1–2.9), p = 0.013] and 14-min shorter groin-to-revascularization time (51 vs. 65 min, p = 0.017). There were no significant differences between Tigertriever and stent-like stent-retriever groups in the following: favorable mRS at 3 months, favorable revascularization rate, and symptomatic intracranial hemorrhages. There were no observed periprocedural adverse events related to Tigertriever, SolitaireX, or pRESET.

**Conclusion** Tigertriever had a significantly higher successful first pass revascularization rate and shorter groin-to-revascularization time in the analysis done before and after propensity score matching with stent-like stent-retrievers.

**Disclosure of Interest** Nothing to disclose

**P158/212 THE FIRST PASS EFFECT: THE INITIAL REAL-LIFE EXPERIENCE OF THE UNIVERSITY CLINICAL CENTRE OF SERBIA**

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**Introduction** The first-pass effect (FPE) is complete or near-complete recanalization of an occluded blood vessel with a single pass of a mechanical thrombectomy (MT) device. Publications have shown FPE has been related to better clinical outcome compared to recanalization after more than one attempt.

**Aim of Study** We looked for FPE predictors and impact on clinical outcome after 90 days in patients with acute ischemic stroke (AIS).

**Methods** We present a monocentric cohort study of adult patients with anterior circulation occlusions in the first two years of performing the procedure (2018–2020).

**Results** In 82 included patients, FPE was achieved in 33 (40.2%). In the cohort, all recanalization time intervals have shown a statistically significant difference (p = 0.005). Distal occlusions were less prevalent in the group with FPE (12.1% vs. 34.7%, p = 0.022) where more frequent medial cerebral artery (ACM) occlusions were observed (58% vs. 43%). The clinical outcome after 90 days was almost identical in the group of patients with recanalization after 1 attempt compared with the group of 2+ attempts (42.4% vs. 42.9% and 27% vs. 30%). Age, sex, ASPECT score on admission, MT under 2Götz Thomalla, 1Jens Fiehler, 1Susanne Gellißen.
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**Introduction** For large vessel occlusions, 24h NIHSS was described as most accurate early clinical predictor of functional outcome in acute stroke patients. M2 occlusions are characterized by more distal and smaller infarct cores, early clinical surrogates of functional outcome might differ.