England and Wales. **Conclusion:** This audit demonstrated that IR at St. Mary's Hospital performed better than the rest of England and Wales in the management of blunt splenic trauma. A higher proportion of splenic injuries were managed by IR at St. Mary's Hospital compared with the rest of England and Wales. Mortality rates and length of stay for IR were lower at St. Mary's hospital compared to the rest of England and Wales.

OC209

Direct Percutaneous Puncture and Embolization of Visceral Pseudoaneurysm: Safety and Clinical Efficacy

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Background: The aim of the study was to assess the safety and clinical efficacy of direct percutaneous puncture and embolization in the treatment of visceral pseudoaneurysm. **Methods:** Retrospective analysis of all patients undergoing direct percutaneous puncture of pseudoaneurysm and embolization between January 2012 and January 2017 was done. The study included 26 patients (19 male and 7 female) with a mean age of 36 years (range: 10–71 years). Indications for direct percutaneous embolization were difficult catheterization of feeding artery, previous embolization of proximal artery, and the inability to identify feeding artery on angiography. Patients' demography, details of endovascular procedure, complications, and clinical outcome were evaluated. Patients were followed up for the recurrence of pseudoaneurysm (mean follow-up was 12 months). **Results:** Etiologies were pancreatitis in 20 patients, trauma in 2 patients, iatrogenic in 2 patients, and incidentally detected in 2 patients. Twenty-three patients had difficult catheterization, two patients had prior embolization of feeding artery, and in one patient, feeding artery was not identifiable on angiography. N-butyl cyanoacrylate (NBCA) with lipiodol was used in 23 (88.4%) patients, coil was used in 1 (3.8%) patient, and both coil and NBCA were used in 2 (7.7%) patients. Embolization of pseudoaneurysm was successful in all cases. No procedure-related complications were seen. Follow-up showed no recurrence of pseudoaneurysm. Self-limiting splenic infarct was seen in six patients. Self-limiting abdominal pain was seen in all patients with NBCA embolization. One patient developed liver infarct and subsequent liver abscess requiring percutaneous drainage. **Conclusion:** Direct percutaneous puncture and embolization are safe and effective in the treatment of visceral pseudoaneurysms and can be considered as alternative in patients with failed endovascular approach.

OC210

Endovascular Management of Transplant Kidney Vascular Complications: Experience from a Single Institution

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Background: Vascular complications, especially transplant renal artery stenosis, are among the most common causes of graft dysfunction. Other vascular complications are renal vessel thrombosis, pseudoaneurysm, postbiopsy active renal bleed, and intraparenchymal arteriovenous fistula formation. Endovascular interventions are the first-line treatment in these cases with excellent immediate and long-term results. **Methods:** A retrospective analysis of postrenal transplant patients (from 2010 to 2013) was done who were referred to our department for evaluation and endovascular management of vascular complications. They were evaluated first with Doppler and then with magnetic resonance angiography, if needed. Finally, conventional angiography was done with intent to confirm the diagnosis and treat the patients with angioplasty, stenting, or embolization in the same sitting, if required. Follow-up was done with serial blood pressure measurements, serum creatinine estimation, and Doppler, first in immediate postprocedure period, then at 3- and 6-month intervals. **Results:** A total of 10 patients were included in the study with a mean age of 40.6 years. Five of them had transplant renal artery stenosis, one intraparenchymal pseudoaneurysm, one upper polar arteriovenous fistula, one atherosclerotic right common iliac artery stenosis, and two presented with active contrast extravasations from upper pole arteries. Patients with renal artery stenosis were treated with stenting across the stenosis. Intrarenal pseudoaneurysm, arteriovenous fistula, and active contrast extravasations were treated with coil and/or glue embolization. Postprocedure follow-up showed immediate and long-term improvement in blood pressure control, decreased serum creatinine level, and cessation of hematuria. **Conclusion:** Vascular complications in renal transplant patients are an important cause of graft dysfunction and perioperative morbidity. They can be treated effectively with endovascular interventions with excellent immediate and long-term results.

OC211

Significance of Distal Embolization of the Right Gastroepiploic Artery in Bariatric Gastric Embolization

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Background: Embolization of the arteries supplying the gastric fundus results in decrease in Ghrelin production with secondary decrease in appetite. **Methods:** Four patients with morbid obesity ranging from 35 to 45 body mass index had left gastric embolization. Right gastroepiploic artery embolization was done in three of them, one simultaneous with left gastric embolization in one session and the other two patients in second separate session. Two milliliters of microspheres 300–500 U was used for left gastric embolization and 1–1.5 ml for the right gastroepiploic artery. **Results:** Significant decrease in hunger pain in the four patients is noted in the first 2 weeks. After 2 weeks, the hunger pain differs in the four patients. Two patients with left gastric artery embolization only lost satiety after 3–4 weeks from embolization. Second session of embolization showed the persistence of left gastric artery occlusion, while the gastroepiploic artery showed relative increase in its perfusion of the gastric fundus. Distal right gastroepiploic artery embolization was performed for these two patients in the second separate session. Satiety is resumed with persistent hunger score 3 out of 10 scales for 3 months. The percentage of body weight loss in 3-month follow-up ranged

from 8% to 12% where better results are noted in the two patients with two sessions embolization. **Conclusion:** Bariatric gastric embolization gives better results with embolization of both left gastric and right gastroepiploic arteries and better in two separate sessions without adding any significant morbidity.

