

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

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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

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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

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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,

omental, cystic, adrenal, intercostal, internal mammary, renal, superior mesenteric and gastroduodenal arteries. Suspect ECS in large subcapsular tumors with exophytic growth, adjacent organ invasion, hypertrophied extrahepatic collaterals and marginal recurrence abutting the liver capsule after TACE or local ablation. During TACE, no or incomplete tumor blush on selective hepatic arterial run, or defect in lipiodol deposition in the mass suggest ECS. Search for ECS is mandatory if follow up imaging shows peripheral defect in lipiodol deposition or enhancing residual component of primary mass. An alternative treatment should be undertaken if TACE through ECS fails. **Conclusion(s):** ECS is common in HCC at initial presentation and increases with repeated TACE sessions. For achieving complete tumor response, active search for signs of ECS should be done before, during and after TACE.

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Crush Stent Technique: A New Approach for Occluded Iliac Stent

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Background: Iliac stent thrombosis is problematic. Surgery is often indicated because endovascular recanalization of the occluded stent is difficult. Some interventional cardiologists described a new technique to manage occlusion of coronary stent, the “Crush stent technique” consist on subintimal recanalization and swatting of the “old stent”. The aim of this report was to demonstrate the feasibility and safety of this technique also for iliac artery. **Method(s):** A 55 years old woman was admitted in our department for a critical lower limb ischemia due to thrombosis of left common iliac stent implanted 2 years earlier for claudication. The ankle-brachial index was 0.5. Our initial strategy was to cross intraluminally the occlusion and to use a drug-eluting balloon. However, we failed to achieve an intraluminally stent recanalization, so we performed a subintimal recanalization of the occluded stent. The wire crossed the occlusion completely outside stent through the subintimal space. Firstly, we performed a balloon angioplasty, a 7 mm balloon was inflated at eight ATM pressure and contributed in crushing of the thrombosed stent. Therefore, we deployed an 8 x 80 mm Wall-Stent (Boston Scientific), covering all the common and external iliac artery. **Result(s):** Final angiography was satisfactory showing a patent iliac conduit with a total flatterring of the old stent. Post operative course was favorable with symptomatic relieve, the left ankle-brachial index was improved to 0.85 and duplex ultrasound showed patency of the wall stent at 1 and 6 months. There was no hemodynamic disturbance particularly at the site of the subintimal crush. **Conclusion(s):** Crush stent technique is not only feasible for coronary stent thrombosis but can also be performed for peripheral arterial stent thrombosis especially when intraluminally stent recanalization cannot be achieved. In our knowledge, it is the first report in the literature of a “crushed stent” technique for a thrombosed iliac stent.

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Uterine Artery Embolization for the Symptomatic Adenomyosis: Short-Term Follow up using Uterine Fibroid Symptom Quality of Life Questionnaire

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Background: The purpose of this study was to assess clinical outcomes 3 months after uterine artery embolization (UAE) in the treatment of symptomatic adenomyosis. **Method(s):** in this prospective cohort study, at Prince Sultan Military Medical City recruited patients with symptomatic adenomyosis for UAE. The 3 months' post-intervention outcomes were health-related quality of life (HRQOL), symptom severity scores (SSS). **Result(s):** Eighteen patients with adenomyosis have more than 12 mm thickening of the junctional zone based on MRI imaging (11 with Fibroids are excluded) were treated with UAE between January 2012- April 2018. The 3 months' questionnaire was interviewed in 7 patients. The median age of 47 (28-55). The main clinical presentation was abnormal uterine bleeding and Dysmenorrhea. The median duration of symptom is 24 (12-84) months. A 71.4 % of patients received hormonal therapy prior to intervention. The median hemoglobin pre and post-intervention 11.5 and 12.6 respectively. A 28.6 % of patients received blood transfusion pre-UAE. No patient underwent a secondary hysterectomy during the follow-up period. The HRQOL and SSS scores as measured by UFS-QOL at 3 months after UAE showed The score for distress level has been significantly reduced (Z value= -2.366, p value=0.018) from baseline 4.6 (3.6-5) to after 3 months 2.25 (1-3.37). As well as, the score of symptoms level has been significantly reduced Z value= -2.366, p value=0.018) from baseline 4 (3.6-5) to after 3 months 1.6 (1-3.58). **Conclusion(s):** After 3 months of follow-up, UAE improved the distress and symptom of the selected patients with adenomyosis, however larger number of patients and longer duration of follow-up is recommended to support the UAE for the management symptomatic adenomyosis.

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Balloon Occlusion of Internal Iliac Arteries in Management of Morbidly Adherent Placenta: Initial Experience at Our Centre

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Background: Abnormal placentation is a potential cause of maternal morbidity and mortality from massive postpartum bleeding. Interventional radiology has impressive role in