

syndrome took place in most of the patients. **Conclusion:** In this limited series, bronchial artery embolization is an effective option in management of severe hemoptysis with high hemostasis and low complication rates

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Role of Inferior Vena Cava Filter Insertion before Thrombolysis of Acute Iliofemoral Deep Venous Thrombosis

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Background: The aim is to measure the need to inferior vena cava (IVC) filter insertion before catheter directed thrombolysis (CAT) and its effect on the morbidity and mortality. **Methods:** A prospective randomized cohort study. It took place at Ain Shams University hospitals between 2013 and 2016. Thirty cases with left lower limbs extensive iliofemoral deep venous thrombosis (DVT) (<14 days) were treated by CAT only with no role for pharmacomechanical procedures. First angiography after starting CATs was done after 24 h to do “lysis check” followed by another session if not completely resolved. IVC filter usage for 15 cases (high-risk group). They are retrievable type and are removed later on not immediately. IVC filter loading by emboli was divided into (small 1/3 the diameter) and (large >1/3). Follow-up was done at interval 3, 6, and 9 months by clinical assessment (CEAB classification) and duplex study to assess recanalization and valve incompetence. **Results:** Thirty cases were collected and divided into 15 without the use of IVC filter and 15 cases used it. Only three cases have large embolic load in IVC (>1/3) and these patients had positive risk factors (oral contraceptives, previous history of DVT, and extension of DVT to IVC). Twenty-eight cases had successful lysis, while two patients complicated and aborted (one had hemorrhagic ovarian cyst and the other had retroperitoneal hematoma). One case had major complication and needed reintervention due to thrombosed iliac stents and two cases had minor ones. Six cases with IVC filter failed to be retrieved. Two cases without IVC filter developed pulmonary embolism (PE). **Conclusion:** IVC insertion is not recommended for patient with extensive iliofemoral DVT who received thrombolysis except for those who have strong risk factors or previous history of PE.

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Ballooning of Inferior Vena Cava and Iliac Veins Is It Enough for Treating of Chronic Venous Insufficiency

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Background: The aim of the study was to evaluate patency and improvement of symptoms of chronic venous insufficiency after ballooning of inferior vena cava (IVC) and iliac by high pressure balloons without stenting **Methods:** retrospective study of patients is manifested by chronic venous insufficiency physically active with extensive iliofemoral obstruction or stenosis. We collected data from ten patients underwent ballooning of iliac veins and IVC by high pressure balloons (sequential

gradual dilatation up to 18 mm balloon for 3 min each time) after passing the lesion by hydrophilic 0.035 wires combined with stiff wire 0.035 through ipsilateral antegrade popliteal access in five patients, femoral vein in three patients, and through GSV in two patients ultrasound guided. **Results:** Two out of 10 patients need reintervention within 1 year, one of them developed extensive iliofemoral deep venous thrombosis, 8 of them their symptoms improved with 100% primary patency with follow-up venous duplex. **Conclusion:** although the typical recoil nature of venous disease, primary patency of balloon venoplasty has a preliminary good results with no consequences of possibility of stent occlusion.

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Role of Endovascular Management in Treatment of postphlebotic Iliocaval Obstruction Patients

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Background: The aim of research is to evaluate our experience of endovascular management in treatment of postphlebotic iliofemoral obstruction in Ain Shams University Hospitals. **Methods:** This is a prospective cohort study. Thirty patients (20 female/10 male) aged between 30 and 45 years old presented with lower limb iliofemoral deep venous thrombosis 6–12 months ago. They received treatment for at least 6 months in the form of anticoagulation and elastic stocking. They were complaining of unilateral lower limb swelling which did not improve with conservative management and secondary varicose veins. High pressure balloons 14, 16, and 18 were used in all cases. Twenty-four cases were stented. Seventeen were stented by Wallstent while 7 by venous stents. **Results:** Follow-up was done at 3, 6, 9, 12, 18, and 24 months using duplex; 6 cases failed due to failure to pass the wire (4 cases), venous perforation (2 cases); 20 of 24 patients who received stents were patent, while 4 were occluded (2 of them succeeded to recanalized by thrombolysis). **Conclusion:** Endovascular management has a role in the treatment of postphlebotic iliofemoral obstruction patients and need strict follow-up.

