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.

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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.

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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

after thrombolysis procedure. We analyzed the incidence of arterial emboli according to the method of thrombolysis and the location of the dialysis graft by Chi-square test. **Results:** Arterial emboli were documented by angiography in 83 cases (3.3%) of patients. Sixty-one cases of embolization involved the brachial artery or its branches, 14 involved the ulnar artery, and 8 involved the radial artery. Two patients complained of finger pain, but it immediately subsided. The numbers and incidence of arterial emboli according to the thrombolysis method are given. Arterial emboli were retrieved by occlusion balloon/fogarty balloon (45), guiding catheter-assisted aspiration (15), observation without intervention (16), sheath assisted aspiration (2), back-bleeding technique (3), and others (2). Subsequent fistulograms obtained in 26 patients and demonstrated arterial stenosis in 2 patients. Follow-up fistulogram demonstrated complete resolution of the observation emboli in three of four patients. **Conclusion:** Arterial emboli are seldom occurrence during percutaneous dialysis graft thrombectomy procedure, and the majority can be easily retrieved by percutaneous techniques. Clinical observation also appears to be indicated in asymptomatic patients.

P512

Extent Intravenous Thoracoabdominal Aortic Aneurysms: A Systematic Review

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Background: We compare the patency and complication rates of endovascular procedures with the outcome of open surgery for thoracoabdominal aneurism extend intravenous (IV). **Methods:** A systematic search of published studies PubMed reporting treatment of thoracoabdominal aneurism extend IV was performed. **Results:** Extent IV thoracoabdominal aortic aneurysm open repair is considered relatively safer. Improvements in the surgical technique have helped to greatly reduce death and complications at experienced centers. The development of totally endovascular repair with branched graft devices has provided a solution for patients who were previously judged inoperable. **Conclusion:** The possibility to choose between different options of treatment (surgical and/or endovascular) along with the experience of the center surely makes the differences on outcomes.

P513

Superiority of Intracatheter Ethylene Vinyl Alcohol Copolymer Liquid Embolic (Onyx®) Embolization Compared with Other Embolization Agents and Techniques for the Treatment of Type II Endoleaks Following Endovascular Stent-Graft Treatment of Abdominal Aortic Aneurysms

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Purpose: The aim of the study was to review our experience with the efficacy of ethylene vinyl alcohol copolymer liquid embolic (Onyx®) injected directed into the aneurysm sac

compared with other embolic agents and techniques for the treatment of persisting type II endoleaks (after endovascular repair for abdominal aortic aneurysms [EVAR]). **Methods:** All patients treated at our center between April 2005 and July 2015 who underwent an embolization procedure for a persistent type II endoleak after EVAR were retrospectively reviewed. Patients were divided into three groups depending on the embolic agent used and the technique of embolization. Group 1 underwent embolization with Onyx® injected directly into the aneurysm sac, using either a transarterial or a direct sac puncture technique. Group 2 underwent embolization with agents other than Onyx®, including cyanoacrylate, also injected directly into the aneurysm sac. Group 3 included patients treated by any other embolization technique or agent. Successful treatment was defined as resolution of the endoleak on a follow-up computed tomography and <5 mm aneurysm sac expansion. **Results:** Thirty-nine patients underwent 56 embolization procedures. The number of patients and embolization procedures for the three groups was as follows: Group 1: 13 and 14; Group 2: 10 and 11; Group 3: 21 and 31. The availability of postprocedure follow-up for the three groups was as follows: Group 1, 11/14 (79%); Group 2, 11/11 (100%); and Group 3, 26/31 (84%). Procedural success for the three groups was as follows: Group 1, 36%; Group 2, 18%; and Group 3, 23%. The success of Onyx embolization for patients in Group 1 who had only a single endoleak was 4 of 8 (50%). There was one major complication in Group 3 which was lower extremity weakness secondary to spinal infarction following embolization of a lumbar artery supplying the endoleak using polyvinyl alcohol particles. **Conclusion:** The success of embolization for persistent type II endoleaks following endovascular stent grafting for abdominal aortic aneurysms is limited with all embolization agents and techniques. However, Onyx® embolization injected directly into the aneurysm sac had the greatest success, especially if only one endoleak is present.

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Presurgical Embolization of Nasopharyngeal Angiofibroma: Finding Predominant Arterial Feeder

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Background: Juvenile nasopharyngeal angiofibroma (JNA) Nasopharyngeal angiofibroma is a benign fibrovascular tumor affecting young adolescent boys, originating from the posterolateral wall of the nasal cavity. The young patients mostly present with chronic epistaxis, nasal obstruction, rhinorrhea, conductive hearing, and diplopia. The aim of the study is done to find the predominant arterial feeder during presurgical embolization of juvenile nasopharyngeal angiofibroma to reduce blood loss and intraoperative time during surgery. **Methods:** Four-vessel angiography (digital-subtraction angiography) was done in all patients including internal and external carotid angiography with superselective angiography of vessel-supplying tumor. Presurgical embolization of 150 patients done with spongostone in angiography suit of Neuroradiology Department, Lahore General Hospital, Lahore, Pakistan, with age ranging from 12 to 18-year males from January 2012 to June 2016. All patients underwent surgery within 24 h. **Results:** Out of 150 patients, internal