management of various obstetrical emergencies. Pelvic arterial embolization has added a new dimension in the management of obstetric hemorrhage. **Method(s):** This is a retrospective study conducted at radiology and gynecology departments of Rehman Medical Institute Peshawar. We retrospectively studied eleven cases over a period of two years from May 2015 to May 2017 and patients were diagnosed of having morbidly adherent placenta during antenatal period either by ultrasound or magnetic resonance imaging (MRI). The mean gestational age at presentation was 36 weeks. All patients were in age group of 30-36 yrs with mean age of +33.37 yrs. All were multiparous with a mean parity of +4-5. Previous Cesarean Section delivery was the major independent risk factor in most of the cases. About 60% cases were diagnosed during antenatal checkup and in most of the cases the placenta were type IV Placenta previa. Patients were divided into two groups. 5 patients were managed by conventional treatment (conventional group). In 6 cases, interventional radiologist was involved for trans-catheter arterial balloon occlusion balloon occlusion (study group). The internal iliac balloons were inserted pre-operatively and arterial occlusion was done just after the delivery and in one case additional uterine artery embolization was done post-operatively. In Conventional treatment, no prophylactic temporary balloon occlusion was done and patients were treated by either removal of placenta and oversewing of the placental bed or caesarean hysterectomy. One patient presented postoperatively with placenta in situ and septicemia. **Result(s):** The results of the two groups were compared taking different variables into account. In comparing the operating time the mean operating time in conventional group was +2.37 hr and that in interventional group was +1.25 hr with a total increase of approx.1.12 hr, which is quiet significant. The average blood loss was 962 ml more in conventional group (mean 2037 ml vs 1075 ml) and consequently increased transfusion of blood (mean+6.5 packs vs. 2.25 packs i.e 4.25 packs more). In our comparative study platelets and fresh frozen plasma (FFP) was exclusively needed in conventional group. Mean stay in intensive care unit (ICU) was more in conventional group with a mean of 2.7 days as compared to 1 day in interventional group. In 2 cases there was per-operative injury to surrounding structures attributed to difficult obstetric emergency and excessive blood loss. In one case the patient had ureteric injury and in other case there was bladder injury. In interventional group, not even a single case of damage to surrounding structure was noted, which can be partly attributed to less stress of the surgeon due to comparatively better hemodynamic stability of patient and partly due to clear field of the surgeon. **Conclusion(s):** We conclude that use of per-operative arterial occlusive balloons for managing morbidly adherent placenta at our center showed good initial results with decreased patient morbidity.

Keywords: Intra-arterial occlusive balloons, morbidly adherent placenta, placenta accreta, placenta increta, placenta percreta

P414

Aspiration Thrombectomy for Acute Deep Vein Thrombosis of the Left Lower Extremity of a Child after Cardiac Radiofrequency Ablation

Maria Antonella Ruffino,
Maria Antonella Ruffino, Marco Fronda¹,
Andrea Discalzi, Pierluigi Muratore,
Dorico Righi, Paolo Fonio¹

Department of Diagnostic Imaging and Radiotherapy, Vascular Radiology, A.O.U. Città della Salute e della Scienza di Torino,
¹Department of Surgical Sciences, Radiology Unit, University of Torino, Torino, Italy.
E-mail: ummara_81@hotmail.com

Background: Deep vein thrombosis (DVT) of the lower extremity is rare in children and most of them or history of CVC placement. The therapy includes anticoagulation, systemic thrombolysis and, in rare cases, thrombectomy. Systemic thrombolysis with TPA has been used to treat patients who do not respond to anticoagulation and those with extensive DVT. Thrombo-aspiration with penumbra/Indigo System is a safe and effective treatment for adult patient with ALI, PE, and AVF thrombosis. We report of the case of an adolescent with DVT in the left lower extremity who underwent thrombo-aspiration with Indigo System. **Method(s):** A 14-year-old boy, with previous RFA for wolff-parkinson-white syndrome, with DVT of left popliteal, superficial, common femoral, and iliac veins not responding to anticoagulation underwent thrombo-aspiration with indigo system. After US-guided puncture of the popliteal vein, the dilator (3f) of a micropuncture set kit was positioned. An 0.018 guidewire was advanced along the venous axis, and the dilator was changed for an 8f sheath. Before starting the aspiration, a removable caval filter was positioned. Venography after the aspiration revealed partial recanalization of the left venous axis. Locoregional thrombolysis was performed with 0.6 mg of TPA. There were not complications during any phase of treatment. Anticoagulant therapy was administered. **Result(s):** One week after the procedure, the swelling of the left lower extremity had resolved completely. Caval filter was removed three months later. Duplex us at 1, 3 and 6 months confirmed recanalization of popliteal, common femoral and iliac veins and only residual thrombosis of the superficial femoral vein. The patient had no symptoms. **Conclusion(s):** DVT mechanical aspiration can be safe and effective to treat acute DVT of the lower extremity in older children and adolescents. Thrombo-aspiration before thrombolysis helps to decrease the thrombus burden, improve outflow for effective thrombolysis, and reduce the dose of thrombolytic required.

P415

Parastomal Bleeding Embolization Technique

Sultan R. Alharbi

King Saud University, Riyadh, Saudi Arabia.
E-mail: drsultan000@gmail.com

Background: In this poster presentation we describe and illustrate parastomal bleeding embolization technique in two cases. one case we did direct percutaneous and other case we use trans-hepatic approach. in this poster we also explain why we use direct percutaneous or trans-hepatic approach. Both cases were technically and clinically successful without complication. **Method(s):** N/A. **Result(s):** N/A. **Conclusion(s):** N/A.

