6 months' follow-up in 16 (50%) patients, while at 12 months' follow-up this response decreased to 13 (40%) tumours. 6 (18%), patients showed approximately 60-90% reduction of arterialization, while only in 2 (0.06%) patients no response was observed and in one patient disease progression was observed at three months followup. **Conclusions:** In terms of the effect on the tumour response, combined TACE + PEI therapy was an effective in controlling the disease process.

P502

Response of Intra-Arterial Chemoembolization Using Hepaspheres in Hepatocellular Carcinoma – Our Initial Experience

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Background: To retrospectively assess the response of intra-arterial chemoembolization using hepasheres in patients of hepatocellular carcinoma. **Methods:** Being tertiary care facility and largest liver transplant center in the country, our Center is a primary referral center for patients of hepatocellular carcinoma. From March 2014 to November 201, 38 patients (27 males and 12 females) with 43 hepatocellular carcinoma lesions fulfilled the criteria for intra-arterial chemoembolization and underwent the procedure. All the patients were evaluated with follow up dynamic CT and/or MRI six weeks after the procedure using modified response evaluation criteria in solid tumors (mRECIST). **Results:** Mean size of the lesions was 4.9 cm (range 1.1 to 10 cm). Child- Pugh score was A in 26 patients and B in 12 patients. Technical success rate of TACE was 100%. No major complications were documented. Complete response was observed in 13.9% of lesions whereas partial response in 65.1%of lesions, 13.9% of lesions remained stable and progressive disease was documented in 13.9% of lesions. **Conclusions:** Our initial experience shows, in patients of unresectable HCC, TACE using hepasheres is a safe option with good response.

P503

Efficacy of Ultrasound Guided Foam Sclerotherapy in Treatment of Chronic Venous Ulcer and Controlling Ulcer Induced Pain: An Egyptian Experience

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Background: Chronic venous ulcers forms about 75% of leg ulcers as severe sequel of chronic venous insufficiency and venous hypertension, associated with pain affecting patient's quality of life. Our objective is assessment of ultrasound guided foam sclerotherapy in treatment and control of pain of chronic venous ulcer. **Methods:** A prospective study is conducted on 60 patients with 65 ulcers to evaluate the efficacy of ultrasound guided foam sclerotherapy injection in management of chronic venous ulcers. Patient follow up is done regards ulcer healing. Numerical pain score after 72 hours, 1 week and on follow up visits. Duplex scans were done preprocedural and after 1st week, 3 months and 6 months. **Results:** A total of 65 legs were treated in 60 patients had the procedure done, age (30 to 70); 23 patients (38%) were CEAP 5, 42 patients (70%) were CEAP 6. Fifty ulcers (76%) healed after the 1st month follow up becoming 59 (90%) after 3 months then 62 (95%) at 6th month. No recurrence appeared after the first month, 6 appeared after 3 months (9%) and 9 recurred after six months follow up (13%). Numerical pain score showed 75% of patients' pain relief after 72 hrs, 100% relief after 1 week. **Conclusions:** Foam sclerotherapy shows significant efficacy in venous ulcer healing and reduction in ulcer induced pain in 72 hours reaching complete pain resolution after 1 week.

P504

Case Reprot: Management of Cervical Ectopic Pregnancy with Uterine Artery Embolization

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Background: We present a rare case of cervical ectopic pregnancy managed by Interventional Radiology. A 44-year old female presented to the ER with complaints of dizziness, fatigue, non radiating left pelvic pain and 5 days of heavy vaginal bleeding with clots. The patient denied ongoing pregnancy, any prior similar episodes or any additional symptoms. **Methods:** The speculum exam showed large bulging hyper vascular cervix actively bleeding with clots. No purulent discharge was noted. The bladder was not palpable and non-tender. Otherwise, the physical exam was unremarkable. Beta-HCG levels were elevated (71964 mIU/ml). Sagittal transvaginal ultrasound of the uterus demonstrated an empty uterine cavity with intracervical normal appearing gestational sac containing a fetal pole (CRL of 1,65 cm), amnion and yolk sac. The patient was counseled for the available therapeutic options including surgical management versus a combination of medical and embolization and opted for the latter. In the IR-suite, the patient underwent a selective embolization of the uterine arteries with Gelfoam. **Results:** Post embolization, the patient's bleeding decreased significantly which manifested in significant improvement in the vital signs. The patient was started on a Methotrexate regimen. After 2 days, the patient's Beta-HCG dropped to 3,646 mIU/ml and she was discharged home. On her 1 month follow-up appointment, the patient denied any cramping, discharge or bleeding. **Conclusions:** In cases in which patients decide to avoid surgical options, Interventional Radiology offers alternatives approaches. This case report has demonstrated the efficacy of managing ectopic pregnancies by a combination of embolization and medical therapy.

