Background: Gastropexy is used by many interventional radiologists during percutaneous image-guided gastrostomy insertion. This study compares major and minor complication rates of gastrostomy insertion with and without gastropexy at our center. **Method(s):** This is a retrospective observational study including adult patients who underwent image-guided gastrostomy insertion at our center from January 1st, 2015 to November 30th, 2018. The sample was divided into patients who had gastrostomy insertion with gastropexy and those without. Major and minor complication rates were assessed based on the Society of Interventional Radiology guidelines and compared using Chi-square. **Result(s):** A total of 830 patients [512 males (61.8%); 318 females (38.2%)] were included. Gastropexy was performed for 428 (51.6%) patients [1 anchor, 41 patients (9.6%); 2 anchors, 268 patients (62.7%); 3 anchors, 118 patients (27.5%); and 4 anchors, 1 patient (0.2%)]. The remaining 402 patients (48.4%) had no gastropexy. Technical success was achieved in 100% with and without gastropexy. A total of 143 complications occurred; 6 major and 137 minor. For those who had major complications, 2 were from gastropexy group. No significant difference was found in major (0.47% vs 1%, $P=0.37$), or minor complication rate (18.7% vs 14.2%, $P=0.08$) between gastropexy and no gastropexy groups, respectively. Furthermore, there was no significant difference when studying complication rates in relation to the number of anchors used ($P=0.32$ for major complications, $P=0.57$ for minor complications). **Conclusion(s):** No significant difference in major or minor complication rates was found between patients who underwent gastrostomy insertion with gastropexy versus without gastropexy. Furthermore, no significant difference in complications was found in relation to the number of anchors used.

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Percutaneous Management of Post Liver Transplant Biliary (strictures) Complications in Pediatric Patients: A Single Center Experience

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Background: The outcome of percutaneous management (PM) of post liver transplant biliary strictures (PLTBs) in pediatric age group. **Method(s):** Between august 2011 and December 2017, a total of 19 pediatric patients with (PLTBs) had pm. All patients presented with clinical and biochemical evidence of biliary obstruction. Biliary dilatation by imaging studies was seen in 17 patients. Protocol of three balloon dilatation sessions, at 4-6 weeks interval, is followed. Review of type of biliary anastomosis, status of the hepatic artery, outcome of the percutaneous management was carried out. **Result(s):** Out of the 19 patients underwent pm for post-LT biliary strictures, 16 were successful with resolution of the clinical picture of biliary obstruction. One of the patients who failed PM was re-transplanted due to graft failure secondary to hepatic artery occlusion. The other two were surgically revised. The average number of dilatation sessions is 4.4 (2-9). The median age at first pm is 2.9 years (1-10). 13 patients were

male and 6 were female. 16 post living donor and 3 post cadaveric liver transplant. One patient has duct-to-duct anastomosis and the remaining has hepatico-jejunostomy. The median time from LT to first pm was 9.4 months (1-26). No complications were encountered. **Conclusion(s):** PM of post liver transplant biliary strictures is safe and has very high success rate and surgery should be reserved for patients who have failed PM.

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Ultrasound Guided Needle Lavage in Supraspinatus Calcifying Tendinopathy

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Background: Calcifying tendinopathy of shoulder (CFT) is caused by deposition of hydroxyapatite crystal inside rotator cuff tendons. It most commonly affect supraspinatus, infraspinatus and subscapularis tendon. The calcifying tendinopathy is treated with percutaneous needle lavage under ultrasound guidance. Study was conducted to evaluate the role of ultrasound guided treatment in the supraspinatus calcifying tendinopathy. **Method(s):** This is a retrospective study which included 30 patients with chronic shoulder pain who had calcifying tendinopathy. 30 patients were underwent 50 percutaneous lavage between June 2017 to June 2018. Patients were followed up at 10 weeks. If symptoms persisted and calcification persistent on x ray and/or ultrasound; reintervention was performed. **Result(s):** 1 mm decreased in calcification width between shoulder x-rays performed before and after treatment, was associated with decrease in need of re-intervention probability by 20 %. Increased probability of re-interventionism is associated with well-defined acoustic shadow on ultrasound. **Conclusion(s):** Significant differences were found in calcification thickness/width, opacity change and type of acoustic shadow of supraspinatus calcifying tendinopathy after the intervention.

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Egyptian Females in Interventional Radiology Field: A Different Experience at Ain Shams University Hospital

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Background: Though the prevalence of female radiologists has increased in the past few decades, many countries still suffers from shortage of females in the IR field. This study discusses survey findings about the prevalence of female IRs in Egypt and describes the female IRs' special experience at Ain Shams University Hospital in Cairo. **Method(s):** Telephone surveys were conducted with the head of IR departments in the largest 19 medical institutes in Egypt to determine the no. of females and the work system in their departments. Another survey was conducted with female radiology residents and fellows at Ain Shams University hospital in random fashion. The survey involved questions about marital and parental status, experiences