

Introduction Mechanical thrombectomy has become a widely utilized tool for the management of acute ischemic stroke allowing for an increase in the therapeutic window, increased rates of vessel recanalization and significant improvement in clinical outcome. The rates of of vessel reocclusion and recurrent stroke following mechanical thrombectomy remain unknown in stroke patients. Methods Two hundred and forty five patients who presented with acute ischemic stroke and underwent treatment with mechanical thrombectomy (Solitaire/Pneumbra/Trevo/Merci) were identified retrospectively. Baseline patient characteristics and imaging data were recorded. Modified Rankin scale (MRS) score at the latest follow-up was determined along with determination of the rate of reocclusion and recurrent stroke during follow-up.	Results The mean patient age was 64.4 years. 50.9% of patients received tPA prior to mechanical thrombectomy. The mean NIHSS score on arrival was found to be 15.73. The mean follow-up duration was 148 days. The vessel reocclusion rate was found to be 6.9% (17/245). The rate of recurrent stroke after thrombectomy was 11.02% (27/245). 8 patients (3.3%) had recurrent stroke in the same vascular territory. 19 patients (7.75%) had an embolic stroke following intervention. Mean time from initial stroke to recurrent stroke was 14.8 days. Mean MRS at the latest follow-up was 2. Conclusions The rate of recurrent vascular reocclusion and recurrent stroke following mechanical thrombectomy is low and occurs early following the intervention.	Learning Objectives To determine the rate of reocclusion and recurrent stroke after treatment of acute ischemic stroke with mechanical thrombectomy. References 1. Berkhemer OA, Fransen PS, Beumer D, et al. A randomized trial of intraarterial treatment for acute ischemic stroke. The New England journal of medicine. Jan 1 2015;372(1):11-20. 2. Goyal M, Demchuk AM, Menon BK, et al. Randomized assessment of rapid endovascular treatment of ischemic stroke. The New England journal of medicine. Mar 12 2015;372(11):1019-1030. 3. Campbell BC, Mitchell PJ, Kleinig TJ, et al. Endovascular therapy for ischemic stroke with perfusion-imaging selection. The New England journal of medicine. Mar 12 2015;372(11):1009-1018. 4. Pereira VM, Gralla J, Davalos A, et al. Prospective, multicenter, single-arm study of mechanical thrombectomy using Solitaire Flow Restoration in acute ischemic stroke. Stroke; a journal of cerebral circulation. Oct 2013;44(10):2802-2807.
--	--	---