P416

Tips and Tricks in Chimney-Graft Technique Endovascular Repair: Steps for Successful Outcome

Samer Koussayer

King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia.
E-mail: sakous@msn.com

Background: ChEVAR becoming very popular option to treat juxtarenal AAA in emergency or urgent situation. The technique is very diverse and this result in conflict data about the outcome and the rate of type 1 endoleak. **Method(s):** In this presentation i will review the steps and tricks in ChEVAR deployment for best outcome and review literature comparing ChEVAR with FEVAR. **Result(s):** Chevar has very good outcome with very low rate of type 1 endoleak if carried out in standard technique. These results are very comparable with FEVAR. **Conclusion(s):** Chevar is an alternative technique to treat juxtarenal AAA especially in emergency situation and it carry very low rate of type 1 endoleak if deployed correctly.

P417

The Effect of Partial Splenic Arterial Embolization in the Control of Hypersplenism

**Mohamed Haroun Hassan Ibrahim,
Shrief Hamed Mostafa Abogamra**

*Ain-Shams University Hospitals, Cairo, Egypt.
E-mail: dr.mharoun@hotmail.com*

Background: The use of splenic artery embolization is used for the intentional infarction of splenic tissues to reduce their consumptive activity. **Method(s):** Fifteen patients with hypersplenism due to chronic liver disease were included. This was a prospective study that included patients with thrombocytopenia (platelet count <70.000) who referred from the Tropical Department to the Interventional Radiology Unit for partial splenic arterial embolization. Partial splenic arterial embolization was performed to reduce the hyperfunction of the spleen in patient with hypersplenism. **Result(s):** The mean age of the selected patients was about 48 years old. The most common cause of hypersplenism is chronic liver disease due to HCV infection in 12 patients (80%), bilharzial disease in 2 patients (13%) and mixed HCV and bilharzial infection in 1 patient (7%). The most frequent risk factors were past history of blood transfusion in 7 patients (47%), past history of surgery in 5 patients (33%), and past history of parenteral antibilharzial treatment in 3 patients (20%). Bleeding tendency was found in 15 patients (100%), while abdominal pain was found in 12 patients (80%). As regard other symptoms, lower limb swelling and abdominal enlargement were noticed in 30% and 20% of patients respectively, anemic manifestations and recurrent infection were noticed in 53% and 47% of patients respectively. Post embolization syndrome was the most common complication and occurred in all patients (100%). Newly developed ascites occurred in 2 patients (13%). Splenic abscess was developed in 2 patients (13%). No other complications had been reported. **Conclusion(s):** Partial splenic arterial embolization is an effective method for the treatment of thrombocytopenia resulting from hypersplenism in patients with liver cirrhosis; however, the procedure is associated with complications, and hence must be performed only if clearly indicated and by an expert person.

P418

My Escape Through Chimney

Yasir Khattak, Ayman Al Sibaie

*Rashid Hospital, Dubai, UAE.
E-mail: dryasirjamil@gmail.com*

Background: Open Repair (OR) remains the “gold standard” for treatment of AAAs and Juxtarenal Aneurysms (JAAA), although there is an increased morbidity and mortality rate, longer operating time, and higher need for transfusions. Endovascular repair (EVAR) offers an alternative as it obviates the need for extensive surgical dissection. Fenestrated EVAR (f-EVAR) devices are used in JAAA to overcome the insufficient neck length resulting in inadequate sealing of standard endografts. Chimney-graft technique EVAR (Ch-EVAR) has been employed to preserve the visceral aortic branches, deploying a stent parallel to the aortic endograft allowing the sealing in a healthier aortic zone. A recent review of the Ch-EVAR showed promising results in terms of morbidity, mortality, and durability at 6 and 12 months follow-up. **Method(s):** We present a unique case of a juxtarenal AAA (J-IAAA) with contained leak in the presence of an indwelling aortic stent with disintegration and kinkage of stent successfully treated with Ch-EVAR. **Result(s):** Patient was successfully treated with EVAR and bilateral renal artery chimney-grafts (Ch-EVAR). **Conclusion(s):** Ch-EVAR shows is valid and viable treatment as well as bail out option for challenging cases of JAAA, where a custom-made device is either not available or not amenable to deployment due to difficult access.

P419

High Flow Arterio-Venous Fistula Closure with Amplatzer Vascular Plug in with High Cardiac Output Failure Patient with CKD

**Amol Madanlal Lahoti, Vivek Ukirde,
Saurabh Anant Joshi, Ashank Bansal,
Arvind Borde**

*LTMCC and LTMGH, Sion Hospital, Mumbai, Maharashtra, India.
E-mail: amollahoti20031987@gmail.com*

Background: The Amplatzer Vascular Plug (AVP) is a cylindrical plug made of self-expanding nitinol wire mesh with precise delivery control, which can be used for a variety of vascular pathologies. An AVP is an ideal vascular occlusion device particularly in high-flow vessels, where there is high risk of migration and systemic embolization with traditional occlusion devices. **Method(s):** 20 year old, young male, recently diagnosed chronic kidney disease presented with palpitation, breathlessness and chest pain. We present a case where through tranfemoral approach, An amplatzer vascular plug is deployed at the site of a -v fistula with precise delivery and complete occlusion of the fistula. **Result(s):** Succesful closure of high flow a-v fistula causing high flow cardiac output failure in a chronic kidney disease patient resulting in improved signs and symptoms with maintained distal circulation. **Conclusion(s):** Vascular occlusion