intraoperative blood loss, in keeping with published series from across the world. Preoperative embolization of hypervascular tumour /metastases should be considered to decrease intraoperative blood loss.

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Femoropopliteal Angioplasty: Short and Mid-Term Results: Results of a Cohort of 270 Cases

Ben Mrad Melek, Ziadi Jalel^{1,2}, Gdira Faker^{1,2}, Miri Rim^{1,2}, Kalfat Taoufik^{1,2}, Denguir Raouef^{1,2}

*Departement of Cardiovascular, La Rabta Hospital of Tunis, ¹Faculty of Medicine, Tunis, ²University Tunis, El Manar, Tunis, Tunisia.
E-mail: benmradmelek@yahoo.fr*

Background: Percutaneous endovascular therapy is becoming a primary option for managing femoropopliteal occlusive disease. The purpose of this study was to evaluate the mid-term results of endovascular treatment of femoropopliteal arterial disease and to identify predictor factors for success. **Method(s):** Records and observations of patients having had a femoropopliteal angioplasty procedure between January 2012 and January 2018 were studied. Inclusion criteria – Femoropopliteal angioplasty performed for stenosing and / or occlusive atheromatous lesions. Exclusion criteria: (1) Associated supra-crural surgery. (2) Aneurysmal pathology. (3) Absence of angiographic exploration. **Result(s):** Femoropopliteal percutaneous transluminal angioplasty was performed on 270 consecutive limbs (265 patients). The average age of our patients was 62.2 In our study, 87.6% of patients had critical limb ischemia. Lesions were classified as Trans-Atlantic Inter-Society Consensus (TASC) A (43%), B (43%), C (7%), and D (7%). Femoropopliteal interventions included simple balloon angioplasty in 117 cases (43.2%), and use of at least one stent for the remaining 153 cases (56.8%). Technical success was achieved in 98.7% of patients. We recorded three deaths and a major morbidity rate was 15%. The actuarial primary patency at 12 and 36 months was 65.4% and 40.2%, respectively. The actuarial primary limb preservation rate was 94.4 % at 12 months. Comparison between simple balloon angioplasty and the use of primary stenting show no difference in patency ($P = 0.832$) and limb salvage ($P = 0.67$). Negative predictors of primary patency determined by univariate analysis included popliteal location ($P < 0.001$) and TASC D ($P < 0.001$). However, diabetes mellitus ($P = 0.001$) and poor run off ($P < 0.001$) were the principal predictive factors of limb loss. **Conclusion(s):** Femoropopliteal angioplasty can be performed with a low morbidity and mortality. Intermediate primary patency is directly related to TASC classification and popliteal localization. Primary stenting doesn't improve permeability and limb salvage.

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Percutaneous Revascularization Aq4 as a Feasible Option for Complex Aortoiliac Occlusive Disease with Fair 1-Year Outcome

Ahmed Khairy Allam, Atef Abd Elghany Salem, Ahmed Kamal Gabr¹

*Benha University, Benha, ¹Ain Shams University, Cairo, Egypt.
E-mail: ahmed.allam01@fmed.bu.edu.eg*

Background: Aortoiliac arterial occlusive disease (AIOD) is one of the commonest patterns of systemic atherosclerosis with a spectrum of chronic symptoms from intermittent claudication to critical limb ischemia, which is a common therapeutic challenge. A meaningful shift has evolved in treating symptomatic AIOD from open to endovascular repair, which are becoming an attractive treatment option even in complex lesions, especially in patients with considerable risk. The aim of this study was to assess the feasibility, that is, technical success rates, primary patency, and safety outcome for Trans-Atlantic Inter-Society Consensus (TASC) D lesions treated endovascularly with analysis of outcome of stent graft versus bare metal stent in patients with advanced Leriche syndrome. **Method(s):** A prospective case series study: over 30 months, our case study was conducted on 22 patients with TASC D lesion morphology undergoing treatment for symptomatic chronic AIOD at the Vascular Unit, General Surgery Department, Benha University Hospitals, Vascular Surgery Department, Nile Insurance Hospital and Vascular Surgery Department, Security Forces Hospital and Al-Noor Specialist Hospital, Makkah, Saudi Arabia. The patients were enrolled from April 2015 until October 2016 with a 12-month follow-up period from the last patient enrolled. SPSS, version AQ8 20.0 for Windows was used for statistical analysis. **Result(s):** Our study had a technical success rate of 95.5% in crossing TASC D lesion with immediate angiographic success (91%). The 12-month primary patency rate was 85% for TASC D lesions with a target lesion revascularization of 15%. Stent grafts had a higher 1-year patency rate (91.7%) versus bare metal stent (75%). The total procedure-related complications rate was 18.1% and 30 days procedure-related mortality was 4.7%. **Conclusion(s):** Our study shows that technical success of endovascular therapy for TASC D lesions was 95.5% with a 1-year primary patency of 85% and a complication rate of 22.7% in TASC D lesions. Utilizing more than one access with antegrade crossing the lesion through brachial access was paramount for technical success. Long-term follow-up is mandatory to support the durability of the procedure.

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Extra-Hepatic Collateral Supply to Hepatocellular Carcinoma: What a Radiologist Should Know

Shivanand Gamanagatti, Shalimar, Shashi Paul, Abhishek Arora, Arunkumar Gupta

*All India Institute of Medical Sciences, New Delhi, India.
E-mail: shiv223@gmail.com*

Background: Trans-arterial Chemo-embolization (TACE) is the most widely used palliative treatment for intermediate stage HCC. Presence of arterial supply of HCC other than the normal supply from hepatic artery, is termed extrahepatic collateral supply (ECS). If ECS is present, TACE must be done through ECS also, for achieving complete tumor response. **Method(s):** (1) To know the prevalence, sources and significance of extracapsular collateral supply (ECS) in hepatocellular carcinoma (HCC). (2) To understand the signs suggesting ECS before, during and after TACE. **Result(s):** At initial presentation, prevalence of ECS is 10-15%, however it increases as the number of TACE sessions increases. Common sources of ECS include inferior phrenic,