

P025 **IMPACT OF ETIOLOGY ON OUTCOMES IN THE EXTENDED TIME WINDOW FOLLOWING THROMBECTOMY: A SUBANALYSIS OF THE GERMAN STROKE REGISTRY**

Lukas Meyer, Helge Kniep, Matthias Bechstein, Jens Fiehler, Gabriel Broocks. *Department of Diagnostic and Interventional Neuroradiology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

10.1136/jnis-2024-ESMINT.62

Introduction Randomized trials provided evidence that thrombectomy is beneficial in stroke patients treated in the late time window (LTW), however, further insights of this subgroup remain limited.

Aim of Study To investigate effects of etiology on outcomes in stroke patients treated with thrombectomy in the extended time window.

Methods Available data of patients enrolled in the German Stroke Registry treated with thrombectomy for anterior circulation stroke in the LTW were included. Baseline characteristics, procedural, clinical outcome parameter, and complications were analyzed regarding stroke etiology and time window.

Results We observed a significant shift in etiology distributions in the early (n=8607) and LTW (n=616) with higher rates of cardioembolic (CE) strokes (CE, 51.8%, 4459; LAA, 22.7%, 1958) in the early time window towards an increase of large-artery atherosclerosis (LAA) strokes (CE, 40.7%, 251; LAA, 36%, 222) in the LTW. After adjustment, there was no significant effect of LAA on favorable functional outcomes (aOR, 1.18, 95% CI 0.64-2.1; p=0.596) but LAA was associated with lower odds for mortality (aOR, 0.48, 95% CI 0.26-0.89; p=0.672), and first-pass effect (aOR, 0.42, 95% CI 0.25-0.70; p=0.001). Rates of sICH were similar in both cohorts (LAA, 4.2% vs. CE, 4.7%; p=0.829)

Conclusion The distributions of etiology shifted from the early to LTW resulting in a significant increase of LAA rates. Adjusted analysis revealed that higher odds for favorable functional outcomes and lower mortality were observed in this subgroup, although successful thrombectomy and first-pass reperfusion was less likely in LAA strokes compared to CE strokes in LTW.

Disclosure of Interest no.

P026 **EMERGENT CAROTID STENTING OF ACUTE ISCHEMIC STROKE PATIENTS WITH TANDEM LESIONS: ANTEGRADE VERSUS RETROGRADE APPROACH**

¹Luca Scarcia, ²Francesca Colò, ³Alessandro Pedicelli, ⁴Valerio Brunetti, ⁵Aldobrandino Broccolini, ³Andrea Alexandre. *¹Department of Neuroradiology, Henri Mondor Hospital, Assistance Publique – Hôpitaux de Paris (AP-HP), Créteil, France; ²Catholic University School of Medicine, Rome, Italy; ³UOSA Interventional Neuroradiology, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, 00168 Rome, Italy; ⁴Neurology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; ⁵Neurology Unit, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy., Catholic University School of Medicine, Rome, Italy*

10.1136/jnis-2024-ESMINT.63

Introduction Mechanical Thrombectomy (MT) of the intracranial occlusion along with emergent carotid stenting (eCAS) has shown benefit in tandem lesions (TL) treatment, although there is incomplete agreement about the technical endovascular approach.

Aim of Study We sought to compare clinical and procedural outcomes associated with the two different treatment approaches in patients with TL: antegrade vs retrograde.

Methods Anterior circulation tandem lesions patients treated from January 2016 to June 2023 were divided on the basis of antegrade versus retrograde approach and included. The outcomes were favorable mRS score (mRS score 0-2) at 3 months, successful recanalization (TICI 2b-3), time from groin puncture to successful recanalization, procedure-related adverse events, stent thrombosis either within or after 24 hours and 90-day mortality.

Results 295 patients (87 antegrade and 208 retrograde approach patients) with acute stenting were collected. We used propensity score matching (PSM) to estimate differences in outcome measures between the two groups. A retrograde approach resulted in a shorter procedural time (71.8 ± 45.5 minutes versus 93.4 ± 45.5 minutes in the antegrade approach, p=0.017) and a higher rate of successful intracranial recanalization after MT (91.1% vs 73.21% in the antegrade approach, p=0.025). There were no significant differences in mRS score 0-2 at 90 days (57.14% vs 60.71%, p = 0.54) as well as the rates of procedure-related adverse events and of stent thrombosis, and mortality.

Conclusion The retrograde approach led to significantly faster recanalization times,, with a similar functional and safety profile when compared with the antegrade approach in patients with acute ischemic stroke with tandem lesions.

Disclosure of Interest no.

P027 **THE PERFORATION EVENTS DURING ENDOVASCULAR THERAPY FOR ACUTE ISCHEMIC STROKE (PREVENT) REGISTRY**

¹Victor Schulze-Zachau, ¹Nikolaos Ntoulas, ²Nikki Rommers, ¹Alex Brehm, ³Urs Fischer, ¹Marios Psychogios. *¹University Hospital Basel, Diagnostic and Interventional Neuroradiology Department, Basel, Switzerland; ²Basel University, Clinical Research Department, Basel, Switzerland; ³University Hospital Basel, Neurology Clinic, Basel, Switzerland*

10.1136/jnis-2024-ESMINT.64

Introduction Thrombectomy case loads are increasing, but complications of thrombectomy are poorly explored. Intracranial vessel perforation is a severe complication of thrombectomy with an incidence of 1-2 per 100 thrombectomies and a 90 day mortality of approximately 50%. Currently it is unclear why few patients experience this complication while the majority of patients does not. Furthermore, no high-quality data exist to guide emergent complication management.

Aim of Study To announce the PeRforation EVents during ENdovascular Therapy for acute ischemic stroke (PREVENT) Registry.

Methods The PREVENT Registry will be a multicenter international prospective and retrospective registry with the following aims:

(1) identification of risk factors associated with vessel perforation during thrombectomy in order to prevent this complication

(2) development of a classification of periprocedural perforations that is easy to use and can aid in the interventionalist's decision-making immediately after the perforation occurs

(3) comparison of different strategies regarding bleeding control in order to improve complication management