

FAVORABLE FIRST-PASS RECANALIZATION RATES WITH NEVA™ THROMBECTOMY DEVICE IN ACUTE STROKE PATIENTS: INITIAL CLINICAL EXPERIENCE

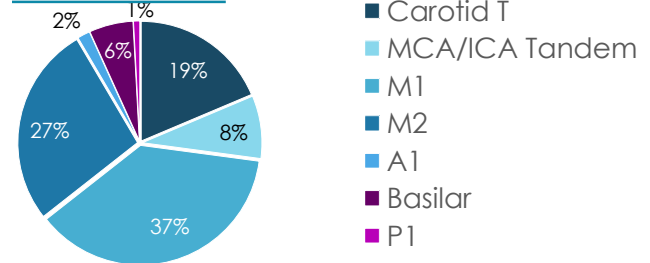
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Multi site experience: retrospective analysis of prospectively collected, consecutive 118 patients with LVOs treated with the NeVa™ device as first line stent retriever.

Baseline Information – 118 Patients

Mean Age:	69 ±14
Gender (Female/Male):	50.8%/49.2%
Median baseline NIHSS (IQR):	14 (12- 18)
Median baseline ASPECT (IQR):	8 (7 - 9)
Median Procedure Time (IQR):	29 min (20-40 min)

Occlusion Sites



Recanalization Results:

First pass results

TICI 2B/3	TICI 2C/3
67 / 118	53 / 118
56.8%	44.9%

Final results

TICI 2B/3	TICI 2C/3
113 / 118	86 / 118
95.8%	72.9%

- TICI 2C/3 at 3rd pass: 84/118 (**71.2%**)
- Median number of passes for final recanalization : **1** (IQR: 1 – 2)

Choice of flow control strategy

- The choice was at the physician's discretion
- 92.4% of cases done with the Solubra technique (Aspiration catheter + NeVa)
- Balloon Guide Catheter used in 13.6% of cases

Safety Data & Patient Outcomes

90-day mRS ≤ 2 <i>in the first pass 2B/3 group</i>	52.2%
90-day mRS ≤ 2 <i>in the total patient population</i>	42.4%

90-day mortality: **14.4%**

Intra-procedural complications:

- Symptomatic ICH: 3.3%
- Asymptomatic ICH: 13.6%
- Embolization into new territory: 1.7%
- Dissection that did not require stenting: 1.7 %

Conclusion

The high first-pass and final recanalization rates noted in our series allow us to conclude that the NeVa thrombectomy device can be used as the first-line choice in LVO stroke thrombectomy. It could also serve as a rescue option in resistant thrombectomy procedures.

The high reperfusion rates could be due to the particular design of NeVa. With the Drop Zones, good radial force, and the closed distal tip, NeVa may indeed be more efficient than conventional stent-retriever designs in retrieving all clot types.

Our findings need to be confirmed by larger, multi-center studies.