

E-102 MECHANICAL THROMBECTOMY ON AN OUTPATIENT BASIS IS SAFE AND FEASIBLE

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Introduction With the clear Class I, Level of Evidence A indication that thrombectomy for acute stroke is beneficial, the intervention community must, along with the refinement of thrombectomy techniques, work to improve patient triage and workflow. Comprehensive stroke center (CSC) are now at risk of saturation due to augmented patient admission load.

Hypothesis Mechanical thrombectomy (MT) on an outpatient basis may be a solution to avoid congestion in CSC. The question is to determine if MT on an outpatient basis is as safe and effective as conventional hospitalization.

Methods Based on our prospectively gathered database we extracted patients who were admitted for MT for anterior circulation ischemic strokes in our CSC since 2012. Due to practical reasons of organization and workflow, many of these patients were readmitted to the referring stroke centers immediately or within 24 hours after mechanical thrombectomy. We dichotomized patients for which the stay was <24 h (outpatients) and those whose stay was >24 h (inpatients) and compared their characteristics and outcomes.

Results The baseline characteristics of both groups are detailed in Table 1. Both patient groups were comparable for gender, lateralization of occlusion, intravenous lysis prior to MT, time elapsed from stroke onset to femoral puncture, quality of reperfusion. Outpatients were older but with lower NIHSS at admission, had more frequently isolated MCA than carotid siphon/MCA or tandem occlusions, better DWI-ASPECTS, less often general anesthesia, less procedural complications and better functional outcomes at 3 month.

Conclusions MT on an outpatient basis is safe and feasible.

Disclosures M. Piotin: 2; C; Medtronic, Stryker, Penumbra, Microvention, Balt. H. Redjem: None. G. Ciccio: None. S. Smajada: None. R. Blanc: 2; C; Medtronic, Stryker, Penumbra, Microvention, Balt.

E-103 A GRADING SYSTEM FOR ASSESSING THE OUTCOME OF TREATMENT IN LYMPHATIC MALFORMATIONS

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Purpose To develop a simple and reproducible grading system to assess the outcome of treatment for LM.

Methods and technique The availability of noninvasive MRI imaging lends itself to a reliable and reproducible ability to compare pretreatment, during treatment and after treatment imaging, and the burden of disease that remains after treatment

Materials 20 consecutive cases of H&N LM before and after treatment, was reviewed by 2 independent diagnostic neuro-radiologists using our 7 points grading system

- 1: Complete disappearance
- 2: Significant near-complete disappearance.
- 3: Significant decrease in the residual malformation.
- 4: Decrease of the malformation at one region but increase in another area.
- 5: Decrease of the malformation but presence of a new area of noncystic changes
- 6: No change or minimal change.
- 7: Worsening of pretreatment imaging.

Results Both scored the same on all 20 exams.

Conclusion Our grading system is simple, and reproducible in LM throughout the body, permitting objective comparison between different treatments.

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Abstract E-102 Table 1

	Inpatients (n=194)	Outpatients (n=239)	P
Female	N=96 (49.5%)	N=106 (44.3%)	0.2870
Age	21-90, mean 69	6-93, mean 63	<0.0001
Initial NIHSS	0-42, mean: 14.5	0-30, mean 16.2	0.0065
Left-sided occlusion	N=95 (49.0%)	N=126 (52.7%)	0.4375
Isolated MCA occlusion	N=120 (61.8%)	N=107 (44.8%)	0.0019
DWI-ASPECTS	0-10, mean: 7.6	0-10, mean: 6.9	0.0024
IV lysis prior to MT	N=130 (67.0%)	N=149 (62.3%)	0.3637
General Anesthesia	N=25 (12.9%)	N=98 (41.0%)	<0.0001
Onset to Femoral Puncture	110-1270, mean: 293 min	85-955, mean: 273 min	0.1382
Procedural Complications	N=14 (7.2%)	N=39 (16.3%)	0.0048
TICI 2b/3	N=160 (82.5%)	N=208 (87.0%)	0.2234
mRS ≤2 at 3-month	N=79/148 (53.4%)	N=86/213 (40.4%)	0.018