

complications in revascularized group; however, we observe some endoleak in patients treated by chimney technique who needed reintervention. **Conclusion:** The theoretical risks of the LSA coverage without revascularization are not constant. However, the revascularization is not free of complications and requires a trained team. The chimney technique had to be improved to get a good result and it also requires a randomized study.

OC107

Global Approaches to Type B Aortic Dissection: Our Experience

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Background: We report our experience in the endovascular treatment of type B aortic dissection. **Methods:** Over a period of 69 months, a total of 41 type B aortic dissections (12 acute, 8 subacute, and 21 chronic dissections) were treated with stent graft in 33 cases and multilayer stents (MLSs) in 8 cases. Our series included 40 patients (One patient was operated for a double location): 9 women and 31 men with an average age of 64.9 years (21–84 years). **Results:** We had 100% technical success. Hospital mortality occurred in one (1.4%) patient. Follow-up was available for 39 patients at a median time of 26.5 months (1–69 months). We had 12 (8% [5/39]) complications: endoleak type II in 2 cases, chimney endoleak in 2 other cases, and 1 case of retrograde dissection. The late mortality rate was 10.2% (4/39). Late computed tomography scans' control was satisfying for acute dissections treated in emergency with stent graft and localized dissections treated with MLS. Regarding the dissecting aneurysms, the false lumen was patent in the abdominal aorta in eight cases with dilatation of the celiac aorta in four cases. **Conclusion:** Endovascular treatment has remarkably improved the prognosis of type B aortic dissections; however, long-term monitoring is mandatory.

OC108

Abdominal Aortic Aneurysm Screening: A Systematic Review and Meta-Analysis of Efficacy and Cost

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Background: Abdominal aortic aneurysms (AAAs) can cause significant mortality when ruptured but are often undiagnosed before this time. Population screening of high-risk individuals and early intervention may mitigate AAA-related mortality. Large trials have demonstrated a mortality benefit for AAA screening, but adoption is not ubiquitous. This study sought to systematically review and consolidate the most recent randomized trial evidence on AAA screening in men and its cost-effectiveness. **Methods:** Randomized trials and cost-effectiveness studies of AAA screening in men were identified from searching Medline, Embase, CENTRAL, and relevant citation lists. Data were extracted as hazard ratios or raw event rates. Meta-analysis was conducted using a random-effects, inverse variance weighted model for continuous variables and Mantel-Haenszel weighting

for event data. Cost estimates of screening were adjusted for inflation and reported as \$US/quality-adjusted life year (QALY). **Results:** Five studies were identified totaling 175,085 participants (age 64–83) with a mean of 10.6 years of follow-up (4.4–13.1). The AAA detection ranged from 3.3% to 7.7%. Screening significantly reduced all-cause mortality (hazard ratio: 0.97, 95% confidence interval [CI]: 0.96–0.99, $P = 0.002$), AAA-related mortality (0.65, 95% CI: 0.48–0.89, $P = 0.008$), and emergent AAA repair (RR: 0.64, 95% CI: 0.46–0.91, $P = 0.02$). The number needed to screen to prevent one AAA-related death per 10 years ranged from 209 to 769 individuals. Sixteen cost-effectiveness analyses found a mean 16,854 \$/QALY (range 266–73,369). **Conclusion:** Wider implementation of population-based AAA screening programs in elderly men should be considered as it continues to demonstrate a significant and cost-effective reduction in all-cause mortality as well as AAA-related mortality.

OC109

Acute Respiratory Insufficiency in Patients with Acute Type B Aortic Dissection: An Indication for Urgent Intervention

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Background: In this series, we examine six patients whom presented with acute Stanford type B aortic dissection with malperfusion and associated acute pulmonary syndrome with pleural effusion and lung disease similar to adult respiratory distress syndrome. Current discussions encourage attempts to stabilize the patient for an interval of 7–14 days to enhance thoracic endovascular aortic repair (TEVAR) outcomes; however, pulmonary compromise signals the need for more urgent intervention. **Methods:** Case Series (reports of new indications for TEVAR). **Results:** All six patients otherwise have no known prior history of chronic lung disease. Two patients presented with lower extremity weakness. One patient presented with spinal ischemia and bilateral lower extremity weakness. The fourth patient presented with acute renal insufficiency. The fifth patient presented with chest and back pain, acute renal insufficiency, and lactic acidosis. One of the five patients required tube thoracostomy placement and intubation. The second patient responded well to noninvasive positive pressure, Bilevel Positive Airways Pressure airway ventilation (BIPAP), and diuresis. The third patient remained intubated until he expired 1-week postoperatively. The fourth patient developed acute pulmonary insufficiency before any operative interventions and died shortly after intubation. The fifth patient's respiratory status markedly improved after intervention. Four patients underwent uneventful TEVAR of their descending thoracic aortic dissections. **Conclusion:** Current discussions encourage attempts to stabilize the patient for an interval of 7–14 days to enhance TEVAR outcomes; however, pulmonary compromise signals the need for more urgent intervention.