P505

Emergency Tranarterial Embolization of Ruptured Hepatocellular Carcinoma

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Background: Spontaneous rupture of hepatocellular carcinoma (HCC) is relatively rare emergency condition carrying high rates of mortality. Patients usually present with hemodynamic instability and hemoperitoneum. Rate of post management success depends on various conditions most important of which is the patient's hemodynamic status upon presentation, proper diagnosis, liver function, and future liver remnant. The aim of our study was to assess the short term outcome bleeding arrest by angioembolization for cases with rupture HCC. **Methods:** From December 2014 till December 2016, five ruptured HCC cases diagnosed clinically and radiologically were referred to Ain Shams University Hospitals IR unit for emergency angioembolization. Full lab studies and imaging were taken. Hand cut Gel foam was the embolic agent used. **Results:** Technical success defined as catheterization of the HCC feeding vessel with cessation of tumoral blush on control angiogram was achieved in 100% of cases 3 cases were HCC from the left lobe and 2 from the right lobe. Clinical success defined as cessation of bleeding denoted by rise of HgB concentration on blood transfusion and achieving hemodynamic stability was achieved in 100% of cases within the first 3 days. 1 case died one week after the procedure from massive oesophageal varices bleeding. Another died during hospital admission from hepatic decompansation status affecting renal functions. 3 patients ar still under their regular follow up. **Conclusions:** Emergency transarterial angioembolization for ruptured HCC carries high technical and clinical success rates aiming at hemodynamic stability and bleeding cessation.

P506

Testicular Infarction, a Complication of Preoperative Renal Embolization with Embospheres and Gelfoam: A Case Report

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Background: Renal artery embolization (RAE) has a wide range of indications including preoperative embolization of renal cell carcinomas and treatment of benign renal tumors for potential hemorrhagic complications. RAE is considered generally safe and effective, however it is not without potentially serious complications. We present a case of right testicular infarction following right renal embolization for a renal cancer using Embospheres and Gelfoam. **Case Report:** A 59-year-old male with large right renal cell carcinoma invading the renal vein, underwent preoperative right renal artery embolization using embospheres and gelfoam to decrease intraoperative hemorrhage and the need for post-operative transfusion. During the procedure a small uretral artery was seen arising from the distal right renal artery. Following the procedure the patient underwent right nephrectomy with minimal bleeding intraoperatively and estimated blood loss of less than 200 ml. On postoperative day 2, the patient developed right testicular pain and swelling. Physical examination showed mild right scrotal swelling and skin edema. Scrotal ultrasound showed heterogenous right testicle with decreased vascularity and absent arterial waveforms, although some venous waveforms were demonstrated. Small to moderate right hydrocele with debris. The patient was managed conservatively, with progressive improvement. On follow-up the patient reported resolution of the symptoms and scrotal ultrasound showed interval improvement in the right testicle vascularity with demonstration of both venous and arterial waveforms. **Conclusions:** Small renal arterial branches and connections are potential route for non-target embolization during renal artery embolization, leading to potentially serious complications including testicular infarction.

P507

Endovascualr Embolization of Brain Arterio-Venous Malformations Using Extended Onyx Injection Technique

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Background: To report our experience in the treatment of brain arteriovenous malformations using extended Onyx injection technique (ev3, Irvine, Calif). **Methods:** From November 2010 to Agust 2014, 22 patients with brain arteriovenous malformations were treated endovascularly. They were 9 men and 13 women with a mean age of 32 years. A total of 34 endovascular procedures were performed with Onyx as the sole embolic agent. **Results:** The course of endovascular treatment was completed in 18 patients. In 8 patients, an angiographic cure was achieved using embolization as the sole therapeutic technique. 6 patients underwent radiosurgical treatment after nidal size reduction <2 cm was accomplished by endovascular treatment. 4 cases underwent surgery after embolization. Further endovascular treatment was planned in 4 patients, Procedure-related transient neurologic deficits were observed in 1 patient, experienced mild transient hemiparesis resolved soon after treatment. There were no procedure related permanent morbidity or deaths. **Conclusions:** Onyx allows obtaining higher rates of anatomic cures compared with those obtained previously with other embolic agents in the treatment of brain arteriovenous malformations.

P508

Percutaneous Direct Intrahepatic Porto Systemic Shunt in Chronic Budd Chiari: Techniques and Report of Four Cases

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Background: To describe the techniques of percutaneous direct intrahepatic porto systemic shunt (DIPS) in chronic Budd Chiari syndrome and report the technical and clinical success in four patients. **Methods:** Between Aug 2015 and Dec 2016, four patients (2 males) with mean age of 40.7 years (23-65 years) presented with chronic Budd Chiari due to hypercoagulable state (n = 3). Patients presented with progressive liver failure (Child-Pugh score B7-B9) and refractory ascites (n = 4) with grade 3 esophageal varices (n = 1), medically treated hepatic encephalopathy. Patients had mean BCS-TIPSS score of 4.4 (3.3-6.2) with complete chronic occlusion of hepatic veins (n = 4) and IVC occlusion (n = 1). Two patients failed