the location of steno-occlusions, the existence of diabetes mellitus, and the history of central catheter. **Results:** Stents were implanted in 294 patients in 1016 procedures. All but one of the procedures was technically successful (99.7%). The one patient with an unsuccessful procedure was due to incomplete stent expansion. Two stent migrations were occurred as major complication without other. The primary patency rate for 6, 12, 24, and 36 months was 44%, 18%, 5%, and 2%, respectively (mean: 7.9 months). Repeat interventions, including additional balloon angioplasty and stent placement, were required in 172 patients (average: 2.54). There was no statistic difference except the history of central catheter ($P = 0.0128$). The secondary patency rate for 6, 12, 24, 36, 48, and 60 months was 80%, 67%, 42%, 37%, 30%, and 20%, respectively. **Conclusion:** Percutaneous central venous stent implantation in hemodialysis patients is useful in patients with suboptimal angioplasty and it was safe and effective to restore the hemodialysis function. However, repeat interventions are usually required to prolong the stent patency.

P506

Successful Implementation of Electrocardiographic-Guided Peripherally Inserted Central Catheter Placement by a Nurse-Lead Peripherally Inserted Central Catheter Placement Team

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Background: The use of electrocardiographic guidance has been shown to be safe and effective for the placement of peripherally inserted central catheters (PICCs). The goal of this study was to evaluate the Sherlock 3CG tip confirmation system (TCS) in the placement of PICCs (using chest radiographs as the golden standard) and then to successfully implement use of the Sherlock to reduce the utilization of chest radiographs for PICC positioning at our institution. **Methods:** From January to June 2017, we analyzed the positions of PICCs placed with the Sherlock 3CG TCS. A chest radiograph performed after each PICC placement was interpreted by four independent observers. A catheter tip located within the superior vena cava (SVC) or cavoatrial junction was considered successful placement of PICC. The study comprised a total of 130 PICC placements. Exclusion criteria included atrial fibrillation, atrial flutter, or atrial dysrhythmias. Fifty-one PICC placements were included in the first phase of trial. PICC training in Phase 1 included 1-h training by the company Rep. 1 h online course. Hands-on training for tip confirmation was not mandatory to start the PICC insertion. Seventy-nine PICC placements were comprised Phase 2 of the trial. This time the hands-on training was made mandatory. **Results:** Results of Phase 1 were not satisfactory, with 82% of PICCs placed in the SVC or cavoatrial junction. Results of Phase 2 were considered satisfactory, with 96% of PICC placements into the SVC or cavoatrial junction. **Conclusion:** The Sherlock 3CG TCS is an effective device for guiding PICC placement to the SVC or cavoatrial Junction. Sufficient educational training is important to achieve a successful transition from radiographic confirmation to usage of the Sherlock 3CG TCS. This device will generally eliminate

the need for radiographic confirmation of PICC placement in our patient population, except for patients with atrial fibrillation, atrial flutter, or atrioventricular junctional arrhythmic patients.

P507

Incidence of Finding Abdominal Aortic Aneurysm in Abdominal Computed Tomography Scan and its Implication on its Prevalence in Saudi Arabia

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Background: In Saudi Arabia, the number of thoracic and abdominal aortic aneurysms (AAAs) treated does not exceed 200/year. For a population of over 30 million, this number is far below international standards. The lack of studies on incidence of AAA in the gulf has left many questioning whether AAA is massively underdiagnosed or whether the prevalence is inferior to international standards. We designed a study to estimate the prevalence of AAA in our region. **Methods:** This was a retrospective review of all abdominal computer technologies (CTs) done from January 1, 2011, to December 31, 2016, in our hospital. We included all male patients at age 65–75 years in whom a CT was done for reasons other than diagnosing and managing aortic aneurysms. All external aortic diameters of 3 cm or more were considered positive for AAA. **Results:** The total number of reviewed CTs was 2032. The mean age was 69.8 ± 3.1 years and the mean aortic size was 1.9 ± 0.3 cm. There were 2026 cases (99.7%) with sizes <3 cm and the mean age was 69.8 ± 3.1 years. There were six cases (0.3%) with sizes ≥ 3 cm and the mean age was 72.3 ± 3.1 years. The only statistically significant factor for AAA was age, 69.8 versus 72.3 ± 3.1 years ($P = 0.0433$). **Conclusion:** Based on our data, the number of AAA in our population is inferior to most international screening programs. This low incidence could explain the far inferior number of diagnosed AAA in our population, and there are a number of scientific theories to support this result. However, these data are from a tertiary referral center, and many risk factors for AAA were not available. A pilot screening program in the nonhospital population would provide more robust evidence on the need of an AAA screening program.