OC110

Endovascular Treatment of a Large Iatrogenic Popliteal Arteriovenous Fistula

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Background: A 40-year-old male presented with progressive left lower limb pain on a background of left knee surgery some 20 years prior. Examination revealed a thrill and bruit in the left popliteal fossa and diagnostic angiography confirmed a large arteriovenous fistula (AVF). **Methods:** Over-the-wire Fogarty catheter was used to exclude flow through the AVF and image run-off vessels. The native popliteal artery measured 6.5 mm above and below the fistula and an 8 mm × 50 mm Gore Viabahn covered stent was used to exclude the AVF with good results. The patient was started on clopidogrel and therapeutic anticoagulation with warfarin postoperatively. **Results:** This case illustrates the endovascular repair of a large, chronic AVF in which open surgery would have been very challenging. The majority of data on long-term primary patency of popliteal covered stents results from aneurysm treatment and is estimated to be 69.4% at 5 years. **Conclusion:** Treatment of chronic AV fistulas using covered stents in the popliteal region is a viable alternative to open repair.

OC111

Long-Term Primary Patency Rate After Nitinol Self-Expandable Stents Implantation in Long Totally Occluded Femoropopliteal (TASC II C and D) Lesions (Retrospective Study)

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Background: Endovascular therapy for long femoropopliteal lesions using percutaneous transluminal balloon angioplasty or first-generation of peripheral stents was associated with unacceptable 1-year restenosis rates. However, with recent advances in equipment and techniques, a better primary patency rate is expected. Hence, this study was conducted to detect the long-term primary patency rate of nitinol self-expandable stents implanted in long totally occluded femoropopliteal lesions (TASC II type C and D) and determine the predictors of reocclusion or restenosis in the stented segments. **Methods:** The demographics, clinical, anatomical, and procedural data of 213 patients with 240 *de novo* totally occluded femoropopliteal (TASC II type C and D) lesions treated with nitinol self-expandable stents were retrospectively analyzed. Of these limbs; 159 (66.2%) presented with intermittent claudication, whereas 81 (33.8%) presented by critical limb ischemia. The mean time of follow-up was 36 ± 22.6 months (range: 6.3–106.2 months). Outcomes evaluated were primary patency rate and predictors of reocclusion or restenosis in the stented segments. **Results:** The mean age of the patients was 70.9 ± 9.3 years, with male gender 66.2%. Mean preprocedural ankle-brachial index was 0.45 ± 0.53. One hundred and seventy-five (73%) lesions were TASC II type C, whereas 65 (27%) were type D lesions. The mean length of the lesions was 17.9 ± 11.3 mm. Procedure-related complications occurred in 10 (4.1%) limbs. There was no periprocedural mortality. Reocclusion and restenosis were detected during follow-up in 45 and 30 limbs, respectively, and all were retreated by endovascular approach. None of the patients required major amputation. Primary patency rates were 81.4% ± 1.1%, 77.7% ± 1.9%, and 74.4% ± 2.8% at 12, 24, and 36 months, respectively. Male gender, severe calcification, and TASC II D lesion were independent predictors for reocclusion, while predictors of restenosis were DM, smoking, and TASC IID lesions.

Conclusion: Treatment of long totally occluded femoropopliteal (TASC II C and D) lesions with nitinol self-expandable stents is safe and is associated with highly acceptable long-term primary patency rates.

OC201

Biliary Culture Analysis Obtained During Percutaneous Biliary Intervention: A Multicenter Analysis – Are we Treating Biliary Sepsis with the Correct Antibiotics?

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Background: A multicenter retrospective analysis of the pathogens isolated from biliary cultures in patients treated with percutaneous transhepatic intervention. To assess of the pathogen profile and antibiotic sensitivity to decipher the most appropriate treatment regimen. **Methods:** All percutaneous transhepatic interventions performed over a 2-year period in three separate centers were reviewed retrospectively. Those where no biliary culture was obtained were excluded from the study. Analysis of the culture results including pathogens grown and antibiotic sensitivity was performed. **Results:** A total of 104 patients were included in the analysis, 58 from center 1, 13 from center 2, and 33 from center 3. No pathogens were grown in 15.3% of cultures ($n = 16$). Of those with positive cultures ($n = 88$), enterococci and *Pseudomonas* were the most common pathogens grown in 52.3% of cases ($n = 46$). Ciprofloxacin and vancomycin were equally the most sensitive antimicrobials demonstrating sensitivity in 27.3% ($n = 24$) of positive cultures. Gentamycin was the fifth most sensitive antimicrobial demonstrating sensitivity in 20.5% ($n = 18$). **Conclusion:** Over the three centers included in the analysis, there is no common antimicrobial administered before percutaneous biliary intervention. In center 1, gentamycin is administered prophylactically; this study has demonstrated that this is comparably ineffective with low sensitivity and high resistance requiring a change in protocol. Effective antibiotic prophylaxis requires knowledge of likely pathogens and procedure-specific infection risks. However, the choice of antimicrobial is dynamic given the ability of antibiotic resistance to eliminate historically effective regimens.

OC202

Mechanical Thrombectomy within 6 h after Symptom Onset in Ischemic Stroke

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Background: Acute stroke consequence results on a heavy burden over affected society members ranging from physical disability, health-care resources, and financial support required. The aim of the study is to assess the clinical outcome postmechanical thrombectomy with or without intravenous (IV) or intraarterial tissue-plasminogen activator (t-PA) for the treatment of acute stroke. **Methods:** During a 3-year period at single center in