

## OR1.7

### Postsurgical Prophylactic Embolization of Chronic Subdural Hematomas in Patients with High Recurrence Risk: A Monocentric Study

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**Objectives:** The gold standard treatment for chronic subdural hematomas (cSDHs) is the surgical evacuation through a burr hole. Recurrence after such surgical procedure may occur in 10%–20% of the cases. Embolization through the middle meningeal artery (MMA) is a promising technique for the treatment of cSDHs. The purpose of our study was to evaluate the feasibility, safety, and effectiveness, in terms of recurrence reduction, of postsurgical embolization of cSDH in patients with high risk of recurrence. **Methods:** A monocentric retrospective study was performed on prospectively collected data at Pitié-Salpêtrière Hospital. From March 2018 to February 2019, embolizations with calibrated microparticles through the MMA were performed in patients surgically treated for a cSDH with a high risk of recurrence, defined as follows: (1) previous recurrence of cSDH or (2) antiplatelet therapy or (3) full anticoagulation therapy or (4) coagulation disorder or (5) hepatopathy or (6) chronic ethylism. In all patients, a preembolization supra-aortic trunks (SATs) computed tomographic angiography was performed to rule out a dumb-bell thrombus on the aortic arch or severe atheroma/tortuosity of the SATs. **Results:** Forty-four patients met the inclusion criteria during the inclusion period. Two patients were excluded (one in a prolonged comatose state and another with a chronic renal failure). Two patients refused the embolization procedure. The last patient was excluded due to major atheroma on the SATs. Finally, 39 patients with 43 cSDHs (4 patients had bilateral SDHs) underwent the embolization procedure. Thirty-seven embolization procedures (95%) were performed under local anesthesia. Among the 43 cSDHs, 5 (9%) could not be embolized due to catheterization failure (4 cases) or to the presence of a “dangerous anastomosis” (1 case). No complication (either major or minor) was recorded. Only one recurrence (2.6%) requiring surgical retreatment was recorded during the follow-up period. **Conclusion:** Postsurgical embolization through the MMA is a simple and safe procedure, which may reduce the recurrence risk of cSDHs. These preliminary results should be confirmed by randomized controlled trials.

## OR1.8

### Initial Experience with NeVa Stent Retriever in the United Arab Emirates

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**Objectives:** We present the initial experience with a novel stent retriever to treat acute large-vessel occlusions, particularly paying attention to the rate of first-pass affect. We analyze some of the technical aspects of the NeVa device that might increase the first-pass effect incidence. **Methods:** Patients treated in Cleveland Clinic Abu Dhabi since June 2019 are included. We present the

clinical and radiological data of these patients. In addition, the pathological study of the retrieved clots is included. **Results:** A total of seven patients were treated with the NeVa device. In six patients, a combination of aspiration and stent retriever was initially used. All of them had first-pass recanalization. Two were occluded at the internal carotid terminus; one of these was a tandem occlusion. Three had the occlusion at the M1 level. One of these required the placement of an intracranial stent due to the suspicion of underlying intracranial atherosclerosis. Another one had an M2 occlusion. Finally, a patient who was initially treated with only aspiration had a residual M2 clot that was retrieved in a single attempt with the NeVa device. In cases where the clot was retrievable, it was sent to pathology for analysis. **Conclusion:** In our experience thus far, the NeVa device has proven to be safe and effective in the management of large-vessel occlusion clot retrieval.

## OR1.9

### Double-Stent Retriever Thrombectomy

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**Objectives:** Mechanical thrombectomy (MT) with a stent retriever is a technique for the treatment of stroke. The objective of the present study is to evaluate the use of a double-stent versus the use of a single stent in MT comparing results, complications, and procedure time. **Methods:** We retrospectively assessed the patients who underwent MT during the year 2018 in a reference center ( $n = 135$ ); 108 met the inclusion criteria. The patients were subsequently divided into two groups, Group A ( $n = 76$ ), where a single stent was used, and Group B ( $n = 32$ ), double stent, dividing the patients into subgroups by age and gender. Variables such as procedure time, clogged arterial segment, complications, and final outcome were assessed, using the modified scale of treatment in cerebral infarction (mTICI). In addition, in Group B, the type of stents used and the number of passes made were valued. **Results:** 45% of the cases were women, between the ages of 34 and 93, with the largest group being patients older than 80 years (46%). In Group A, 43% were women, and in Group B, 50% were women. In Group A, recanalization was performed in 57.9% of the cases after a single pass, and in Group B, this result was obtained in 43.7% of the cases. The mean duration of the procedure was 33 min in Group A and 47.5 min in Group B. **Conclusion:** MT with double stent for the treatment of acute ischemic stroke is an alternative with better results for complex obstructions or at several levels with better recanalization rates.

## OR1.10

### Initial Clinical Experience with a New Low-Profile Thoracic Stent-Graft Prosthesis

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**Objectives:** We report our initial experience with the new low-profile Relay®Pro thoracic stent-graft (Terumo Aortic) prosthesis in the treatment of different thoracic aortic pathologies. **Methods:**