Dubai, UAE, a total of 40 patients who could be treated within 6 h after the onset of symptoms of acute ischemic stroke to receive either medical therapy (including IV or intraarterial alteplase when eligible) and endovascular therapy with a stent retriever (thrombectomy group) or medical therapy alone (IV t-PA) (control group). All patients had confirmed proximal anterior circulation occlusion and the absence of a large infarct on neuroimaging. The primary outcome was the severity of clinical disability at 72 h and at the time of discharge, as measured by the National Institutes of Health Stroke Scale score and modified Rankin scale. **Results:** Thrombectomy reduced the severity of disability over the range of the National Institutes of Health Stroke Scale score and modified Rankin scale. **Conclusion:** Among patients with anterior circulation stroke who could be treated within 6 h after symptom onset, stent retriever thrombectomy reduced the severity of poststroke disability and increased the rate of functional independence.

OC203

Endovascular Management of Complex Wide-Neck Intracranial Aneurysms: Rashid Hospital Experience of the Current Day Armamentarium at Our Hands!

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Background: Subarachnoid hemorrhage due to ruptured cerebral aneurysm is a disastrous event accounting for approximately 5%–15% of all stroke cases and has a mortality rate of 20%–40%. There has been a radical change in the management of intracranial aneurysms during the past decade. Endovascular approach is now considered as the management of first-choice over surgical means; however, it has its limitations with respect to wide-neck aneurysms. We present the results of our experiences of using assisted techniques for wide-neck aneurysms, with an emphasis on potential applications, technical aspects, and associated complications. **Methods:** A retrospective review was performed to identify all cases from 2010 to 2017 performed at our institution in which assisted techniques of aneurysm embolization were employed. Demographic data including age, gender, vascular risk factors, and comorbidities were collected. Angiographic data were collected regarding the location, size, and shape of the aneurysms and whether they were ruptured or unruptured. Angiographic occlusion results were evaluated and classified according to the Raymond-Roy Scale. Data regarding devices used were evaluated in relation to the aneurysm. **Results:** A total of 133 aneurysms in 119 subjects were embolized at our institution from 2010 till 2017 with 67 wide-neck aneurysms having a mean aspect ratio (maximum width of dome/width of neck) of 2.07. Eighty-one percent of patients presented with subarachnoid hemorrhage. Assisted techniques were employed in 63% of the cases. Eighty-seven percent of the wide-neck aneurysms were located in anterior circulation, while 13% belonged to posterior circulation. Complete occlusion (Raymond-Roy Occlusion Class 1) was achieved in 85% of cases. **Conclusion:** The data from Rashid hospital add to the growing evidence that assisted techniques are safe, effective, and necessary when embolizing wide-neck intracranial aneurysms. Further rigorous clinical evaluation of all techniques and devices is required to precisely assess their safety and efficacy in the management of wide-neck aneurysms.

OC204

Treatment of Iatrogenic Peripheral Pseudoaneurysms

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Background: Pseudoaneurysms are known complications of few invasive procedures, puncture site aneurysm after angiography, postjoint replacement surgery, etc. They are amenable to less invasive endovascular management, compared to open surgical approach. We present a series of 14 cases of pseudoaneurysms treated in our institute. **Methods:** Fourteen iatrogenic pseudoaneurysms were referred to our department in the past 2 years. Ten were postangiography arising from common or superficial femoral artery, two were postjoint replacement surgery, one in popliteal and femoral artery each, and 2 were involving brachial arteries, in dialysis patients in which artery was punctured in place of fistula vein. After initial ultrasonographic evaluation, sonography-guided compression was attempted in all. Four responded and 10 patients needed endovascular intervention. In one patient, pseudoaneurysm was arising from a branch of profunda femoris artery which was embolized using glue and coils. In remaining nine patients, the rent was in a major artery. In seven patients, balloon was kept in artery across the neck of pseudoaneurysm to occlude the flow in the pseudoaneurysm and percutaneous thrombin was injected. In one patient, complete thrombosis was not achieved by this treatment. In remaining two patients and in one who did not respond to percutaneous thrombin, a stent graft was deployed across the rent in the artery to close off the pseudoaneurysm. **Results:** All 14 patients were successfully treated, 4 by ultrasonography-guided compression and 10 by endovascular intervention. Balloon occlusion with percutaneous thrombin was done in seven patients and was adequate for six patients. Embolization with glue and coils was done in one patient in which the pseudoaneurysm was from a small branch. Three patients needed placement of stent graft. **Conclusion:** Interventional radiology offers various methods to successfully treat iatrogenic pseudoaneurysms in completely noninvasive or minimally invasive ways.

