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(n=87), respectively. Most common late complication was Thrombosis 9.38% (n=38). Successful retrieval rates varied between years. IVC thrombus complicated retrieval in 1.97% of patients (n=8) and failure to retrieve due to other comorbidities and implications occurred in 1.48% (n=6). **Conclusion(s):** We have observed IVC Insertion problems similar to international reported figures. The rate of Insertion problems was 5-23% in the US, while it was 16.1% (n=66) in our sample. Filter movement was reported in 0-18% in the US, whereas it was 0.49% in ours (n=2). Retrieval was successful in 84.97% (n=153) of patients who followed up, 50.62%, compared to 34% in the US. IVC filter penetration occurred in 0.49% (n=2) of our patients which significantly lower than the range reported in US (0-41%) which could be due to loss of follow up in our sample. Compared to the International standard considered by our institution, our sample had similar thresholds. In summary, IVC filter placement in our institution had minimal complications and is similar. The rate of mortality was 0.24%.

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A Prospective Randomized Study Comparing the Use of Plain Percutaneous Transluminal Angioplasty Balloon Catheters for Primary Balloon Angioplasty versus Hydrostatic Dilatation to Prepare the Cephalic Vein Prior to Creation of Radio-Cephalic Arteriovenous for Dialysis

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Background: To compare the immediate technical success, maturation time, and the need for further balloon assisted maturation for radio-cephalic arteriovenous fistulas to render them ready for hemodialysis. **Method(s):** Fifty-seven (57) patients with ESRD in need for vascular access for whom a radio-cephalic arteriovenous fistula was of choice, with a cephalic vein ≤ 3 mm. They presented to us from the period of November 2014 till January 2017, were randomized into two groups. The cephalic vein was prepared in group (A) using hydrostatic dilatation prior to creation of the fistula, while in group (B) the vein was prepared using a PTA balloon catheter for primary balloon angioplasty prior to the creation of the fistula. **Result(s):** The technical success rate was 96.5%, 100% in both groups respectively. The reintervention rate was 35.7%, 7.1% in both groups respectively. The mean maturation time was 43 days, 32.1 days in both groups respectively. **Conclusion(s):** Using primary balloon dilatation during creation of a radiocephalic arteriovenous fistula leads to a decreased maturation time and less reintervention rate, but still these results are statistically insignificant may be due to small number of study sample.

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Localized Aortic Primary Stenting for Focal Aortic Stenosis: Review of 9 Patients with Short-Term Outcome

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Background: Focal infra-renal aortic stenosis that demands treatment is relatively infrequent condition. Short stenotic lesions may be amenable for endovascular treatment, while long lesions are traditionally treated withsurgical bypass grafting. **Method(s):** Nine consecutive patients were treated for infra-renal aortic stenotic lesions with primary focal aortic stenting between April 2014 and October 2015 in vascular unit, general surgery department, Benha University and vascular surgery department, Nile Insurance Hospital and vascular surgery department, Ain Shams University. Indications included disabling claudication (n=2), blue toe syndrome (n=4) or minor tissue loss (n=3). **Result(s):** This study had technical success 88.9% with clinical and hemodynamic success 100%. 6 months primary patency for focal aortic stents was 100% with complications rate 22.2%. **Conclusion(s):** Focal aortic stenotic lesions could be safely managed by endovascular therapy. Primary stenting is associated with improvement of clinical and hemodynamic outcome.

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Urgent Embolization of Bilateral Middle Rectal Artery in the Management of Life-Threatening Hemorrhoid Bleeding in a Patient with Occlusion of the Inferior Mesenteric Artery

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Background: Internal hemorrhoids rarely cause life-threating massive rectal bleeding and usually depend on the inflow of the superior rectal arteries. We report a case of an urgent emborrhoid technique by embolizing both middle rectal arteries in a patient presenting with a life-threatening rectal bleeding and an occluded inferior mesenteric artery on CT scan. **Method(s):** The procedure was performed with a right femoral arterial approach. Left internal iliac artery was cannulated with a 5 F long sheath (after cross- over). Angiographies then Cone Beam CT (CBCT) were performed showing a large anastomotic left middle rectal artery involved in the hemorrhoidal vascularazition. Superselective catheterization of left middle rectal artery was realized using a 2.8 F microcatheter. Then embolization using a packing of microcoils and some pledget of gelfoam to close the anastomotic shunts was performed.