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Uterine Artery Embolization in Postpartum Hemorrhage

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Background: Postpartum uterine hemorrhage is one of the most important causes of maternal mortality worldwide and as well in Egypt. Causes are variable most important of which are uterine atony and birth canal lacerations. Uterine artery embolization is very effective if local measures failed to stop bleeding **Methods:** In the period between January 2015 and November 2017, 75 women (mean age 26 years) with postpartum hemorrhage underwent embolization in Ain Shams University Hospitals after failure to achieve hemostasis after conservative treatments. Clinical success was defined as stabilization of vital

data of the patient and obviation of hysterectomy. Gel foam hand cut pledges were the embolic agent used. **Results:** Bleeder whether extravasation or pseudoaneurysm could be identified angiographically in 32 patients. In 43 patients, no definite bleeder could be identified, so bilateral uterine artery embolization was done empirically. Clinical success rate was 80% (60 patients including 31 patients with angiographically identified bleeder). Hysterectomy was needed in 15 patients after rebleeding post-UAE. No major procedural-related complications were recorded. **Conclusion:** Transcatheter arterial Embolization of the uterine artery is a feasible treatment option in the management of postpartum bleeding with low rates of complications. Angiographic identification of the bleeding source was associated with higher clinical success rates decreasing the need for hysterectomies.

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Transarterial Embolization of the Renal Arteries for Management of Iatrogenic Renal Vascular Injuries: Single Centre Experience

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Background: Despite being considered minimally invasive, percutaneous nephro-urological interventions; percutaneous nephrolithotomy (PCNL), percutaneous nephrostomy (PCN), and renal biopsy can be associated with massive life-threatening hemorrhage. Surgical management in the form of partial and total nephrectomy is usually associated with marked comorbidity and massive renal parenchymal loss. This study aims to assess the technique and short-term hemostasis of transarterial renal artery embolization in iatrogenic vascular injuries. **Methods:** In the period between January 2015 and November 2017, 122 patients with suspected renal vascular trauma (100 post-PCNL, 19 postrenal biopsy, and 3 post-PCN) either presenting with hematuria (103 patients) or increasing perinephric hematoma by ultrasonography (19 patients) were referred to our institute for the possibility of embolization. Embolization was done with vascular coils, gelatine sponge particles, N butyl cyanoacrylate, or combination of those agents. **Results:** The bleeding artery could be identified and embolized in 115 patients; in patients with negative angiography, no further intervention was done. One hundred and nine patients showed clinical improvement in the form of stoppage of hematuria or stabilized vital data and stabilized size of hematoma. Rebleeding occurred in three patients (all embolized by gelatin sponge particles alone) who were treated by another session of embolization. None of the treated patients needed any further surgical treatment. No major complications occurred. **Conclusion:** In this limited series, transarterial renal artery embolization has shown to be an effective option in the management of iatrogenic renal vascular injuries with high hemostasis as well as low complication rates.

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Recognizing Arterial Supply Patterns to Hepatocellular Carcinoma for Optimal Transarterial Therapy: A Pictorial Review

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Background: Transarterial therapies including transarterial bland embolization, transarterial chemoembolization (TACE), and selective intraarterial radiation treatment (SIRT) are management options offered to select patients suffering from hepatocellular carcinoma (HCC). Most HCCs derive their blood supply from the hepatic artery. However, it is not uncommon for some HCCs to develop extrahepatic arterial supply from a variety of sources including inferior phrenic, internal mammary, and gastroduodenal arteries. Identification of these “parasitic” vessels helps in minimizing the chances of under treatment. In addition, recognition of flow dynamics of hepatic arterial and HCC supply permits operators in optimizing flow for delivery of Y-90 during SIRT. **Methods:** In this educational poster, we present a series of case vignettes demonstrating the value of recognizing hepatic arterial flow patterns for optimal delivery of transarterial therapy when treating HCC. **Results:** We aim to highlight imaging features of HCCs which may predict the presence and source of extrahepatic arterial supply. We also demonstrate angiographic techniques that help in optimal delivery of TACE and SIRT. **Conclusion:** Knowledge of hepatic arterial flow patterns and extrahepatic tumor supply can help in optimizing safe delivery of transarterial therapy for treating HCC.

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Acute Deep Vein Thrombosis with Duplication of Inferior Venecava

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Background: Venous thromboembolism (VTE) is the third leading cause of cardiovascular mortality. In young patients, VTE is frequently associated with hereditary coagulation abnormalities, immunological disease, and neoplasia. The advent of computed tomography scan and venography has identified venacaval malformations as a new etiological factor. Duplication of inferior vena cava (IVC) is a rare finding in radiological studies. The incidence is about 0.2%–3%. Its symptomatic presentation is even rarer. We present a 43-year-old male with acute left lower limb deep vein thrombosis (DVT) with duplicated IVC. **Case Report:** Patient presented with acute pain in left lower limb and diffuse swelling since 6 h. Venous Doppler showed acute ileo-femoropopliteal DVT. There was no history of trauma or previous hospitalization or surgery. There was no evidence of pulmonary embolism. Patient underwent pharmacomechanical thrombolysis with IVC stent placement. Venography revealed duplicated left-sided IVC with stenotic segment which was stented. **Results:** Postoperative period was uneventful. Limb