

mRS 0-2 63% (95% CI 42.4-80.6%). No SAEs related to the device were reported. All-cause mortality rate at 90 days was 14.6% (95% CI 6.1-27.8%).

**Conclusion** The iNStroke aspiration device represents a safe and effective option for performing neurothrombectomy using primary aspiration, with a high recanalization rate observed in selected cases.

**Disclosure of Interest** no.

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**EVALUATION OF THE CARESTO HEAL: A NOVEL FLEXIBLE CAROTID STENT WITH ANTITHROMBOGENIC COATING. SAFETY, EFFICACY, AND TECHNICAL INSIGHTS FROM INITIAL CASES OF 10 EUROPEAN CENTERS**

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**Introduction** The CARESTO heal is a coated carotid stent aiming to stabilize atherosclerotic plaques by using a dense single-layer mesh. Due to its great flexibility, it easily navigates through tortuous anatomies. Additionally, the CARESTO features the anti-thrombogenic HEAL coating.

**Aim of Study** The objective of this study is to examine the technical specifics, advantages, and possible obstacles associated with the innovative stent design of the CARESTO heal.

**Methods** The first CARESTO implantations including data on procedural safety and efficacy have been retrospectively analyzed. Pre-treatment carotid plaque characterization was performed. For elective cases double antiplatelet medication was administered while acute cases were treated under Aspirin only.

**Results** Thirty-five patients from ten European neurovascular centers have been treated, including Carotid Webs and ICA dissections. The mean age was 67 years with a median degree of pre-treatment stenosis of 59%. Mean post-treatment stenosis was 10% with a technical success rate of 86% including three minor opening difficulties without compromising patient outcome. One peri-procedural retinal ischemia occurred, but no other severe complications have been observed. Already available six weeks and six months ultra sound follow up showing no recurrence of stenosis nor new neurological events.

**Conclusion** This initial report indicates that the CARESTO heal Stent is both safe and effective in treating carotid stenosis. Additional analysis with full follow-up data will offer thorough insights into the stent's long-term safety and efficacy. The carotid stenting technique using the CARESTO heal differs technically from other carotid stents but is particularly advantageous in challenging, tortuous vessel anatomies.

**Disclosure of Interest** yes FW received speakers honoraria and travel expenses from Acandis.

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**RESCUE STENTING WITH CREDO<sup>®</sup> HEAL FOR RECANALISATION AFTER UNSUCCESSFUL THROMBECTOMY (RECHRUT) – INTERIM RESULTS**

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**Introduction** Up to 30% intracranial Mechanical Thrombectomies (MT) may not result in recanalization due to an underlying stenosis, dissection or tough clot. Bail-out stenting has been reported to be a treatment option to achieve recanalization and good clinical outcome.

**Aim of Study** In the Rescue Stenting with CREDO<sup>®</sup> Heal for Recanalisation after Unsuccessful Thrombectomy (RECHRUT) study the efficacy and safety of the coated CREDO<sup>®</sup> heal for Bail-out stenting is evaluated.

**Methods** RECHRUT is a prospective, single-arm, multicentre, open-label international PMCF study. Patients treated with CREDO<sup>®</sup> heal due to acute ischemic stroke and large vessel occlusion after unsuccessful MT and suspected underlying stenosis are included. Technical success is defined as mTICI 2b-3 recanalization and good clinical outcome at 90 (±20) days as mRS 0-2.

**Results** Starting in March 2023, eighteen patients have been enrolled by 8 of 17 participating European sites. Mean age was 71 years and mean mRS at admission was 3.2. Treatment was successful in all cases achieving mTICI 2b-3 recanalization in 100%. Mean mRS at discharge was 2.2; mRS at 90d was available in 9 patients with 0-2 in 78%. Mean stenosis grade was 82% before and 28% after PTA and stenting. Periprocedural severe adverse events occurred in 33%. No recurrent occlusions occurred. GP IIb/IIIa antagonists were administered periprocedurally and switched two dual antiplatelet therapy during the hospital stay.

**Conclusion** The RECHRUT study is including patients and the early interim analysis shows technical and clinical success in line with the literature of rescue stenting.

**Disclosure of Interest** yes Speaker Honoraria by Acandis.

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**EFFECTIVENESS OF INTRACRANIAL STENTING PROCEDURE IN IMPROVING CLINICAL OUTCOME AND REDUCING RECURRENT STROKE IN PATIENTS WITH SYMPTOMATIC INTRACRANIAL ATHEROSCLEROTIC STENOSIS (ICAS)**

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**Introduction** Stroke is a leading cause of mortality and morbidity worldwide. ICAS accounts for 10- 15% of ischemic stroke in Western countries.