

determining the severity of disease, stratifying risk, selecting the appropriate therapy, and objectively assessing the response. The main goal of treatment is to alleviate hepatic congestion, thereby improving hepatocyte function and allowing resolution of portal hypertension. Various medical, endovascular, and surgical treatment options are available. Percutaneous and endovascular procedures, when performed in properly selected patients, may be more effective than medical treatment methods for preserving liver function and arresting disease progression in the long term. **Objective:** Evaluate efficacy of conventional venography in therapeutic planning and follow up of patients with Budd Chiari. **Method(s):** Sample size: Total of 65 patients were sequentially evaluated and followed up. Inclusion criteria – Patients with chronic liver disease and suspected to have hepatic venous outflow obstruction on MR venography of abdomen or on ultrasound porto-splenic Doppler. Exclusion criteria – Patients with a known liver disease (infective), inflammatory, CLD with good visualization of all 3 hepatic veins and IVC on imaging. Patients were evaluated with suspicious findings of Budd Chiari on colour Doppler and MR venogram. Further regular workup was done with PT/INR and HIV, HBsAg and HCV and posted for conventional venography with jugular puncture. Pigtail catheter run was taken of IVC and catheterization of the hepatic veins/collateral was attempted using 4 Fr head hunter or 4 Fr Cobra. Percutaneous puncture of hepatic vein/large collateral was also done using 22G Chiba needle. **Result(s):** Out of the 65 patients for whom conventional venography was done, 34 patients had evidence of lesions with the intra or infrahepatic portion of IVC causing IVC short or long segment narrowing with collaterals, 46 patients had lesions in left hepatic veins, 35 in middle hepatic vein and 33 in right hepatic vein. Only 70 % correlation could be found between MR venography of abdomen and conventional IVC gram studies. A decision for appropriate therapeutic management on basis of findings on conventional venography was then taken after discussion with gastro-enterology department. Patients were then regularly followed up every month clinically and using USG doppler. **Conclusion(s):** Conventional venography is a better imaging modality than Mr venography and doppler for evaluation and further planning of patients with Budd Chiari syndrome helping in decision making and follow-up.

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Drug Eluting Balloon Angioplasty Versus Bare-Metal Stent in Treating Chronic Total Occlusion of Femoro-Popliteal Arterial Segment; a Review of One-Year Outcome of 90 Patients with TASC C and D Lesion

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Background: Bare metal stent (BMS) scaffolding of superficial femoral artery occlusive lesions has been associated with high rates of late clinical failure. Maintaining the patency of recanalized arterial segments was the main issue behind the concept of leave nothing behind to be evolved and balloon angioplasty becomes preferred option for endovascular therapy. Drug eluting balloons (DEBs) have shown to be effective alternative to BMS for patients with de novo complex superficial femoral occlusive disease. **Purpose:** To compare the outcome of DEB versus BMS in treating

complex chronic total occlusion (CTO) of superficial femoral and proximal popliteal artery in patients with disabling claudication and critical limb ischemia regarding technical success, primary patency, clinically driven target lesion revascularization (cd-TLR), and limb salvage rate. **Method(s):** 90 patients (110 limbs) were complaining of disabling and critical limb ischemia due to complex femoro-popliteal occlusive lesions were randomly allocated into two groups according to the intervention method performed. Group (A); 48 patients (57 limbs) were submitted for treatment with paclitaxel DEB and Group (B); 42 patients (53 limbs) submitted for treatment with BMS. Follow-up period was for 1, 6 and 12. **Result(s):** BMS seems to have lower patency and higher cd-TLR rates compared to patients who received Paclitaxel DCBs but not statistically significant. The primary patency rates were 100%, 96%, 86.2% at 1, 6, 12 months respectively in DEB group, Vs 100%, 89.8%, 77.6% at 1, 6, 12 months respectively in BMS group. TLR rates were 2%, 7.8% at 6, 12 months respectively in DEB group Vs 6.1%, 14.2% at 6, 12 months respectively in BMS group. **Conclusion(s):** Percutaneous therapy for TASC C and D femoro-popliteal lesion using DEB or BMS are both safe and effective with one-year high patency rate. Paclitaxel DEBs seem to have a promising important role in prevention of restenosis and recurrence of peripheral arterial occlusive disease. However, stents are still playing important bailout role in the treatment of residual stenosis and dissection. Further follow-up is essential to obtain and document long-term outcome of percutaneous therapy for complex and long SFA lesions.

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Ultrasound Guided Common Femoral Artery Access: A Meta-Analysis and Systematic Review

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Background: Common femoral artery vascular access is commonplace in all forms of interventional procedures including coronary, peripheral vascular and cerebrovascular. Ultrasound guided arterial access is not the standard of care as in central venous access. Current studies are not conclusive and there remains considerable variation in clinical practice. This meta-analysis aimed to determine the potential benefits of ultrasound guidance in preventing access complications and inefficiencies. **Method(s):** Embase, Medline and the Cochrane Central Registry were searched for randomised controlled trials evaluating ultrasound guided versus palpation or fluoroscopy assisted common femoral access for any interventional procedures. A random effects meta-analysis was used to evaluate haematoma or pseudoaneurysm formation as well as number of attempts required for access. **Result(s):** 228 abstracts were identified from which six studies were included for meta-analysis, totaling 2492 participants. Ultrasound use was associated with a significant reduction in haematomas and pseudoaneurysms (RR 0.42, 95% CI: 0.24 to 0.72, p<0.002) as well as puncture attempts with 0.63 less needle passes required on average (95% CI: -1.18 to -0.08, p=0.03). **Conclusion(s):** The routine use of ultrasound guided common femoral artery access significantly reduces bleeding complications and the number of attempts required for successful access. This should be recommended as a standard procedure. Routine use would likely overcome the learning curve to facilitate uncomplicated access in more difficult cases.