

complication. To our knowledge, this is the second reported case of a cortical branch pseudoaneurysm in an adult. Careful consideration should be given to vascular anatomy when planning shunt insertions, and cruciate dural opening for local cortex visualization may help avoid this complication.

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Subarachnoid hemorrhage associated with a thromboembolic ischemic stroke- an unexpected observation

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Atherosclerosis is a significant risk factor for ischemic stroke, and is a frequent cause for extra- and intra-cranial vessels stenosis. Here, we present an unusual case of ischemic stroke associated with intra-cranial vessel stenosis and subarachnoid hemorrhage (SAH) secondary to carotid artery atheroma. A 64-year old female known for hypertension and dyslipidemia presented with a three-day history of three transient episodes (< 30 minutes) of dysarthria and right hand weakness. An initial brain CT scan revealed left frontal SAH. She was admitted to our Stroke Unit for observation and management. CT-angiogram revealed 90% ICAs stenosis bilaterally with several short focal stenotic lesions, involving several left MCA branches. Brain MRI revealed acute infarcts in the left insula, external capsule and inferior frontal gyrus. The clinical picture was attributed to a thromboembolic left MCA ischemic stroke. She was managed with maximum medical therapy, and later underwent successful left carotid endarterectomy. The presence of SAH on our patient's presenting CT scan lead to an initial radiological diagnosis of RCVS. However, subsequent imaging studies indicated that SAH had occurred in association with a thromboembolic ischemic stroke. Despite its rarity, this clinical association is important to recognize to avoid diagnostic confusion and guide appropriate management.

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Primary closure versus expansile patch angioplasty for carotid endarterectomy: a single center series

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Background: Carotid endarterectomy (CEA) is a common treatment option for patients presenting with carotid stenosis; however, the optimal method for arterial closure remains unclear. Therefore, we examined our single center series to compare primary closure versus patch angioplasty for carotid endarterectomy. **Methods:** We reviewed all patients who underwent CEA from 2008 to 2016. Closure method was entirely based on the surgeon style (i.e., all patients treated by vascular surgeons underwent patch angioplasty and all individuals managed by neurosurgeons undergone primary closure). Data were reported as frequencies and outcomes as odds ratios (ORs) with corresponding 95% confidence intervals (CIs). **Results:** A total of 713 patients were included (349 in the primary closure group and 364 in the patch group). Underlying baseline characteristics were

similar between both groups. The risk of transient ischemic attack (OR, 7.08; 95%CI, 0.41-2.84; P=0.872), stroke (OR, 1.14; 95%CI, 0.58-2.22; P=0.697), myocardial infarction (OR, 1.10; 95% CI, 0.39-3.07; P=0.851), cranial nerve palsy (OR, 1.79; 95%CI, 0.65-4.91; P=0.248), and post-operative neck hematoma (OR, 1.04; 95%CI, 0.48-2.24; P=0.923) didn't differ significantly between the two closure options. **Conclusions:** Our findings suggest that primary closure and expansile angioplasty have similar safety and efficacy profiles as treatment closure options among patients undergoing CEA.

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Specialty centres for MVD surgery

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Background: The aim of this study is comparing the waiting time and patient's satisfaction of microvascular decompression (MVD) surgery between local Manitoba (MB) and out of province (OOP) patients, treated at our Centre for Cranial Nerve Disorder (CCND). **Methods:** Data from 100 consecutive patients (average age: 56.8±10.6 years), undergoing MVD surgery for Trigeminal Neuralgia (TN) and Hemifacial Spasm (HFS) were reviewed. The outcome measures included the time intervals between disease onset, diagnosis and referral to CCND, postoperative discharge, satisfaction with surgical outcome and referral process. **Results:** The preoperative time leading to CCND referral were longer for OOP patients, (onset to diagnosis/diagnosis to referral: 2.6±3.8/4.2±4.7 (OOP) versus 1.2±2.1/2.5±4.1 (MB) years; p=0.04/0.04), and referrals were more likely self-directed in OOP patients (62% (OOP), 21% (MB); p=0.007). Postoperative satisfaction with MVD outcome were 8.6/10 for OOP and 8.3/10 for MB patients. There was no significant difference in postoperative length of stay (38±50 (OOP)/43±42 (MB) hours); however, OOP patients were more likely discharged on the first postoperative day (58% (OOP), 31% (MB); p=0.17). **Conclusions:** Delays in diagnosis and surgical referral of TN/HFS are common, and many patients seek specialist's opinion in high volume surgical centers. For those OOP patients, travelling for treatment, MVD outcome were at least as good as for local patients.

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Endovascular Thrombectomy (EVT) for stroke: experience in a Canadian teaching hospital

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Background: EVT is now recommended as standard of care for stroke in Canada, but its implementation still poses challenges. We studied the delivery of EVT in our hospital, a participating site in the ESCAPE trial, which serves the province of Nova Scotia. **Methods:** Patients who underwent EVT December 2011 – December 2016 were identified prospectively. Demographics, process measures, imaging characteristics (Alberta Stroke Program Early CT Score [ASPECTS], collateral score, Thrombolysis in Cerebral Infarction [TICI] score), and outcomes, including modified Rankin score [mRS] ~ 90 days post-EVT, were collected retrospectively. Effectiveness was assessed by comparison with outcomes in the ESCAPE trial. **Results:**