

**Aim of Study** To demonstrate the effectiveness of intracranial stenting in improving primary and secondary outcome and reducing recurrent stroke in ICAS.

**Methods** We included all intracranial stenting procedures performed in patients with symptomatic ICAS between 2022 and 2023.

We analyzed periprocedural complications, 30-days clinical improvement and death rates, 1 year rates of clinical improvement, stent patency and recurrent stroke.

Follow-up at 6 and 12 months was performed by DSA and neurological examination.

**Results** We enrolled 29 patients with TIA or symptomatic ischemic stroke related to ICAS, with a mean age of 65.7 years.

Two procedures required the deployment of 2 stents for a total of 31 stents.

Of the 29 patients, 18 were treated acutely (62.1%), 11 electively (37.9%).

We deployed 10 (32.3%) balloon-expandable stents and 21 (67.7%) self-expandable stents.

We encountered two periprocedural complications: a mild reperfusion hemorrhage and a stent occlusion 48 hours after the procedure, which was resolved deploying an additional stent; both cases had no neurological sequelae.

The mortality and clinical improvement rates at 30 days were 6.9% and 51%, respectively.

One-year follow-up documented 62% rate of clinical improvement, 100% stent patency and 2 new ischemic events.

One patient died during follow-up from unrelated causes

**Conclusion** Intracranial Stenting for ICAS is a safe and effective procedure to improve patient's clinical outcome in the acute phase and reduce recurrent stroke.

**Disclosure of Interest** no.



Abstract P121 Figure 1

**P122** **SOFT PARTIAL RELEASE OF NON-AGGRESSIVE STENT RETRIEVER (SPORNS) – TECHNIQUE FOR VERY DISTAL ARTERIAL OCCLUSION STROKE**

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**Introduction** Endovascular thrombectomy (EVT) for very distal vessel occlusion (DVO) stroke is increasingly performed but there is insufficient evidence on efficacy and safety of distal EVT techniques.

**Aim of Study** We evaluated a technique of soft partial release for non-aggressive stent retriever to reduce friction on perforating vessels to minimize bleeding complications.

**Methods** Retrospective study including consecutive DVO patients who were treated with the SPORNS-technique between January 1<sup>st</sup>2022 and December 31<sup>st</sup>2022 at two tertiary stroke centers. DVOs were defined as isolated occlusions of the M3 and M4-segment of the middle cerebral artery, occlusions of the A2 and A3-segment of the anterior cerebral artery, and occlusions of the P1, P2-and P3-segment of the posterior cerebral artery or of the superior cerebellar artery (SCA). The SPORNS-technique is described in detail and procedural and clinical outcomes are given.

**Results** 54 Patients were treated using SPORNS-technique of whom 50 (92%) had complete or near complete recanalization (eTICI 2c/3). NIHSS decreased from median 9 (IQR 7-13) to 3 (1-5) at admission and 41 patients (75%) achieved a good outcome (modified Rankin Scale 0-2) at day 90 post stroke. 4 patients (8%) had a small subarachnoid hemorrhage and 1 patients (4%) a symptomatic intracerebral hemorrhage on follow-up imaging.

**Conclusion** For treatment of very distal arterial occlusions, the SPORNS- technique (soft partial release for non-aggressive stent retriever) is a safe and effective technique for thrombectomy of small clots. This technique potentially yields a lower rate of subarachnoid hemorrhages while achieving an excellent rate of complete and first pass recanalization.

**Disclosure of Interest** no.