

age of 75 (19%). *Results:* The 30-day combined stroke, MI and death outcome for all patients was 4.1%. One death occurred (0.46%) in a patient who suffered an MI. One disabling stroke (0.46%) and 3 mild strokes (1.38%) with full recovery by 6 months occurred. Overall 4 patients suffered an MI (1.84%). *Conclusions:* As a result of the CREST trial in our single institutional experience there has been a clear migration to treating average risk patients using CAS, a treatment previously reserved for high risk patients. In this average risk cohort we report favourable outcomes when compared to the CREST trial as well as the firmly established benchmarks for CEA complications derived from the NASCET trial.

## P.097

### Safety of intrarterial reopro in thrombotic complications during coiling

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*Background:* Abciximab is used for the treatment of thromboembolism occurring during endovascular procedures, however the experience with intra-arterial infusion is limited. The objective is to evaluate its safety and effectiveness during coiling complications. *Methods:* From an aneurysm coiling database, patients treated with intra-arterial abciximab due to thrombotic complications were selected. Patient were classified either as non-ruptured aneurysm for elective coiling or presenting with subarachnoid hemorrhage. They all had pre and post-procedure cerebral angiography performed at our institution as part of routine work-up. Success rate was based on recanalization seen on cerebral angiography. Complications of using abciximab were reported. *Results:* 35 of 441 coiling patients had a thrombotic complication. 13 of them were treated using intra-arterial infusion of abciximab. 2 patients were male, median age 59. 6 patients presented with sub-arachnoid haemorrhage. 84 % of patients had at least partial recanalization, while 38 % experienced complete recanalization of the parent vessel. 45 % of patients had complications, none severe. 2 patients had aneurysm recanalization, 3 distal migration of thrombus and 1 had haemorrhage (non ruptured aneurysm). *Conclusions:* In spite of being considered a safer alternative, use of intrarterial abciximab has potential risks, including hemorrhage, distal thromboembolism and aneurysm recanalization.

## P.098

### Arterial wall and plaque remodeling after stent deployment in carotid stenosis: ultrasonographic study

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*Background:* We evaluated the effects of stents on carotid plaque and the arterial wall using carotid ultrasound in carotid stenting patients *Methods:* From a carotid stent database, 30 consecutive patients were selected. All had Doppler ultrasound performed pre and post-stenting. The diameters of the lumen at the level of stenotic plaque pre and post stenting, the dorsal and ventral plaque thickness, and of the outer arterial wall diameter were measured. Plaque thickness was measured at the level of maximal stenosis. Non parametric

tests were used to determine whether the stent effect and luminal enlargement were based on wall remodeling or on total arterial expansion. *Results:* Patient was followed for an average of 22 months. 18 patients were male, average age 70 years. 87% were symptomatic ipsilateral to the side of stenosis. The luminal diameter increased post stenting in the region of severe stenosis. Plaque thickness, both ventrally, as well as dorsally decreased post stenting, with no significant difference between the ventral and dorsal plaque effects. The measured lumen in the stent increased over time post-stenting. *Conclusions:* Self-expanding nitinol stents alter the baseline ventral and dorsal plaque to a significant degree, and do not significantly affect the native arterial wall and the overall arterial diameter .

## P.099

### Characteristics of the SOFIA distal access catheter in suction-stentriever acute stroke intervention

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*Background:* Tri-axial systems are frequently employed in stroke interventions. In addition to more support, the distal access catheter can provide suction aspiration during a stent retrieval. We have recently adopted the 5F SOFIA as part of a tri-axial system for acute stroke interventions, and believe it has improved efficient recanalization. *Methods:* This is a retrospective case series of acute stroke interventions utilizing the 5 F SOFIA 125 cm distal access catheter. Cases were evaluated for distal location of the catheter, number of stent-tri-axial passes, and final TIC1 score. We describe our angiographic technique. *Results:* Nine acute stroke cases were performed using the SOFIA catheter. LVOs were in the M1(6), M2 (2), distal basilar (1). The 5F SOFIA catheter was advanced into the M1 or Basilar artery in all cases. No dissections or spasm was seen in the catheterized intracranial artery. Mean stent-tri-axial passes was 2 (1-4). Final angiographic results were TIC1 3 (6), TIC1 2b (2), and TIC1 0 (1). *Conclusions:* Efficient thrombectomy is a key part of successful stroke recanalization. We report on our experience with a specific distal access catheter which has reduced the number of stent passes required to restore flow.

## P.100

### Carotid stent fracture post balloon angioplasty for unilateral recurrent ICA stenosis with pre-existing occlusion of contralateral ICA and literature review

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*Background:* Closed cell carotid stent fracture is rare. From our literature review, we present the first reported case in English literature of a carotid stent fracture post angioplasty for an in-stent stenosis. *Methods:* Case Report *Results:* 72-year-old male underwent left carotid stenting for symptomatic ulcerated stenosis of the proximal aspect of left ICA (71% stenosis with post-stenting 55% residual stenosis). His right ICA and right vertebral artery were occluded. 2 months later, he presented with TIA's and severe in-stent stenosis in the proximal left ICA measuring 1 mm in diameter. Satisfactory balloon (5 x 40 mm) angioplasty was done with residual stenosis measuring 2.5 mm in diameter. 8 months later he presented