recurrent ischemic stroke. In this single-center retrospective case series we evaluated a novel low profile laser-cut stent with an antithrombogenic hydrophilic polymer coating (pEGASUS- HPC, Phenox GmbH, Bochum, Germany) for the treatment of intracranial stenosis in the setting of thrombectomy and elective cases.

Aim of Study To evaluate whether bail-out and elective stenting using this stent is effective and save.

Methods All patients treated with pEGASUS-HPC for one or more intracranial arterial stenoses at our institution were retrospectively included. Clinical, imaging and procedural parameters as well as clinical and imaging follow-up data were collected.

Results We performed 43 interventions in 41 patients with 42 stenoses in our neurovascular center between August 2021 and February 2024. Twenty-one patients (51.2%) were female. Mean age was 71 years (+-10.8). Thirty-seven (86.1%) procedures were performed in the setting of endovascular acute ischemic stroke treatment. Technical or procedural complications occurred in seven patients (16.3%), six in the thrombectomy-group and one in the elective group. Two stent-related hemorrhagic complications in emergency cases (one SAH, one abdominal bleeding) were observed; one symptomatic intracerebral hemorrhage (sICH) occurred in a patient treated in an elective setting. Overall stenosis-reduction following pEGASUS-HPC stent-implantation was 53.0% (+-18.0). On follow up imaging, which was available for 16 patients (37.2%) after an average of 32 days (+-58.6), 62.5% of these stents were patent.

Conclusion Our single-center case series demonstrates the feasibility of using the pEGASUS-HPC stent system especially in emergency situations when thrombectomy fails.

Disclosure of Interest yes Daniel Pielenz: Phenox - travel expenses. David Fiorella: Medtronic, Cerenovous, Microvention, Penumbra, Stryker, Balt USA, Seimens, Mentice, Neurogami, Rapid.AI, Rapid Medical, Q'apel Medical, Arsenal Medical, Phenox, Scientia, NVMed, Perfuze, Vesalio – Consulting fees; Medtronic, Cerenovous, Microvention, Penumbra, Stryker, Balt USA, Q'apel Medical – Speaker honoraria; Medtronic, Cerenovous, Microvention, Penumbra, Stryker, Balt USA, Seimens, Mentice, Neurogami, Rapid.AI, Rapid Medical, Q'apel Medical, Arsenal Medical, Phenox, Scientia, NVMed, Perfuze, Vesalio – Travel expenses; Scientia, MENTICE, Neurogami, NVMed, Perfuze – Leadership role; Scientia, Perfuze, NVMED, Mentice, Neurogami – Stock options. Joachim Klisch: Phenox - travel expenses, speaker honoraria; Phenox, Microvention - Consulting fees (money paid to institution). Matthias Gawlitza: Phenox – speaker honoraria, consulting fees; Microvention – speaker honoraria, consulting fees; Balt – consulting fees; Simq GmbH – Scientific advisory board member. Andreas Steinbrecher, Elmar Lobsien, Elke Leinisch: none. Karl-Titus Hoffmann: Bayer – speaking honoraria, advisory fees. Donald Lobsien: Phenox - travel expenses, speaker honoraria (money paid to institution).

P127 REAL-WORLD PATIENT OUTCOMES FOLLOWING EMERGENT LARGE VESSEL OCCLUSION TREATED WITH THE EMBOGUARD BALLOON GUIDE CATHETER

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Introduction The use of balloon guide catheters in the treatment of emergent large vessel occlusion is associated with better clinical outcomes at 90 days. There is limited data on whether the use of a balloon guide catheter is associated with a higher rate of clinical improvement prior to 90 days.

Aim of Study We aim to assess whether the use of the Emboguard Balloon Guide Catheter for treatment of acute ischemic stroke is associated with better neurological outcomes at discharge.

Methods Deidentified data from the Neurovascular Quality Initiative – Quality Outcomes Database (NVQI-QOD) was analyzed. The database was reviewed to identify patients who underwent mechanical thrombectomy for emergent large vessel occlusion with an Emboguard Balloon Guide catheter. Baseline patient demographic, clinical, and imaging characteristics, and clinical and imaging outcomes were assessed.

Results 71 patients underwent mechanical thrombectomy between September 2022 and January 2024. Their mean age is 69.3±14.8 years. 65 (91.5%) of patients had a baseline (mRS) of 0-1, and an NIH Stroke Scale score of 16.5±7.1. 52% had an M1 occlusion, and 21.5%, a tandem occlusion. Reperfusion occurred at 9.5±8.6 hours from estimated onset. The mean access-to-reperfusion time was 39.5±20.4 minutes, with mTICI 2b-3 reperfusion in 91.6%. There was a 10-point decrease in mean NIHSS at discharge (6.5±6.9). No complications occurred related to the balloon guide catheter. At discharge, 32.4% of patients went to acute rehabilitation and 36.6% returned home.

Conclusion In the NVQI-QOD, the use of the Emboguard Balloon Guide Catheter is associated with excellent clinical outcome at discharge.

Disclosure of Interest yes JP Tsai: Consultant for Cerenovus; MS Hussain: Scientific Advisory Board for Cerenovus, Clinical Event Committee Chair for MEMBRANE study.

P128 TENZING®-DOTTER TECHNIQUE FOR ENDOVASCULAR MANAGEMENT OF ATHEROSCLEROTIC CERVICAL ICA TANDEM LARGE VESSEL OCCLUSIONS

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Introduction The optimal endovascular treatment approach of acute tandem large vessel occlusion (TLVO) stroke remains unclear. Tenzing (Route 92 Medical, San Mateo, CA) delivery catheters have atraumatic tapered distal tips that may permit Dotter angioplasty and delivery of 0.070-0.088 catheters through cervical steno-occlusions to gain intracranial access for LVO thrombectomy.

Aim of Study We describe our initial experience using the novel Tenzing-Dotter technique in TLVO patients.

Methods We retrospectively reviewed clinical and angiographic data of consecutive TLVO patients treated with Tenzing-Dotter technique using Tenzing® 7 and Tenzing® 8 at our center.

Results Twenty TLVO patients were identified: mean age was 65(44 – 89); 40% female. The mean NIHSS was 14(7-25). The ipsilateral cervical ICA was occluded in 11/20(55%) or severely stenotic in 9/20(45%). The intracranial LVO were carotid terminus (5), M1 (14) and M2 (1). Seven patients were treated with Tenzing 7 paired with a 0.070' catheter, while 13 were treated with Tenzing 8 paired with a 0.088' catheter.