micro guidewire were further introduced and an endovascular approach to the aneurysm was possible (figure 3).
Results Combined radial and femoral approach may be used in difficult vascular anatomy. Using a snare device through a radial approach holding the guiding catheter may improve stability of the guiding catheter introduced by femoral approach.

Ischemic

2.2. Imaging

P003 CLINICAL RELEVANCE OF LEPTOMENINGEAL COLLATERAL BLOOD FLOW ON MRI IN PATIENTS WITH ACUTE MIDDLE CEREBRAL ARTERY OCCLUSION

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Introduction Poor leptomeningeal collateral blood flow is associated with worse clinical outcome in acute ischemic stroke.
Aim of Study This study aims to evaluate Clinical relevance of leptomeningeal collateral blood flow on MRI in patients with acute middle cerebral artery occlusion (OMCA).
Methods 328 acute stroke patients who underwent MRI studies due to OMCA were included. A retrospective analysis of MRI findings on leptomeningeal collateral blood flow in acute stroke patients with OMCA is as follows: negative MRI without leptomeningeal collateral flow (-MRI), positive MRI with delayed contrast-enhancing vessels on contrast-enhanced T1WI (CET1WI) and/or FLAIR hyperintense vessels. The relationship of MRI findings of leptomeningeal collateral blood flow was statistically analyzed by comparing it with clinical results using the Modified Rankin Scale.
Results MRI findings of leptomeningeal collateral flow in acute stroke patients with OMCA were classified and ranked from poor to good clinical outcome as follows: -MRI (125, 38%), delayed enhanced vessels (62, 19%), FLAIR hyperintense vessels (77, 23%), and both delayed enhanced vessels and FLAIR hyperintense vessels (64, 20%), which were each statistically significant ($p < 0.05$).
Conclusion MR imaging of leptomeningeal collateral flow in acute stroke patients with OMCA correlates with clinical outcome. Therefore, it can be used as a prognostic MRI marker in acute stroke patient.
Disclosure of Interest no.

P004 ASPECTS RATING ON CT VERSUS MRI DEPENDS ON BASELINE LESION SIZE – IMPLICATIONS FOR TREATMENT SELECTION IN LARGE ISCHEMIC STROKE

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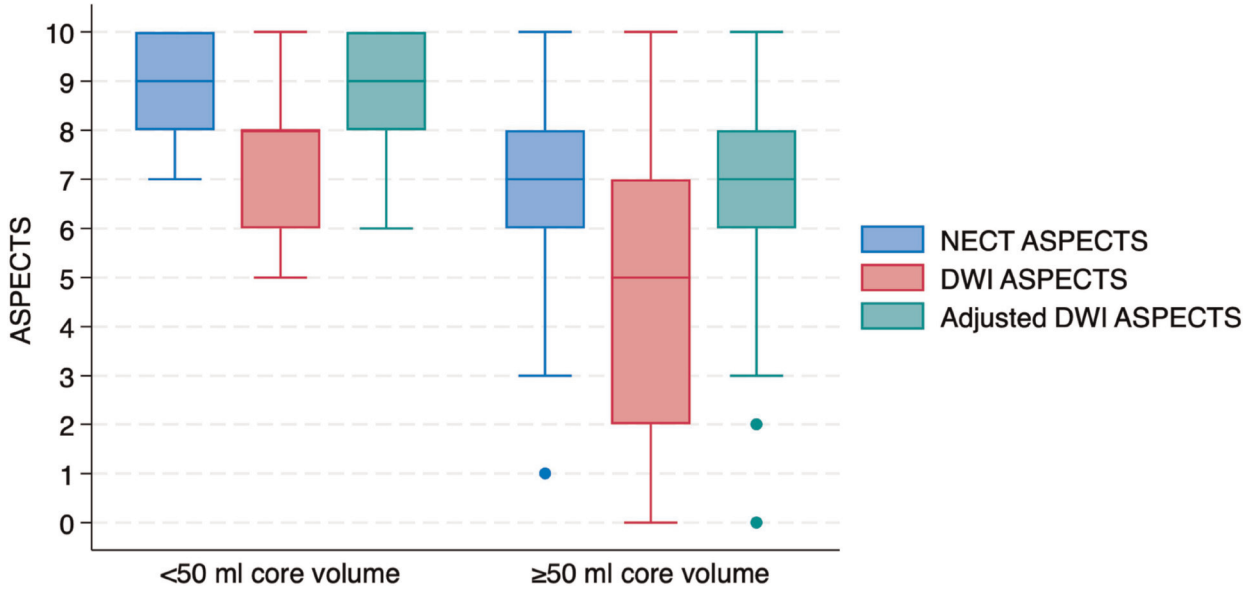
Introduction Thrombectomy is of benefit for patients with large ischemic core, but inclusion in recent trials was based on different imaging criteria utilizing MRI, perfusion imaging, and/or non-enhanced CT (NECT)
Aim of Study The purpose of this study was to directly compare the agreement of different ASPECTS rating methods according to the baseline core volume in patients receiving both MRI and CT on admission. We hypothesized that the agreement between CT- and DWI-ASPECTS declines with increasing baseline core volumes.
Methods Observational retrospective study of anterior circulation stroke patients triaged by both multimodal-CT and MRI at baseline. Core lesion volume was defined using DWI, and ASPECTS was rated independently on NECT and DWI maps. The agreement between these ratings was tested according to baseline core volume.



Abstract P004 Figure 1