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.

P306

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

in training and the reasons for joining this field. **Result(s):** 9 % (6 out of 101) of IR consultants, 11.7% (10 out of 85) of IR fellows and 34.4% (21 out of 61) of IR residents, in the surveyed 19 institutes representing Egypt, were females. 25.2% (24 out of 95) of IR consultants, 28.2 % (24 out of 85) of IR fellows and 39.3 % (24 out of 61) of IR residents in Egypt were counted at Ain Shams University hospital where females make up 54 % (13 out of 24) of the IR residents and 25% (6 out of 24) of the IR fellows with no counted female IR consultants. 30 surveys were completed with female radiologists at Ain Shams University hospital revealing an increase in their share in the IR field due to many reasons. **Conclusion(s):** Though the fact that many countries suffers from shortage of females in the IR field, the IR unit at Ain Shams University Hospitals is starting to show a different experience on the residents and fellows' level and consequently on the consultant's level in the near future.

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Computed Tomography-Guided Biopsy in Vertebral Osteomyelitis

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Background: Patients with suspected vertebral osteomyelitis routinely undergo a biopsy procedure early in their admission. Our goal is to assess the utility of surgical pathology and other clinical factors in guiding treatment of vertebral osteomyelitis. **Method(s):** This was an IRB-approved retrospective review of CT-guided core biopsies for suspected vertebral osteomyelitis. 67 patients met our inclusion criteria. A chart review was performed for the following clinical factors to determine their impact on antibiotic regimen changes: microbiological cultures, presence of paravertebral abscess/phlegmon, fever, elevated erythrocyte sedimentation rate (ESR), elevated C-reactive protein, and an elevated white blood cell count. Results were analyzed using SPSS (version 25, IBM), p-values were obtained using a Chi-squared test. **Result(s):** Of the 69 biopsied cases of vertebral osteomyelitis, 26 cases (38%) yielded positive cultures. Among the group of positive cultures, 16 (62%) of the biopsies contributed new information, isolating either a new or different organism. In the cases with positive cultures, 15 (58%) had changes in their empiric antibiotics ($p < 0.001$). A change in empiric antibiotic coverage was seen in 3 patients with negative biopsy cultures. 24 patients had a paravertebral abscess or phlegmon described in the pre-biopsy MRI. In this subset of patients with paravertebral abscesses or phlegmon, a positive biopsy culture was seen in 16 (66%) patients ($p < 0.001$). 10 patients who had positive cultures did not have a paravertebral abscess or phlegmonous changes. In addition, no significant association was noted with changes in antibiotic regimen in the presence of a fever, leukocytosis, elevated ESR or CRP. **Conclusion(s):** Although CT-guided vertebral core biopsies are relatively low yield, they often provide results that are clinically relevant for proper treatment. Positive culture results contribute pertinent information and aid in identifying the most efficacious antibiotic(s) for clinicians to formulate a successful treatment plan.

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Splenic Artery Embolization: When and How to Do It?

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Background: Splenic artery embolization is an interventional treatment used to stop active bleeding in blunt splenic trauma. It is also commonly used as a prophylactic measure adjuvant to other treatments in various clinical situations to promote splenic salvage and non-operative management. The aim of this presentation is to give an overview of rationale to indications, patient selection and procedural technicalities in splenic artery embolization. **Method(s):** A thorough literature review was done on splenic artery embolization in blunt splenic trauma as well as non-traumatic conditions. The content was reviewed for various indications, the rationale for patient selection and use of this treatment as prophylactic or adjuvant measures to medical treatment along with its long-term effect in non-operative management. Experience of our institutional practice for this novel treatment was also added. **Result(s):** Blunt splenic trauma American Association for the Surgery of Trauma Grade (AAST) IV-V, is amongst most common indications for splenic artery embolization. Patient selection in AAST Grade III splenic injury is variable depending on associated findings (hemoperitoneum, active contrast blush, Pseudoaneurysm, fistula etc.), treating interventionist and trauma unit. Other indications include portal hypertension, Idiopathic thrombocytopenic purpura, Hypersplenism, thalassemia and splenic artery aneurysm with the risk of rupture. Partial versus total embolization, proximal versus distal embolization and choice of embolizing agents is variable amongst the treating interventionist depending on the indication and aim of embolization. Splenic infarction with secondary infection/abscess and non-targeted embolization are amongst the more severe, though less common complications. **Conclusion(s):** Splenic artery embolization is a procedure to enhance the success rate of organ salvage and non-operative management of blunt splenic trauma (AAST Grade III and above). It is also a good adjuvant measure to improve the hepatic function and variceal bleeding in portal hypertension as well as improve blood counts in various cytopenic conditions.

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Comparative Study between Conventional Surgery and Radiofrequency Ablation in Treatment of Varicose Vein

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Background: Varicose veins are a very common problem all over the world. Surgery has been the gold standard treatment for many years, however now other less invasive options are available and sometimes more efficient. **Method(s):** This observational retrospective study included 41 patients with varicose vein recruited from general surgery department and vascular surgery