

Abstract E-030 Table 1 Multivariate regression analysis of various predictors of complete occlusion

Variable	OR	CI		P-value
Gender	0.32885442	0.10417626	1.03809857	0.05792737
Rupture	0.97802628	0.42034343	2.27560454	0.95887162
Lateral Compression	1.03048349	0.99320323	1.06916309	0.11021307
Measured Aneurysm	1.01832081	1.00160925	1.0353112	0.03151868
Entry Angle				

96 observations, 91 error degrees of freedom. Dispersion: 1Chi²-statistic vs. constant model: 11.2, p-value = 0.0244

occlusion. However, in multivariate analysis, measured aneurysm entry angle was the only variable within our data set to predict complete occlusion (Raymond-Roy 1, WEB occlusion score A) of aneurysms treated with WEB devices. The measured aneurysm entry angle was significantly smaller in aneurysms that showed complete occlusion at follow-up (OR 1.018, p 0.03).

Conclusion Measured aneurysm entry angle is an independent predictor of complete occlusion (Raymond-Roy 1, WEB occlusion score A) in cerebral aneurysms treated with the WEB device.

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E-031

CHARACTERIZING PATIENTS WITH IDIOPATHIC INTRACRANIAL HYPERTENSION TREATED WITH MEDICAL THERAPY ALONE OR MEDICAL THERAPY PLUS STENTING

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Introduction Idiopathic intracranial hypertension (IIH) is a disorder of increased intracranial pressure which is theorized to originate from obesity, hormonal changes, medications, and/or venous sinus stenosis. First-line treatments include weight loss and acetazolamide to lower intracranial pressure. Despite these measures, patients may continue to have symptoms of headache and vision changes or persistent optic disc swelling (papilledema) on exam. Second-line treatments may then be considered including surgical weight loss, venous sinus stenting, or ventriculoperitoneal shunting. There is no formal consensus regarding the best second-line approach in patients with IIH. The purpose of this study is to characterize patients who undergo venous stenting and compare them to patients who are successfully treated with medical therapy only. The hypothesis is that patients with more severe papilledema at

presentation, inability to lose weight, persistent symptoms despite medications, and inability to wean from medication will be more likely to undergo venous sinus stenting.

Methods The cohort includes all patients with a diagnosis of IIH and papilledema who were seen at Stanford between 1/2022 and 10/2023. A total of 130 patients were identified with a screening tool that searches for relevant diagnosis codes (G93.2, H47.1, H47.11). Of the 130 patients identified, 90 have been screened for inclusion. Patients who lacked papilledema or had alternative diagnoses for intracranial hypertension such as mass lesions were excluded. Chart review has been completed on 39 patients. Of these, 31 patients received only medical therapy and 8 received medical therapy + stenting. The unpaired t-test was used to calculate between-group differences for continuous variables and the Fisher exact test was used to calculate associations between categorical variables with alpha set to 0.05 for both tests.

Results Stented patients had higher average BMI at presentation (36 vs 33, p=0.17) and higher average opening pressures with lumbar puncture (43 vs 36, p=0.03). Substantial weight loss was uncommon in both groups, and less likely in the stented patients (25% vs 29%, p=1.0). Severe papilledema at presentation was similar between groups (37% vs 35%; p=1.0). Patients who went on to undergo venous stenting were less likely to have had improvement in headache (25% vs 73%, p=0.11) or resolution of papilledema (50% vs 86%, p=0.17) with medical therapy alone and were more likely to have failed weaning from medical therapy (40% vs 28%, p=0.62).

Conclusions In conclusion, patients with IIH who ultimately require venous sinus stenting more often have higher BMI, fail to achieve symptom control with medication, and continue to have papilledema with medication. Stented patients have significantly higher opening pressure at initial lumbar puncture. There is no trend towards stenting in patients with severe papilledema at initial presentation.

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E-032

ENHANCING STROKE CARE EFFICIENCY THROUGH AI VENDOR TRANSITION: A COMPARATIVE STUDY OF WORKFLOW METRICS BEFORE AND AFTER IMPLEMENTATION

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Introduction The advent of artificial intelligence (AI) has transformed the diagnostic approach to stroke patients, due to the ability to rapidly identify vascular occlusions and salvageable tissue. A retrospective study was conducted at a large academic healthcare system, to measure the early impact of switching to a new vendor solution as the primary stroke triage AI system.

Materials and Methods Data was collected for 354 acute stroke code patients, to compare two study periods, a pre-implementation period (Oct/Nov 2022) and a post-implementation period (Oct/Nov 2023). Corresponding months were chosen to minimize seasonal effects. The pre-implementation period was utilized to establish the baseline metrics of the