

P102

Using Telemeeting Application Versus Face-To-Face Teaching in Afternoon Rounds in Radiology Residency in 2 Accredited Training Centers in Saudi Arabia

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Background: Online lecture or what called “videoconferencing” is an innovative tool that could provide a high-quality learning experience, and it has the privilege of being, cost-effective, time-saving, and the possibility of being conducted over multiple remote sites, on a larger number of people. In this study, we aim to compare between online and face-to-face teaching in the means of effectiveness and satisfaction among radiology residents in tow centers of Saudi board. **Methods:** Two interventional Lectures held at two different radiology departments centers of Saudi board. One of the two lectures was face-to-face at one center and online at the other. The other lecture was conducted the other way. Hard copy tests containing seven questions about each topic were distributed among residents who attended the lectures. The residents were required to answer these seven questions before (pretest) and after (posttest) to assess the level of knowledge before and after the lectures about the provided topic. Four questions about the satisfaction of the residents regarding this experience were added to the posttest paper. **Results:** Twenty-six subjects were included in the study. Most of them (41%) at the third level of the residency program (R3). There is an increase in means of the total score of answers after the two lecture, but these changes are not statistically significant except in the face-to-face center at biliary pathologies lecture. **Conclusion:** The effectiveness of online teaching has been proved to be equal to face-to-face teaching, and even if it was not superior to it in the means of effectiveness, it still holds numerous advantages over it, which might be an indicator for the need of further research and development of online teaching to make it one of the most powerful teaching tools in the upcoming days.

P103

Anatomical Variation of the Prostate Artery in Computed Tomography Angiogram

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Background: Understanding the prostate artery anatomy is the cornerstone in successful planning of prostatic artery embolization for benign prostatic hyperplasia. The purpose of our pager is to understand the variable normal Prostate Artery anatomy using computed tomography (CT) angiogram of our

population. **Methods:** We retrospectively evaluated 100 internal iliac arteries’ (IIA) thin collimated CT angiogram images, and three-dimensional reformats of 50 healthy kidney donor candidate, aged between 17 and 47 years old (median 27). In each IIA, we identified the origin of the prostate artery, obturator artery, superior vesical artery, and the middle rectal artery. **Results:** The prostate artery is seen in 97% of the examined IIAs. It most commonly originates from the common trunk of the internal pudendal artery (IPA) and inferior gluteal artery (IGA) (48%), followed by a direct origin from the IPA (43%). In only 4% of the PA seen originating from the obturator artery (OA) and 2% from other origins. **Conclusion:** CT angiogram is considered a helpful tool in understanding the different anatomic variations of the prostate artery. The common trunk of the IPA and IGA is the most common origin of the prostate artery, followed by the IPA. OA, superior vesical artery, or the main internal iliac artery form an uncommon variant origins.

P104

Understanding the Internal Iliac Artery Branching System Using Yamaki Classification

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Background: Understanding the internal iliac artery (IIA) anatomy is paramount in interventional radiology daily practice with the paradigm shift toward endovascular management of various emergency and elective procedures in male pelvis. In 1998, Yamaki *et al.* established a modified classification system for the IIA anatomy based on the branching pattern of three major arteries: superior gluteal artery (SGA), inferior gluteal artery (IGA), and internal pedundal artery (IPA). Group A was found in 60%–80% of populations, Group B in 15%–30%, Group C in 5%–7%, and Group D in only 0.2%. The purpose of our study is to review the IIA branching anatomy in Arab population using the same classification system and compare it with the internationally published numbers. **Methods:** A total of 50 thin collimated computed tomography angiograms of healthy male kidney donors, aged between 17 and 47 years (median 27), were evaluated. A hundred pelvic halves were studied individually with and without three-dimensional reformats of the IIAs for the branching pattern applying Yamaki classification system. In Group A, the IGA and IPA make a common trunk (anterior division) while the SGA forms the posterior division. In Group B, the posterior division is formed by a common trunk between the SGA and IGA while the IPA forms the anterior division. The IIA trifurcates into those three major vessels in Yamaki Group C. Finally, in Group D, the SGA and IPA form a common trunk as the anterior division while the IGA forms the posterior division. **Results:** Among the evaluated 100 IIAs, Yamaki Group A was found in 79%, Group B in 14%, and Group C in 7%. Group D pattern was not observed in our sample. **Conclusion:** The IIA branching pattern in Arab population in our study is similar to the Yamaki classification system, where group A is the most common followed by Group B and Group C.