P508

Endovascular Treatment of Aneurysms of the Popliteal Artery

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Background: Arterial aneurysms of the lower limbs account globally 16% of arterial aneurysms, 70% of which are located in the popliteal arteries. Their prevalence is at 1% increasing with age. It usually falls within the context of an

arteriomegaly rather than an atheromatous disease. Once the diagnosis is made and the indication retained, the patients had to be treated to prevent the complications caused by this type of lesions. This poster illustrates some cases of popliteal aneurysms treated with endovascular technique successfully in our department. **Methods:** We performed a single-center retrospective cohort study of 11 patients who underwent stenting of the popliteal artery for aneurysmal diseases of lower limbs between January 2010 and October 2017. Clinical improvement, permeability, stent thrombosis, intra-stent stenosis, and stent fracture were evaluated. **Results:** Eleven patients were treated for aneurysmal lesions of the popliteal artery, including 2 false aneurysms and 9 aneurysms. All our patients evolved well postoperatively. Clinical improvement was observed in all patients: no fracture or stent disconnection with aneurysms, without endoleak. One patient presented stent thrombosis after 2 years of follow-up. **Conclusion:** it seems reasonable to think that endovascular repair should be considered, case by case, as an alternative for open repair of popliteal artery's aneurysms. The technical improvements of covered endoprostheses and prospective studies gathering multiple observations will allow in future to affirm the interest of this treatment.

P509

Aortic False Aneurysm Endovascular Treatment on Behcet's Disease in four Cases

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Background: Behcet's disease is a systemic vasculitis of unknown origin. The vascular or angio-Behcet's manifestations interest all vessels. Venous involvement is frequent (30%) manifested as venous thrombosis. Arterial involvement is rare but severe (3%–5%) presenting as aneurysm and false aneurysm and may affect all vessels. The purpose of this poster is to show our experience in the endovascular treatment of false aortic aneurysms on Behcet's disease. **Methods:** We operated four patients who had false aneurysms of the thoracic and abdominal aorta that we treated according to their locations using endograft or Multi-layer Flow-modulating Stents (MFM). All our patients have been put under adequate medical treatment. Clinical improvements, permeability, stent thrombosis, and exclusion of false aneurysm were evaluated. **Results:** Our patients were treated endovascularly, two benefited from the placement of a covered endoprosthesis excluding the false aneurysm immediately after the control in per procedure, for the other ones, a multilayer stent was used and this seen the absence of landing zone compared to the digestive arteries, and the results were marked by the total exclusion of false aneurysms after 18 months of follow-up. After a 3-year follow-up, the stents are permeable with no false aneurysms at the impaction zones. **Conclusion:** For the Behcet's disease, the endovascular methods represent a good alternative to the classical surgical attitude and thus open up new therapeutic perspectives framed of course by a corticoid and immunosuppressive treatment.

P510

Selective Vesical Artery Embolization in Management of Lower Urinary Tract Hemorrhage on Top of Locally Advanced Urinary Bladder Tumors

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Background: Causes of lower urinary tract hemorrhage are diverse. Locally advanced urinary bladder (UB) tumors are among the important causes, especially postirradiation therapy. If not properly managed, it may lead to serious morbidity and mortality. Vesical artery embolization may be a safe and effective minimally invasive method for bleeding control. **Methods:** In the period between January 2015 and November 2017 at Ain Shams University Hospitals, 12 patients (mean age of 68 years), with known locally advanced UB malignancy presenting with gross hematuria, underwent transarterial embolization after failure to achieve hemostasis using conservative measures. Clinical success was defined as stabilization of vital data of the patient and obviation of conventional invasive surgical management. Permanent embolization particles (300–500 μ) were used as the embolic agent of choice in all cases. **Results:** Bleeding was angiographically identified in two patients. In the other ten patients, no definite bleeders could be identified, and thus, empirical bilateral vesical artery embolization was performed. Clinical success was achieved in nine patients (75%), and this included the two patients with angiographically identified bleeding source. Surgical management was required in the remaining three patients, due to postembolization rebleeding. No significant periprocedural complications were encountered. **Conclusion:** In our limited sample size, transcatheter embolization is shown to be a safe and effective treatment option in management of gross hematuria due to locally advanced UB malignancy. Angiographic identification of the bleeding source is thought to yield higher clinical success rates. We recommend undertaking further studies with larger sample size to consolidate our results as well as stratification by tumor type and whether bleeding source is identified or not. This stratification process may improve patient selection criteria for the procedure.

P511

Incidence and Percutaneous Management of Arterial Emboli Occurring During Hemodialysis Graft Recanalization

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Background: Embolization of clot fragments in the feeding artery is a possible complication of percutaneous declotting procedure in hemodialysis graft patients. We describe the incidence and management of accidental arterial emboli during dialysis graft declotting procedures. **Methods:** Between August 1997 and August 2012, 2484 patients (961 males; 1523 females) with thrombotic occlusions of hemodialysis grafts were treated with several percutaneous techniques. Percutaneous transluminal angioplasty was performed at the stenotic lesion