be essential for longer than 10 years post-surgery not to miss the disease progression in the territory of contralateral carotid artery and PCA and prevent late cerebrovascular events.

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**Endovascular Thrombectomy for Large Vessel Occlusions in Covid-19 Patients: Technical Challenges and Lessons**

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**INTRODUCTION:** Covid-19 infections has been shown to be associated with a range of thromboembolic disease that has implications for the neuro-endovascular management of large vessel occlusions.

**METHODS:** Five consecutive Covid-19 positive patients presented with large vessel occlusions to our institution. Covid-19 testing was performed using nasal swab. All thrombectomy cases was performed under general endotracheal anesthesia using a stent-aspiration combination as primary thrombectomy technique. The technical details of each case and the angiographic outcome are described. Routine labs including D-dimer, platelet count, coagulation panel (aPTT, INR), Interleukin 6 (IL-6), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) were evaluated in all patients. Rotational thrombelastography (ROTEM) was performed on the patients’ blood samples to assess real-time clot formation/dissolution properties.

**RESULTS:** Four patients had anterior circulation large vessel occlusions and one patient had both anterior and posterior circulation occlusions. Mean age was 52.8 years and 80% were males. TICI 3 recanalization was achieved in one patient. TICI 2B achieved in two patients and TICI 2A in two patients. In our cohort, patients were on average 52.8 years old and presented with a median NIHSS of 27. All our patients had very proximal occlusions. Three patients presented with intra-cranial ICA occlusions. Two patients presented with a tandem carotid bulb thrombus in conjunction with an intracranial vessel occlusion. One patient had an ICA terminus occlusion with a concomitant basilar occlusion. Second, the intravascular clots in all our patients were prone to fragment and migrate into both new vascular territories and into distal downstream vasculature. Distal emboli into a different territory (anterior cerebral artery occlusion) was seen in two cases; two of our five patients (40%) and distal emboli into a downstream territory was seen in all five patients (100%). An average of 2.7 pstent-retriever passes was needed to achieve a final TICI revascularization of IIb or better.

**CONCLUSION:** Covid-19 patients need to be supervised to a hypercoagulable state. When presenting with large vessel occlusions, these patients present unique challenges that make successful revascularization difficult.

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**Clinical Characteristics, Course, and Outcomes of Postpartum Vertebral Artery Dissections**

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**INTRODUCTION:** Vertebral artery dissections (VADs) in the postpartum period are rare, but can cause severe injury and death in otherwise healthy patients. There are only 13 reported isolated postpartum VADs (ppVADs) in the literature; this study adds 12 patients with 17 ppVADs.

**METHODS:** Demographic and clinical data on consecutive patients treated at our institution were collected. The modified Rankin Scale (mRS) was used as a metric of neurologic status. ppVADs are presented as a 12-patient case series. Additionally, parametric data on ppVADs and the general cohort are compared, using Wilcoxon rank-sum tests. Univariate and multivariate regressions determine what factors are associated with neurologic improvement.

**RESULTS:** Of 310 patients with 366 VADs during our study period, there were 12 patients with 17 ppVADs. These occurred 11.27 days (95% CI, -0.85, 23.39) after delivery with diagnosis 21.83 days (95% CI, 9.07, 34.61) after delivery. Five (42%) patients had a hypertensive disorder of pregnancy, and 4 (33%) had a history of migraine headaches. All ppVADs had headaches or neck pain as a presenting symptom. There were 3 (25%) associated ischemic strokes and 1 (8%) subarachnoid hemorrhage. Two (17%) had an mRS 2-6 at hospital discharge. Patients with ppVADs were younger (33.83 years v. 44.32 years, P = .018) and had a lower Charlson Comorbidity Index (CCI = 0 v. CCI = 0.99, P = .0038) than the general cohort. Their VADs more often were bilateral (42% v. 17%, P = .03) and had an associated pseudoneurysm (50% v. 18%, P = .0068). Use of anticoagulant treatment was similar. In a multivariate analysis, factors predictive of change in mRS over the course of follow-up were CCI (OR = 1.09, 95% CI, 1.02, 1.15), stroke (OR = 0.78, 95% CI, 0.65, 0.95), and mRS at hospital discharge (OR = 0.80, 95% CI, 0.74, 0.87).

**CONCLUSION:** We report the largest cohort of postpartum VADs in the literature. Postpartum VADs occur in younger, healthier patients than in the general cohort, raising questions about mechanism of injury, which has been hypothesized to be due to endocrine changes in pregnancy. Still, the majority of ppVADs have good neurologic outcomes.

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**Nutritional Status as a Predictor of Morbidity and Mortality Following Carotid Endarterectomy: Insights from National Surgical Quality Database**

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**INTRODUCTION:** Various nutritional indices have been found to be valuable in predicting patient outcome.

**METHODS:** The patient cohort was identified from the American College of Surgeons National Surgical Quality Improvement Program (2005-2016). Multivariable logistic regression analysis was carried out to identify a set of predictors associated with postoperative outcome.

**RESULTS:** Statistical analysis included 65,807 patients (59.5% males) with a median age of 71.0 years (range, 16–89 years). Postoperative adverse events were found in 5.3% (n = 3,480), mortality in 0.7% (n = 466), and return to operating room in 4.3% (n = 2853) patients. Pre-operative low serum albumin (<3.2 g/dl) was found among 56.1% patients (n = 36,929). The median age of our cohort was 71.0 years (range, 16–89 years). Multivariable regression analysis revealed that low serum preoperative albumin was predictive of postoperative return to the operating room (OR: 1.08, 95% CI: 1.01-1.17, P = .03). However,