Background: Acute lower-extremity ischemia (ALI) is associated with high in-hospital amputation rates of 10%–30%, 1-year mortality rates of 15%–20%, and low amputation-free survival rates of 50%–65%. Although catheter-directed thrombolysis (CDT) is associated with a lower morbidity rate and is as effective as surgery for stage I and IIa ALI, it takes substantial time to be effective. The Indigo System (Penumbra, inc) is designed for aspiration thromboembolectomy available from 3 f to 8 f in size. The size-matched “separator” allows the catheter to be cleared of occlusive material without catheter removal from the area of thrombus. It has a pump-driven vacuum for consistent aspiration. Preliminary results of this device in the treatment of ALI have been recently published. We want to report our single center experience with percutaneous aspiration thrombectomy (pat) as a first line treatment for acute lower limb ischemia (ALI). **Method(s):** Twenty-one patients who underwent pat for ALI from March 2017 to June 2018 were included. The primary end-point was complete thrombus aspiration with return to patency of the target vessel. Adjunctive treatment for underlying stenosis or occlusion was not considered indicating technical failure, while the use of additional treatment for thrombus removal was considered as a technical failure. **Result(s):** The technical success was obtained in 18/21 patients (85.7%); 2 of the remaining 3 patients required additional treatment for thrombus removal and in 1 the pat failed to restore patency and the patient underwent open surgical treatment. No complications related to pat were reported. **Conclusion(s):** The technical success was obtained in 18/21 patients (85.7%); 2 of the remaining 3 patients required additional treatment for thrombus removal and in 1 the pat failed to restore patency and the patient underwent open surgical treatment. No complications related to pat were reported.

OC4.5

Angiographic Anatomy of Prostatic Arteries in 168 Patients Undergoing Prostate Artery Embolization for Benign Prostatic Hyperplasia

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Background: Prostatic artery embolization (PAE) has been established as a safe and effective treatment option for symptomatic benign prostatic hyperplasia. Thorough knowledge of detailed prostatic artery (PA) anatomy is essential to guarantee technical success and to avoid potential complications of non-target embolization. We aim to provide a pictorial review of PA and prevalence of each anatomical variant, in addition to important anatomical considerations, extracted from our case series. **Method(s):** We performed PAE on 168 consecutive patients until 2019. The most commonly used tools were 5-French cobra-head angiographic catheter and 2.7-French microcatheter. Images were analyzed by the operators. **Result(s):** In the 168 patients, 331 PAs were angiographically identified. Double arterial supply on the same side was noted in 9 patients (5%). In 10 patients (6%), only a unilateral PA was identified. No PA could be identified in 2 patients (1%). The frequencies of origins of PAs were found to be as follows: 133 (40%) from superior vesical artery (SVA), 97 (29%) from internal pudendal artery (IPA), 70 (21%) from obturator artery, 29 (9%) originated directly from anterior division

of internal iliac artery and only 2 (<1%) originated from inferior gluteal artery. Contrast filling of contralateral PA main trunk was identified in 31 patients (18%). Penile anastomosis was identified with 28 PAs (8%) and rectal anastomosis was observed with 14 PAs (4%). **Conclusion(s):** PA has variable origins, even for both sides in the same patient. Knowledge of its detailed anatomy and anastomosis with nearby arteries is essential for safe and timely performance of PAE.

OC4.6

Safety and Efficacy of Endovascular Revascularization of Single Patent Arch Artery in Patients with Takayasu Arteritis: Short Term Results

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Background: Takayasu arteritis is a form of large vessel vasculitis commonly affecting the aorta and its major branches. Steno-occlusive lesions of all arch vessels can cause severe neurologic symptoms. There is paucity of literature regarding the role of endovascular revascularization in such cases. The present report describes immediate and short term follow-up results with plain balloon angioplasty of severely stenosed single patent arch arteries. **Method(s):** Angioplasty was performed in 5 consecutive patients with Takayasu arteritis (age, 22 – 50 years; mean, 31.0 ± 12.0416 years) with cerebrovascular symptoms caused by severe stenotic lesions of arch (ie, carotid, vertebral, brachiocephalic and 1st part of subclavian proximal to vertebral take-off) arteries. **Result(s):** Angioplasty was attempted in 8 stenotic lesions: vertebral (n=3), carotid (n=1), brachiocephalic (n=2) and 1st part of subclavian artery (n=2). Five lesions were discrete and three were diffuse. Balloon angioplasty was performed successfully in all patients. Improvement of luminal diameter from 1.625 mm ± 0.5825 mm to 4.75 mm ± 0.8452 mm ($P < .0001$), and the reduction in diameter of stenosis from 73.125% ± 14.1263% to 16.25% ± 8.3452% ($P < .0001$) was observed. No immediate procedure-related complication or significant neurologic deficits occurred. The presenting symptoms improved in all patients. On short term follow-up of up to 4 months, none of the patients had recurrence of neurologic symptoms. **Conclusion(s):** Plain balloon angioplasty of a sole patent arch artery in Takayasu arteritis is safe and effective, and provides excellent symptomatic relief in such patients.

OC4.7

Glue Embolisation of Truncal Varicosities with Direct Puncture Technique: Is it a Threat to Thermal Ablation? A Prospective Study

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Background: Varicose veins is one of the most common disease presented to vascular clinic. Though there are many endovascular methods are available for the treatment of varicose veins, most of them are costly procedures. We need a treatment with lower