

were occurrence of PH type 2 and any type of PH after MT, and the 90-day mRS score of 0-3 and 0-2.

Results In total, 408 patients were available for analysis. A higher number of passes in the second technique was predictive of PH type 2 (odds ratio (OR) - 3.204, 95% confidence interval (CI) 1.140 to 9.005), whereas procedure conducted under general anesthesia was associated with lower risk (OR 0.127, 95% CI 0.002 to 0.808). The modified thrombolysis in cerebral infarction grade 2c-3 was associated with the mRS score 0-3 (OR 3.373, 95% CI 1.891 to 6.017), whereas occurrence of PH type 2 was predictive of unfavorable outcome (OR 0.221, 95% CI 0.063 to 0.773). Similar results were found for the mRS score 0-2 outcome measure.

Conclusion In patients with large ischemic core, a higher number of passes during MT and procedure not conducted under general anesthesia are associated with increased rate of PH type 2, that negatively impact the clinical outcome.

P147 TIME-DRIVEN FUNCTIONAL RECOVERY IN ACUTE LARGE VESSEL OCCLUSION

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10.1136/jnis-2024-ESMINT.183

Introduction Timely intervention is paramount in managing acute large vessel occlusion (LVO), yet in-hospital delays often impede treatment efficacy and patient outcomes.

Aim of Study To explore the impact of time intervals on functional outcomes in patients with acute LVO

Methods A total of 68 patients (38males and 30females), aged 44-90 years, were analyzed retrospectively. Neurological deficits were assessed using the National Institutes of Health Stroke Scale (NIHSS), categorizing them as severe(>15) or moderate(5-15). Functional outcomes were evaluated using the Modified Rankin Scale, where lower scores(0-3) denote favorable outcomes and higher scores(4-6) indicate unfavorable ones. Onset-to-admission and admission-to-groin puncture times were assessed.

Results The mean onset-to-admission time ranged from 25-to-300 minutes, while admission-to-puncture time ranged from 50-to-170 minutes. A shorter onset-to-admission time (97.9 ± 8.7 min vs. 131.7 ± 12.6 min, $p=0.05$) was associated with favorable functional outcomes. Similarly, patients with favorable outcomes had a shorter admission-to-puncture time than those with unfavorable outcomes (75.5 ± 4.1 min vs. 94.8 ± 5.7 min, $p=0.01$). Patients with severe neurological deficits on admission experienced longer door-to-puncture times (91.9 ± 5.9) compared to those with $NIHSS \leq 15$ (77.2 ± 6.1 min, $p=0.10$).

Conclusion This study underscores the critical significance of timely intervention in acute LVO, aligning with recommended guidelines for swift treatment initiation. Early hospitalization and expedited groin puncture, without emergency department delays, significantly improved functional outcomes. However, challenges such as longer door-to-puncture times in patients with severe neurological deficits highlight the need for targeted interventions to address system inefficiencies. Future research should focus on identifying modifiable factors influencing time intervals and implementing streamlined protocols to minimize delays and optimize treatment efficiency in acute LVO

P148 FROM NOVEL ATRAUMATIC SELF-CENTERING DELIVERY CATHETERS TO SUPER LARGE-BORE ASPIRATION (SLBA) CATHETERS. THE 'CLOT INGESTION' PROTOCOL!

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10.1136/jnis-2024-ESMINT.184

Introduction Large, and even more Super Large Bore Aspiration (SLBA), have shown high rates of complete clot ingestion during mechanical thrombectomy. The utilization of the novel atraumatic delivery catheters has provided the adequate support to safely and efficiently reach the clot with large and super-large bore catheters, without need for crossing.

Aim of Study We performed a comparison of the devices on the market (SENDit, Penumbra Inc; Tenzing 7 and 8, Route 92 Medical; Cheetah, Q'apel) analyzing the different features of the insert catheters, especially in combination with the paring aspiration catheters (RED72, Penumbra Inc; FreeClimb 70 & 88 and HiPoint 88, Route 92 Medical; Hippo, Q'apel).

Methods These platforms entail the utilization of a triaxial assembly: guide catheter with/without balloon, a 0.070'/72' or 0.088' reperfusion catheter and an insert catheter that completely consumes the inner diameter of the large-bore (LBA) or super large-bore (SLBA) aspiration catheters.

Results These novel atraumatic delivery catheters have proven their superior capability in navigating the matching reperfusion catheters to the proximal aspect of the occlusion. The virtually atraumatic self-centering soft tapered tip is capable to cruise the tortuous cervical-cranial vasculature. The extremely large shaft almost zeroes the step-off with the aspiration catheters and reduces the risk to get stuck at vascular ledges/bifurcations, making unnecessary to cross the embolus, which significantly reduces the risk of downstream clot embolization.

Conclusion Building scientific evidences has demonstrated the elevated safety and efficacy of this new generation of triaxial stroke-dedicated platforms combining a large-bore (LBA) or super large-bore (SLBA) aspiration catheters to novel atraumatic and self-centering delivery catheters.

Disclosure of Interest no.

P149 SECONDARY PREVENTION AFTER CAROTID STENTING IN PATIENT WITH ATRIAL FIBRILLATION (SPACS-AF)

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10.1136/jnis-2024-ESMINT.185

Introduction There is a high prevalence of comorbid carotid artery stenosis in patients with atrial fibrillation, with some studies suggesting rates as high as 71% (2). Stenting is a common treatment for symptomatic stenosis. However, the best preventive therapy for this population is still undetermined.

Aim of Study Our goal is to identify the safest and most effective secondary prevention treatment for patients with concurrent atrial fibrillation who undergo stent-assisted percutaneous transluminal angioplasty (SAPTA).

Methods We conducted a single-center retrospective study on patients with atrial fibrillation who underwent SAPTA. We compared the incidence of major bleeding events in the first three months post-surgery across three groups: those on DAPT, those on an anticoagulant and an anti-platelet, or 'triple therapy' involving DAPT and an anticoagulant. Secondary