Article published online: 2021-05-11

been excluded from cohort. 6 cases of intractable vaginal/uterine haemorrhage. Among these, a unique complex case presented with post-hysterectomy and in subsequent course of management, surgical ligation of anterior division of both iliac arteries and 5 cases presented after cesarian surgery/dilatation and curettage, 4 cases of post-traumatic G.I. Bleed due developed PSA of b-hepatic artery, 10 cases of pancreatitis induced PSA from b-GDA and splenic arteries. 5 cases of G.I. bleed had bowel tumours were excluded by CTA. Total 61 PSA of b-OVA were included. DUI-guided-percutaneous-management (DPM) is a four-step process. Firstly, identification of PSA-sac of b-OVA. Secondarily, puncture of PSA-sac with 18 G puncture-needle under DUI. Subsequently, injection of gelfoam-slurry followed by NBCA-glue. Thrombosis of the PSA-sac was confirmed by absent flow on DUI during the procedure. **Result(s):** 60 PSA of b-OVA managed successfully and followed-up clinically, by DUI and CT-Angiography (if needed). A case of large sized (5x4 cm size) PSA of b-segmental-renal-artery developed pulmonary-thromboembolism and managed end-vascular coiling. **Conclusion(s):** DPM of PSA of b-OVA is safe, feasible and cost-effective modified embolisation management technique in a limited resources scenario.

OC4.2

Initial Experience with the Covera Covered Stent for the Treatment of Dysfunctional or Thrombosed Arterio-Venous Grafts a Retrospective Analysis of 43 Patients

Michail Theofanis, Panagiotis Kitrou, Panagiotis Papadimatos, Spyros Papadoulas, Evangelos Papachristou, Konstantinos Katsanos, Dimitrios Karnabatidis

Department of Diagnostic and Interventional Radiology, Patras University Hospital, Patras, Greece.
E-mail: mixalistheofanis@hotmail.com

Background: To retrospectively evaluate the safety and effectiveness of the Covera covered stent (CS) for the treatment of dysfunctional or thrombosed arterio-venous grafts (AVGs). **Method(s):** Within 21 months (February 2016 – November 2017), 61 patients underwent CS placement in our department for the treatments of their dysfunctional AVGs. Data were available for 43 patients, undergoing 43 procedures, using 43 devices. Mean follow-up was 214 days (20-524 days). Lesion characteristics were as follows: 33 cases with venous-graft anastomosis (VGA) stenosis, 7 cases of puncture zone stenosis, 12 cases of in stent-graft (SG) stenosis, 5 cases of psuedoaneurysm treatment. Twenty-six patients presented with thrombosis while 26/43 case were restenotic lesions. Primary outcome measure was target lesion primary patency (TLPP) at six months, while secondary outcome measures included factors influencing primary outcome. **Result(s):** Technical success was 100%. TLPP was 60.64% at six months (median TLPP 264 days). During the whole follow-up period 17 AVGs were thrombosed and 11 cases required a redo procedure. There was no significant difference in terms of TLPP when de novo lesions were compared with restenotic, in SG restenosis vs. non in-SG stenosis, patients presented or not with thrombosis, or whether lesion was placed in the puncture zone or in VGA. A significant difference was observed between cases presented with thrombosis after treatment vs. those that were not thrombosed (133 vs. 285 days respectively. p=0.007). **Conclusion(s):** Use of the Covera CS for AVG treatment is safe and effective in every case presented in this retrospective analysis.

OC4.3

Endoluminal Stenting for Acute Obstructing Colonic Cancer

Balamurugan Rathinavelu, Shahabazali Patil, Shamsa Abdalla Alraeesi, Salem Nasser Al Harthi, Ateq Ali Al Messabi, H. Alzarooni, S. Alsheebani

Mafaraq Hospital, Abu Dhabi, UAE.
E-mail: brathinavelu@seha.ae

Background: Colorectal cancer is a common disease and up to 30% of colon cancers present as emergency. The elective surgery mortality rate is 3.5 to 5 % whereas emergency surgery, morbidity is 40% and mortality 15%. The objective of the study is to assess our colonic stenting experience and compare it with available International published data, advantage of colonic stenting in acute setting and improve treatment quality provided at our hospital. **Method(s):** Retrospective data collection using Cerner system from 2016 to Oct 2018. Inclusion criteria: Patients with left sided colonic adenocarcinoma coming to emergency department of our hospital with acute colonic obstruction. Patient records were analysed for demographic data, procedure indication, procedural details, outcome, screening time, hospital stay, complications. **Result(s):** Emergency admission with obstructing left sided colorectal cancer = 12; 5 underwent emergency diverting colostomy (Group 1) and 7 underwent colonic stenting (Group 2). Mean age was 66.5 and 60.5 respectively. There was no major complication in colostomy group, whereas 1 technical failure in stent group. Mean length of hospital stay was 13.5 days (colostomy group) and 1-3 days (stent group). Mean length of ICU stay was 2 days in group 1 whereas no ICU admission required in group 2 patients. **Conclusion(s):** Advantage of Colonic Stenting: (1) Combined procedure colonoscopy and IR. This gives reduced radiation dose due to reduced screening time. (2) Biopsy of the lesion can be performed at the same time. (3) Convert emergency to elective surgery. (4) Reduction of surgery related complications. (5) Reduced ICU and overall hospital stay. (6) Major surgery may be avoided for patients with end stage disease and unstable comorbid disease. (7) Better quality of life quality.

OC4.4

Aspiration Thrombectomy for Acute Limb Ischemia: A Single Center Experience

Maria Antonella Ruffino, Maria Antonella Ruffino, Marco Fronda[1], Andrea Discalzi, Andrea Mancini, Pierluigi Muratore, Denis Rossato, Dorico Righi, Paolo Fonio[1]

Department of Diagnostic Imaging and Radiotherapy, Vascular Radiology, A.O.U. Citta della Salute e della Scienza di Torino, [1]Department of Surgical Sciences, Radiology Unit, University of Torino, Torino, Italy.
E-mail: mariaantonellaruffino@gmail.com