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.

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

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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.

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My Escape Through Chimney

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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.

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

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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

of hemodialysis fistulas using an Amplatzer vascular plug has recently been described only by interventional vascular radiologists. This as a better option than surgical ligation or coils with reduced hospital stay and associated morbidity.

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Long Life Efficient Permcath Fibrin Sheath Angioplasty

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Background: Fibrin sheath formation around long-term haemodialysis catheter is a common cause of failed dialysis access. The sheath begins as a thrombus containing some fibrin in the first few days and transforms to a cellular-collagen tissue after 1 week. Upon catheter removal, the sheath tends to remain in the vein instead of attaching to the catheter. **Method(s):** The topic discuss 2 years experiences of dealing with 150 permcath insertion and exchange at Vascular access center in Davita care dialysis center, Jeddah, Saudi Arabia. Treatment options include pharmacological and mechanical methods. Pharmacological therapy involves instillation of urokinase (5,000 units or above) or tissue plasminogen activator (2.5 mg in 50 mls normal saline over 3 hours) to lyse the thrombus. Mechanical treatment includes catheter exchange, fibrin sheath disruption using guide wire and angioplasty balloon, before the permcath. Removal, 0.035 Guide wire was passed through the arterial red line of the catheter. The Catheter is freed from the cuff adhesion and pulled out till the tip to be kept at the vein inlet. Angiogram to be done. **Result(s):** a fibrin sheath was present, in 50 patients with malfunctioning permcath, angioplasty was performed using an 8×4 or 10×4 balloon along the entire length of the fibrin sheath. A completion venogram was performed to document disruption of the fibrin sheath. **Conclusion(s):** The result of our study is, disruption of fibrin sheath in malfunctioning permcath can keep using the same side of vein insertion specially for patient with poor chances of AVF creation avoiding central venous stenosis and preserving efficient hemodialysis access.

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Uterine Artery Embolization to Control of Life Threatening Unusual Secondary Postpartum Haemorrhage

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Background: Secondary post partum haemorrhage is a rare post natal complication yet with significant morbidity and mortality. **Method(s):** We present a 21 yr old female primigravida suffered from severe secondary post partum haemorrhage after cesarean section by five weeks presented to emergency department with significant haemoglobin drop, ultrasound revealed increased myometrial vascularity with intrauterine echogenic material, further contrast enhanced CT study revealed hypertrophied

left uterine artery with suspected arteriovenous malformation Endovascular uterine artery angiography and embolization was done followed by elective hysteroscopy and curettage. **Result(s):** Successful control of vaginal bleeding with stable haemoglobin level, no need for transfusion Histopathological examination of the curettage specimen revealed infarcted afenomatous polyp. **Conclusion(s):** Uterine artery embolization is safe and feasible for primary control of secondary post partum haemorrhage even in cases with retained placental products and endometrial polyps.

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Prophylactic Antibiotic for Portacath Insertion, is there any Benefit?

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Background: Prophylactic antibiotics for portacath insertion is a controversial topic and is mainly indicated in immunocompromised patients requiring the same procedure. The aim of the study is to review patients at our hospital who underwent portacath insertion with prophylactic antibiotic cover and compare them with patients who had the same procedure without antibiotic cover. We reviewed the rate of catheter-related infections (CRIs) in these two groups. **Method(s):** This is a retrospective study and was done by analysing the medical records, clinic letter and procedural notes using Cerner system. CRIs were defined as a patient treated with antibiotics for port site induration, positive blood cultures, or suspicion of infection that led to port removal within 30 days of placement. We reviewed the data of patients who underwent portacath insertion between March 2018 until Dec 2018. **Result(s):** A total of 31 Portacath insertions were done at our institution during the above mentioned period. A total of 21 patients had no antibiotic cover for the portacath insertions and 10 patients had prophylactic antibiotic cover. There were 18 male and 13 female patients. Mean age= 48 (18-70). 28 patients had right sided portacath insertion. Three patients had left sided portacath insertion. No immediate procedural or delayed complication were seen in either cohort. **Conclusion(s):** Our study did not show any benefit of giving prophylactic antibiotics prior to insertion of portacath.

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Drug Coated Balloons in Hemodialysis Access Circuits: A Meta-Analysis and Systematic Review

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Background: Hemodialysis access stenoses are a major source of morbidity and cost for renal dialysis populations. With endovascular techniques a single access can be maintained for a longer period, although this often requires multiple balloon angioplasties (BA) with adjuncts such as high pressure or cutting balloons to treat areas of neointimal hyperplasia in the access circuit. Drug coated balloons (DCB) have been used to decrease recurrence of stenoses although the evidence is not yet definitive. This study sought to collate data from trials to assess 6 and 12 month target lesion revascularization as a measure of DCB efficacy