

angiosome revascularization) of 16 patients in 5 (31.25%) repeated interventions were performed. Of these, 4 (25%) eventually had a high amputation and 1 (20%) had healing of trophic disorders. In Group III (nonangiosomal revascularization), out of 3 patients, in 1 (33%) twice there were repeated interventions, finally high amputation was performed, in 1 (33%)-healing of trophic disorders within 2 months, in 1 (33%)-trophic disorders did not heal (after 2 months after surgery the death for other reasons). **Conclusion:** The angiosomal concept does not provide an exact answer regarding the role of each of the main arteries in the blood supply to the shin and limb. If it is impossible to follow to the angiosomal principle, we should try to restore blood flow to any trunk artery.

P507

Saudi Women's Awareness of Uterine Artery Embolization as a Treatment Option for Fibroids

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Objectives: In the current study, Saudi women's knowledge of uterine artery embolization (UAE) as a treatment option for fibroids was investigated. **Methods:** In this cross-sectional study conducted in 2019, an anonymous online questionnaire was sent to women living in Hail and Riyadh via social media. The questionnaire contained 11 multiple-choice questions and was divided into two parts. The first part contained questions about demographic characteristics and one question about whether or not the respondent had a history of fibroids. The second part contained items pertaining to awareness about treatment options for fibroids and whether the respondent had heard of UAE or not. The data were analyzed using SPSS version 22 software. **Results:** Of 845 questionnaires received back, 9.2% were from respondents who reported having a history of fibroids. Overall, 76.1% of the respondents had never heard of UAE. Awareness of treatment options for fibroids was significantly associated with level of education and involvement in a medical field ($P < 0.05$, Chi-square test). Of the respondents who had a history of fibroids, 71.7% had never heard of UAE and 8.9% had heard about it from an obstetrician or gynecologist. Only 6.4% were aware of all the treatment options for fibroids, and 28.2% thought that hysterectomy was the only treatment option. **Conclusion:** The current study highlights the need for a public awareness program about the treatment options for fibroids and greater effort on the part of treating doctors to offer UAE to appropriate candidates.

P508

Percutaneous Management of the Thrombosed Dialysis Access Using Arrow-Trerotola Thrombectomy Device: A Single-Center Experience

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Objectives: To access thrombosis that frequently occurs in patients with end-stage renal disease (ESRD) on hemodialysis, which requires declotting by various techniques and devices. We review the performance of Arrow-Trerotola™ percutaneous thrombolytic device (PTD) for declotting arteriovenous fistulas and grafts (AVFs and AVGs) at King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia. **Methods:** We retrospectively evaluated a total of 38 patients – 19 males (50%) and 19 females (50%) with a median age of 63 years. Twenty-six patients (68%) had an AVF, while 12 patients had an AVG (32%) (18% radiocephalic, 63% brachiocephalic, 16% brachioaxillary, 2% femoral). All patients were treated with mechanical thrombectomy using Arrow-Trerotola device. Technical and clinical success rates as well as primary, primary-assisted, and secondary patency rates were assessed at 3, 6, and 12 months. **Results:** In our group with a thrombosed AVF or AVG, all were treated using the Arrow-Trerotola device and adjunctive administration of 6 mg of alteplase. Balloon angioplasty and/or stenting were done for the associated stenosis. Our technical success rate was 89%, while the clinical success rate was 79%. The primary patency over 3, 6, and 12 months was 74%, 63%, and 42%, respectively. While the primary-assisted patency was 84%, 79%, and 71%, the secondary patency rates were 84%, 79%, and 74%, respectively. **Conclusion:** Our experience supports the international published data of the efficacy and safety of Arrow-Trerotola thrombolytic device in the management of thrombosed hemodialysis accesses.

P509

Emergency Endovascular Exclusion of False Lumen Rupture after Frozen Elephant Trunk Procedure in Type A Aortic Dissection: A Case Report

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Objectives: Thoracoabdominal aortic false lumen rupture is a challenging and catastrophic problem after aortic arch surgery with 100% mortality if untreated and high mortality with open surgery. The objectives were to describe endovascular emergency approaches for occlusion of false lumen rupture after hybrid arch replacement. **Methods:** First Case: An 82-year-old female patient underwent repair for type A aortic dissection (TAAD) with E-VITA open plus hybrid stent graft™ (JOTEC GmbH, Hechingen, Germany), followed with TEVAR, distal landing zone 5 cm above the celiac trunk with persistent retrograde reperfusion of the false lumen. She presented 4 months later with sudden onset of chest and hypotensive requiring resuscitation. Computed tomography angiography (CTA) revealed a complicated false lumen rupture with left-sided hemithorax and aortic true lumen compression. We performed an endovascular bottle neck occlusion with implantation of four Amplatzer-Occluder Vascular Plugs II (AGA)™ and TEVAR distalization of the true lumen directly above the level of the celiac trunk. Second Case: A 58-year-old male patient underwent aorta ascendens replacement in 2004 in TAAD followed by redo