

arteriomegaly rather than an atheromatous disease. Once the diagnosis is made and the indication retained, the patients had to be treated to prevent the complications caused by this type of lesions. This poster illustrates some cases of popliteal aneurysms treated with endovascular technique successfully in our department. **Methods:** We performed a single-center retrospective cohort study of 11 patients who underwent stenting of the popliteal artery for aneurysmal diseases of lower limbs between January 2010 and October 2017. Clinical improvement, permeability, stent thrombosis, intra-stent stenosis, and stent fracture were evaluated. **Results:** Eleven patients were treated for aneurysmal lesions of the popliteal artery, including 2 false aneurysms and 9 aneurysms. All our patients evolved well postoperatively. Clinical improvement was observed in all patients: no fracture or stent disconnection with aneurysms, without endoleak. One patient presented stent thrombosis after 2 years of follow-up. **Conclusion:** it seems reasonable to think that endovascular repair should be considered, case by case, as an alternative for open repair of popliteal artery's aneurysms. The technical improvements of covered endoprostheses and prospective studies gathering multiple observations will allow in future to affirm the interest of this treatment.

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Aortic False Aneurysm Endovascular Treatment on Behcet's Disease in four Cases

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Background: Behcet's disease is a systemic vasculitis of unknown origin. The vascular or angio-Behcet's manifestations interest all vessels. Venous involvement is frequent (30%) manifested as venous thrombosis. Arterial involvement is rare but severe (3%–5%) presenting as aneurysm and false aneurysm and may affect all vessels. The purpose of this poster is to show our experience in the endovascular treatment of false aortic aneurysms on Behcet's disease. **Methods:** We operated four patients who had false aneurysms of the thoracic and abdominal aorta that we treated according to their locations using endograft or Multi-layer Flow-modulating Stents (MFM). All our patients have been put under adequate medical treatment. Clinical improvements, permeability, stent thrombosis, and exclusion of false aneurysm were evaluated. **Results:** Our patients were treated endovascularly, two benefited from the placement of a covered endoprosthesis excluding the false aneurysm immediately after the control in per procedure, for the other ones, a multilayer stent was used and this seen the absence of landing zone compared to the digestive arteries, and the results were marked by the total exclusion of false aneurysms after 18 months of follow-up. After a 3-year follow-up, the stents are permeable with no false aneurysms at the impaction zones. **Conclusion:** For the Behcet's disease, the endovascular methods represent a good alternative to the classical surgical attitude and thus open up new therapeutic perspectives framed of course by a corticoid and immunosuppressive treatment.

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Selective Vesical Artery Embolization in Management of Lower Urinary Tract Hemorrhage on Top of Locally Advanced Urinary Bladder Tumors

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Background: Causes of lower urinary tract hemorrhage are diverse. Locally advanced urinary bladder (UB) tumors are among the important causes, especially postirradiation therapy. If not properly managed, it may lead to serious morbidity and mortality. Vesical artery embolization may be a safe and effective minimally invasive method for bleeding control. **Methods:** In the period between January 2015 and November 2017 at Ain Shams University Hospitals, 12 patients (mean age of 68 years), with known locally advanced UB malignancy presenting with gross hematuria, underwent transarterial embolization after failure to achieve hemostasis using conservative measures. Clinical success was defined as stabilization of vital data of the patient and obviation of conventional invasive surgical management. Permanent embolization particles (300–500 μ) were used as the embolic agent of choice in all cases. **Results:** Bleeding was angiographically identified in two patients. In the other ten patients, no definite bleeders could be identified, and thus, empirical bilateral vesical artery embolization was performed. Clinical success was achieved in nine patients (75%), and this included the two patients with angiographically identified bleeding source. Surgical management was required in the remaining three patients, due to postembolization rebleeding. No significant periprocedural complications were encountered. **Conclusion:** In our limited sample size, transcatheter embolization is shown to be a safe and effective treatment option in management of gross hematuria due to locally advanced UB malignancy. Angiographic identification of the bleeding source is thought to yield higher clinical success rates. We recommend undertaking further studies with larger sample size to consolidate our results as well as stratification by tumor type and whether bleeding source is identified or not. This stratification process may improve patient selection criteria for the procedure.

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Incidence and Percutaneous Management of Arterial Emboli Occurring During Hemodialysis Graft Recanalization

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Background: Embolization of clot fragments in the feeding artery is a possible complication of percutaneous declotting procedure in hemodialysis graft patients. We describe the incidence and management of accidental arterial emboli during dialysis graft declotting procedures. **Methods:** Between August 1997 and August 2012, 2484 patients (961 males; 1523 females) with thrombotic occlusions of hemodialysis grafts were treated with several percutaneous techniques. Percutaneous transluminal angioplasty was performed at the stenotic lesion