OC301

Short-Term Outcome of Prostate Artery Embolization for Benign Prostatic Hyperplasia at Prince Sultan Military Medical City, Riyadh

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Background: Prostatic artery embolization (PAE) is emerging minimally invasive treatment for benign prostatic hyperplasia (BPH). Till now, it carries some cons and some pros as the variable options of BPH management. We report our short-term outcome for this procedure. **Methods:** From our early experience in applying PAE as one of the treatment options for BPH in selected cases started from October 2015 to October 2017. We review the patient presentation, preoperative prostate size, symptoms score, uroflow finding, patient welling, and patient comorbidities. Patients included in the study after full explanation of all BPH management options. We recommend it to the patients with multiple comorbidities and have a high anesthetic risk. Then, we showed the follow-up excluding missed follow-up patients and analysis of these results. **Results:** We had 17 patients with a mean age of 74.6 years. Patients with multiple comorbidities found in 15 of them and ten patients have high anesthetic risks (American Society of Anesthesiologists score 3). Five patients requested this management for fertility issue and worried about the retrograde ejaculation. All patients have smooth postoperative without significant complications. During follow-up, one patient developed a prostatic abscess managed by transurethral drainage. Another two patients developed retention post embolization and trial catheter removal failed. One patient was managed by transurethral resection of the prostate and found to have large median lobe. The other one still on an indwelling catheter. Two patients need remobilization for regaining symptoms. Twelve (70.5%) patients have shown improvement in the International Prostatic Symptom Score by 5–10 points and decreased the prostate size by 10–47 g on follow-up ultrasound. The average flow rate increased to a range 9–14 ml/s. **Conclusion:** Prostatic artery embolization is safe and effective for selected cases and need to be tailored to the patient condition. Long-term follow up is recommended.

OC302

Single-Center Experience in Targeted Prostate Biopsy Using Multiparametric Magnetic Resonance Imaging-Transrectal Ultrasound Elastic Fusion Technique

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Background: Targeted prostate biopsy is challenging because no single currently established imaging modality is both accurate for prostate cancer diagnosis and cost-effective for real-time procedure guidance. A system that fuses real-time transrectal ultrasound (US) images with previously acquired magnetic resonance imaging (MRI) images for prostate biopsy guidance is presented here. Multiparametric MRI-transrectal US (mpMRI-TRUS) fusion targeted biopsy of the prostate gland, a relatively newly performed technique, has shown the potential to gradually replace random TR US-guided prostate biopsy. Targeting suspicious lesions described on MRI has resulted in an increased detection of clinically significant cancer, decreased detection of low-risk cancer, and potential improvement in patient outcome. **Methods:** A total of 34 patients underwent mp-MRI; 25 performed at our center and 9 at other centers. Of all the 34 patients, 19 patients were classified by mp-MRI as having Prostate Imaging Reporting and Data System (PIRADS) 4/5, 10 patients as PIRADS 3, and 5 patients as PIRADS 2. All these patients underwent targeted and nontargeted registered mpMRI-TRUS elastic fusion biopsy between the end of January and December 2017. All patients had negative recent urine culture and underwent bowel preparation and received antibiotic coverage. Anticoagulation and antiplatelet therapy, when applicable, were withheld prior to biopsy. Elastic image fusion and organ-based tracking technique were used. It enabled freehand, three-dimensional TR biopsy mapping and accurate tracking of the prostate, compensating for patient- and probe-induced mobility. **Results:** Sixteen patients had positive biopsies for prostate cancer; positive results of targeted biopsies were found in 14 patients having PIRADS 4/5 (14 out of 19). Of these patients, three also had positive specimens from nontargeted areas; positive results were found in two patients in nontargeted areas. One of these was classified as PIRADS 4 and the other as PIRADS 3. These results show that 79% of patients classified by mp-MRI as PIRADS 4/5 and 10% of patients classified as PIRADS 3 had positive biopsies for prostate cancer. No reported complications, uncontrolled bleeding, or sepsis were noted in all biopsied patients. **Conclusion:** MpMRI-TRUS fusion biopsy is a safe and accurate method for targeted biopsy of prostate lesions. Despite the modest number of patients, our preliminary results are comparable to the published international numbers, showing a good correlation between the mp-MRI PIRADS classification and the pathological results of mpMRI-TRUS fusion biopsies.

OC303

Radial Access Oncological Intervention: A Single-Center Experience

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Background: Intra-arterial therapy is the foundation of interventional oncology encompassing a number of procedures including tumor embolization, liver-directed therapies (transarterial chemoembolization [TACE], selective internal radiotherapy [SIRT], and bland liver embolization), and oncological complication such as tumor hemorrhage. Traditional femoral access vascular intervention has been the foundation of these procedures; however, femoral punctures can result in a number of complications which limit patient mobility postprocedure. Radial access vascular intervention improves mobility postprocedure and reduces hospital stay. In addition, in the case of pelvic