

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 decompanation status affecting renal functions. 3 patients are 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.

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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.

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Endovascular 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 August 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.

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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