OC205

Planning for Yttrium-90 Selective Internal Radiation Therapy: A Primer

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Background: Hepatocellular carcinoma (HCC) is one of the leading causes of cancer deaths worldwide. Yttrium-90 selective internal radiation therapy (Y-90 SIRT) has emerged as an effective treatment option for patients with intermediate and advanced HCC. The procedure involves delivery of glass or resin particles loaded with Y-90 into hepatic arteries supplying HCC. While a high radiation dose is delivered to the hepatic tumor, the adjacent hepatic parenchyma which is supplied preferentially by the portal

vein is spared. **Methods:** In this educational presentation, we aim to simplify the otherwise complex multistep process undertaken before Y-90 SIRT. **Results:** While the SIRT procedure is based on a simple concept, it requires accurate and safe delivery of highly toxic doses of radiation into the tumor. Without proper planning, there is a high risk of undertreating HCC as well as causing significant complications from nontarget radiation injury. Based on our experience with Y90-SIRT, we present illustrated cases to give readers an overview of steps involved before SIRT. These include appropriate patient selection, careful angiographic mapping of the tumor, lung-shunt detection, and dose calculation. **Conclusion:** SIRT planning is a complex multistep process that requires a multidisciplinary approach to patient care, meticulous mapping angiography, and dose calculation to get the best results when treating HCCs.

OC206

Percutaneous Radiologic Gastrojejunostomy: Feasibility and Safety of a Modified Chiba-Needle Puncture Technique

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Background: The aim of the study was to evaluate the feasibility, safety, and effectiveness of percutaneous radiologic gastrojejunostomy (PRGJ) using a modified Chiba-needle puncture technique with a single gastropexy in the same puncture tract. **Methods:** A total of 57 PRGJ procedures using the one anchor technique were attempted in 55 consecutive patients between January 2008 and January 2017. The stomach was punctured using a 21-gauge Chiba-needle. A single anchor was used, and gastrojejunostomy tube placement was performed through the same tract of the anchor. The technical success, time length of the procedure, complications occurring within the next 30 days, and procedure-related mortality were evaluated by means of reviewing the imaging studies and patient medical records. **Results:** All 57 PRGJ procedures were successfully performed. The average procedure time was 16 min and 28 s. There were no procedure-related major complications. Only eight patients had pneumoperitoneum (14%) which was a minor complication and resolved spontaneously without further problems. There was no evidence of gastroesophageal reflux or aspiration aggravation in any study patient during the follow-up period. The procedure-related mortality was zero. **Conclusion:** PRGJ using the modified Chiba-needle puncture technique with the use of a single gastropexy in the same puncture tract was demonstrated to be feasible, safe, and effective.

OC207

Iatrogenic Renal Vascular Injuries, Angiographic Findings, and Embolization

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Background: Renal vascular injuries mostly result from interventional urologic procedures such as percutaneous biopsy

and nephrostomy. Serious hemorrhagic complications associated with percutaneous urologic procedures occur in 2.3%–15% of the patients endangering patients' life. Conventional surgical treatment including partial and total nephrectomy carries great morbidity and results in a remarkable renal parenchymal loss. With the development of transcatheter endovascular interventional procedures, microcatheters and embolizing materials precise localization and superselective catheterization of the arterial bleeder followed by embolization gives a minimally invasive treatment option which is able to control bleeding with minimal parenchymal loss and complication compared to surgery. **Methods:** This work included 64 patients (50 males and 14 females) between the ages of 3 and 60 years (mean age 37 years) with suspected renal vascular injury after renal intervention. They were underwent angiography and percutaneous transcatheter arterial embolization using coils and glue. **Results:** The source of bleeding was identified and embolized in 56 (87.5%) of patients (pseudoaneurysm = 34, pseudoaneurysm with arteriovenous fistula = 14, arteriovenous fistula alone = 4, and extravasation = 4). Bleeding stopped in 54 of the 56 patients (96.4%). In two patients (3.6%), recurrent bleeding occurred. Re-angiography and assessment were done and insertion of another coil was needed in one patient, whereas in the second one, glue was administrated. None of the patients underwent embolization required further surgical intervention. No significant immediate or delayed complications related to angiography or embolization was recorded. **Conclusion:** The endovascular embolization is an effective therapeutic technique in iatrogenic renal vascular injuries.

OC208

An Audit of a Major Trauma Center's Use of Splenic Embolization in Blunt Splenic Trauma: Are we Matching National Practice?

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Background: The spleen is one of the most commonly injured organs associated with blunt abdominal trauma. Traditionally, the management of blunt splenic injury has involved either splenectomy or conservative management. Advances in interventional radiology (IR) have seen embolization, and subsequent splenic salvage becomes an attractive alternative to traditional management; however, the appropriate selection of patients remains varied worldwide. Since the introduction of regional trauma networks, there has been a transition toward increased utilization of splenic artery embolization. This audit compared St. Mary's Hospital's experience of splenic artery embolization with national practice. **Methods:** A retrospective analysis of major trauma patients with splenic injuries admitted to St. Mary's Hospital, from April 2012 to February 2015, were drawn from the prospectively collated TARN database. Data collected included demographics, injury severity, treatments, and outcomes in terms of mortality and length of stay. The management categories were grouped into IR, surgical, and conservative management and the data were compared against national practice. **Results:** Sixty-one blunt splenic injuries were treated at St. Mary's Hospital between April 2012 and February 2015; 13.1% were treated by Interventional Radiology VS 7.6% by IR in the rest of England and Wales ($P = 0.14$); Mortality rate for Interventional Radiology was 0% VS 6% for rest of