

Results One hundred seventy-five angioplasties were performed, the distal filter was the most prevalent embolic protection device used (66%), patients baseline characteristics did not differ between groups with different embolic protection devices, except for history of dyslipidemia ($p < 0.000$). As well, we did not find any significant differences between the groups in the device related complications, intervention time ($p = 0.140$), unrelated complications ($p = 0.693$) and functional independence at 90 days ($p=0.096$).

Conclusion In our study the proximal balloon-guided catheter and the distal filter protection device as protection devices during the carotid stenting didn't show significant differences regarding complications related to the system.

Disclosure of Interest Nothing to disclose

P162/231 GOOD CLINICAL OUTCOME DECREASES WITH NUMBER OF RETRIEVAL ATTEMPTS IN POSTERIOR CIRCULATION STROKE THROMBECTOMY

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Introduction Endovascular therapy (EVT) has been shown to be superior for the treatment of acute basilar-artery occlusion compared to standard medical care. However, it is unknown if the number of retrieval attempts performed during EVT for posterior circulation stroke (PCS) influence the clinical outcome.

Aim of Study Our goal was to quantify the influence of EVT on clinical outcome depending on the number of retrievals needed for successful reperfusion in a large multi-center cohort of PCS patients.

Methods Of 6635 patients from the German Stroke Registry, patients who received EVT for posterior circulation stroke with known admission National Institutes of Health Stroke Scale (NIHSS) score, final Thrombolysis in Cerebral Infarction (TICI) score, and number of retrievals were included. Successful reperfusion was defined as a TICI score of 2b/3. The primary outcome was defined as a modified Rankin scale (mRS) of 0–3 at day 90.

Results The inclusion criteria were met by 528 patients from 21 centers. Besides the highly significant negative association with older age, higher NIHSS and positive association with iv. thrombolysis, the odds of good clinical outcome were highest if only one retrieval attempt was required (adjusted OR 4.91, 95%CI 2.55–9.44) and decreased considerably for the second (adjusted OR 2.37, 95%CI 1.19–4.72) and third attempts (adjusted OR 3.07, 95%CI 1.39–6.76).

Conclusion Successful reperfusion within the first three retrieval attempts is associated with improved clinical outcome compared to patients without reperfusion. We conclude that at least three retrieval attempts should be performed in EVT of posterior circulation strokes.

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P163/235 THROMBOLYSIS AND COLLATERAL FLOW IN INTERHOSPITAL TRANSFER FOR THROMBECTOMY: IMPLICATIONS FOR RECANALIZATION AND INFARCT GROWTH

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Introduction Collateral flow may mediate the effect between thrombolysis and macro and microvascular reperfusion in patients with large-vessel occlusion (LVO) transferred for endovascular treatment (EVT).

Aim of Study To investigate the interaction between thrombolysis and collateral flow in interhospital infarct growth and recanalization before EVT.

Methods This was a cohort study of consecutive anterior circulation LVO transferred patients from a primary stroke center (PSC) to a single comprehensive stroke center (CSC). We included patients who underwent repeated CT scans, and the rate of ASPECTS decay (RAD) was defined as (ASPECTS PSC – ASPECTS CSC) divided by the hours elapsed between scans. Collateral score was assessed in the PSC single-phase CTA on a scale from 0 to 3.

Results We included 264 transferred patients who underwent CT before EVT, of whom 91 (34.5%) received thrombolysis in PSC and 116 (43.9%) had good collaterals. RAD in each collateral score was not modified by bridging thrombolysis (mean, SD) [score 0: 1.49 (0.4) vs. 1.52 (1.1); score 1: 0.66 (0.7) vs. 0.70 (0.6); score 2: 0.33 (0.5) vs. 0.45 (0.6); score 3: 0.24 (0.4) vs. 0.23 (0.3)]. In patients with good collaterals, 7.9% of those without bridging thrombolysis recanalized before EVT, while 16.7% of patients with bridging thrombolysis recanalized. In patients with poor collaterals, recanalization was observed in 2.9% and 6.5% of patients, respectively.

Conclusion Collateral flow and thrombolysis may have a positive interaction in macrovascular recanalization. However, thrombolysis does not appear to interfere with collateral-mediated infarct growth

Disclosure of Interest Nothing to disclose