

by FDA in 2004 for using MERCI Retriever. Then retrievable stents were introduced with two randomized trials showing their superiority over the MERCI device. Stents development continued with introduction of other devices including the ERIC device which is believed to have some advantages over the first generation retrievable stents. However, local published experience with the device is lacking. **Methods:** During a 2-year period at academic center in Jeddah, we conducted a retrospective study of all patients who were treated within 6 hours after the onset of symptoms of acute ischemic stroke and were treated with the ERIC device. All patients had confirmed proximal anterior circulation occlusion and a favorable ASPECT score on neuroimaging. **Results:** Nine stroke patients were enrolled in this retrospective study. The median age was 60.5 years and the median NIHSS score on admission was 19. Six patients had middle cerebral artery occlusions while one patient had terminal carotid occlusion, one basilar occlusion, and one anterior cerebral artery occlusion. Distal access catheterization was done in all but one patient. Balloon guide catheters were not used. The rate of successful angiographic reperfusion (TICI 2b or 3) with the ERIC device was 67% (six patients) while 22% (two patients) had TICI 2a score due to distal non-target embolization noted on the final angiograms. The 24 h and 7 days median NIHSS were 14 and 9, respectively. The median modified Rankin Scale on discharge was 3 and two (22%) died. One patient had symptomatic hemorrhagic transformation of the infarct. **Conclusions:** The ERIC device was successfully deployed in all cases and achieved reperfusion in the majority of cases with large vessel acute ischemic stroke.

P401

Role of Trans-Catheter Prostatic Artery Embolization in Management of Benign Prostatic Hyperplasia

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Background: To evaluate the efficacy and safety of prostatic artery embolization as a line of treatment for benign prostatic hyperplasia in patient with moderate to severe lower urinary tract symptoms (LUTS) secondary to BPH after failure of medical treatment. **Methods:** Twenty patients included in this study and their ages ranged from 43-93 years (mean 68.3 y). All patients complained of moderate to severe LUTS secondary to benign prostatic enlargement. All patients underwent prostatic artery embolization (unilateral n = 5 and bilateral n = 15). The embolizing material used is PVA ranged from (45-250). Patients were followed up using international prostate symptom score (IPSS), prostate volume, quality of life (QOL) and peak flow rate (Qmax). **Results:** Nineteen patients show IPSS reduction by 0.0-86% (mean 73.68% +/- 16.8), prostate volume reduction by 14.6-41.5% (mean 26.16% +/- 7.8), QOL improvement by 0.0-100% (mean 81.3% +/- 24.34) and Qmax improvement by 36.1-80.5% (mean 62.6% +/- 14.29) after one and three months follow up. Clinical improvement was +/- 95%. One patient shows clinical failure after successful bilateral prostatic artery embolization. No deaths. Minor complications

as hematuria and blood in stool occurred in 10% (2 cases) and were self-limited. **Conclusions:** Prostatic artery embolization is safe and effective line of treatment for patients with moderate to severe LUTS secondary to benign prostatic enlargement after failure of medical treatment. It has low morbidity, good short-term symptomatic control associated with prostate volume reduction and quality of life improvement.

P402

Ultrasound Guided Percutaneous Biopsy of Omentum: A Safest Technique to Detect the Causes of Omental Thickening

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Background: The objective of our study was to determine the diagnostic value and safety of ultrasound guided percutaneous biopsy of omental thickening. **Methods:** We prospectively analyzed 60 patients who underwent USG-guided omental biopsies in our institute from January 2016 to July 2016. **Results:** Total 60 patients were included in our study. There were 40 (66.7%) female and 20 (33.3%) male patients. There were total 36 (60%) malignant cases, 20 (33.3%) chronic inflammation suggestive of TB while 4 (6.7%) were chronic peritoneal infection. Out of 36 malignant cases, majority 24 (66.7%) had ovarian cancer, 8 (22.2%) had endometrium cancer and 4 (11.1%) had large bowel cancer. Repeat biopsies were performed only in 4 (6.7%) cases. **Conclusions:** Ultrasound-guided percutaneous biopsy of omentum is less expensive, safe and effective method with a high diagnostic accuracy.

P403 (First place poster presentation prize winner)

Role of Interventional Radiology in Removing Unwanted and Misplaced Medical Devices

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A large variety of medical devices are implanted by various specialties. Standard techniques are often successful in removing these implants. Occasionally, these devices are misplaced, lost or embedded in such a way that they require removal using unconventional methods. Interventional radiology techniques permit practitioners to remove these unwanted or misplaced devices in a safe and minimally invasive manner. We present case vignettes highlighting our experience and techniques in dealing with such scenarios. Presented cases include removal of bile ducts stents placed initially with ERCP, "lost" intravascular guidewires, removal of oesophageal stents, removal of needle fragments from soft tissues and removal of embolized catheter fragment from pulmonary circulation. Failure to retrieve misplaced or unwanted medical devices using standard methods is not an uncommon occurrence in hospital practice. Interventional Radiology offers safe and minimally invasive solution in such scenarios.