

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.

## P525

### 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.

## P526

### 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.

## P527

### 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

swelling had reduced in size. Patient was discharged on anticoagulants. Computed tomography scan at 1-month follow up showed patent stent. **Conclusion:** Duplicated IVC can be considered as one of those rare congenital causes that predisposes to VTE. Surgeons need to be aware of such anomalies of IVC and that they may influence decision-making in patients with an acute presentation of thromboembolic disease.

## P528

### Extracranial Carotid Artery Pseudoaneurysm in an Infant

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**Background:** Cervical masses in infants are frequent during routine clinical practice. They are usually congenital or of infectious origin. Vascular abnormalities, such as extra cranial carotid aneurysms, are very uncommon. We report the case of a 10-month-old boy with a giant ruptured pseudoaneurysm of the left internal carotid artery (ICA). **Case Report:** A 10-month-old child presented to us with rapidly developing left neck swelling for 15 days. Patient had undergone fine-needle aspiration cytology 3 weeks back. Patient had skin breach with oozing of fluid mixed with blood. Computed tomography scan revealed a giant pseudoaneurysm from left ICA with occluded distal ICA. **Results:** Patient underwent surgical repair of the pseudoaneurysm. Postoperative period was uneventful with no neurological deficits. **Conclusion:** Carotid artery pseudoaneurysm is an uncommon pathology particularly in the paediatric population. It is mostly due to trauma or iatrogenic. For the treatment, endovascular and surgical options could be considered, each possibility having its precise indications. When possible, surgical management by resection and end-to-end anastomosis would be preferred.

## P529

### Penetrating Aortic Ulcer Presenting as Hematemesis

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**Background:** Aortoesophageal fistula (AEF) is a rare and life-threatening condition with fatal outcome if not identified and treated early. In more than half of the cases, aortic aneurysm rupture is the causative factor. There are only a few case reports of aortic ulcer presenting as hematemesis or hemoptysis in the literature. We are presenting a case of penetrating aortic ulcer with hematemesis. **Methods:** A 61-year-old male, smoker, hypertensive presented to the emergency with a history of syncope and hematemesis 4 days back. Physical examination showed blood pressure of 100/90 mmHg, heart rate of 110 bpm, and normal pulse in both legs. Patient was admitted in Intensive Care Unit and emergency computed tomography scan revealed descending thoracic aortic ulceration. **Results:** The patient underwent successful endovascular repair and was discharged after 8 days in a stable condition. **Conclusion:** AEF

is a rare and dreaded cause of upper gastrointestinal hemorrhage. Many patients present with herald bleeding before the final exsanguination, which is critical to recognize as it allows window period for diagnostic and therapeutic maneuvers. In the present endovascular era, penetrating aortic ulcers can be safely treated with minimal procedure-related morbidity and mortality.

## P530

### Is Covered Stent Graft Prone for Thrombosis: Case Report of Complication Faced on Follow-Up after Endovascular Management of Popliteal Artery Aneurysm

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**Background:** Popliteal artery aneurysms are the hallmark of peripheral aneurysms, accounting for 70%, and are commonly bilateral in 50%–75% of patients. The prevalence and incidence of popliteal artery aneurysms are not precisely known. The presence of a popliteal aneurysm is a marker of risk to limb and life because 33%–43% are associated with an abdominal aortic aneurysm. Ligation and bypass reconstruction has long been the “gold standard” for the treatment of popliteal aneurysms. Recently, endoluminal repair with a percutaneously delivered stent graft has become a valid alternative to open repair. We present a complication of covered stent thrombosis in 3<sup>rd</sup>-month follow-up for a patient treated for popliteal artery aneurysm. **Case Report:** We present 60-year male patient presented with left forefoot rest pain of sudden onset with fore foot discoloration for 2 days. On examination, patient was having thrash foot with all toes of the left leg discolored and ischemic. All distal lower limbs pulses were palpable except left dorsalis pedis artery. Computed tomography angiogram of the lower limbs revealed bilateral popliteal artery aneurysms, Left 4.2 cm × 6 cm and right 2.1 cm × 4 cm. Since left was symptomatic, decision was taken to intervene for the left popliteal aneurysm first. Covered Stent graft deployed of 8 mm × 10 cm (fluency). Poststenting there was no endoleak. Procedure went uneventful. Patient presented at 3 month with stent occlusion and underwent catheter directed thrombolysis. **Results:** The first procedure of deployment of stent graft went uneventful with no endoleak and good sealing zone. Postthrombolysis patient put on anticoagulation and now till 8-month follow-up patient is doing well. **Conclusion:** Endovascular therapy is a safe modality of treatment although long-term data are not available. Furthermore, proper follow up of all the patient is very important.

## P531

### Refractory Chyloma Posttotal Thyroidectomy: How to Manage

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**Background:** Thyroidectomy and neck lymph node dissection are a common neck endocrine surgery. Chyle leak is a rare but troublesome complication of cervical surgeries. **Case Report:**