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

Jingyu Zhou, Kiyon Naser-Tavakolian, Michael Clifton, Isael Perez, Valmore Suprenant

*Stony Brook University Hospital, Stony Brook, USA.
E-mail: jingyu.zhou@stonybrookmedicine.edu*

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?

Amit Kumar Verma, Stephen Edward Ryan, Ashish Gupta, Adnan Hadziomerovic, Karl Smyth, Rima Aina, Pasteur Rasuli

*The Ottawa Hospital, University of Ottawa, Ottawa, Canada.
E-mail: drverma.gilbert25@gmail.com*

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

Mohamed Ismail, Moustafa Aborahma

*Ain Shams University, Cairo, Egypt.
E-mail: mohamed.ismaail@med.asu.edu.eg*

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