maxillary artery was supplying 111 patients, 30 were supplied by accessory meningeal artery, and 9 were supplied by ascending pharyngeal artery. Presurgical embolization with spongostone proved significant reduction in intraoperative blood loss and reduced surgical resection time. **Conclusion:** Internal maxillary artery proved to be the major feeder supplying JNA. Presurgical embolization appears to be the treatment of choice prominently reducing intraoperative blood loss and minimizing the need of blood transfusion with short intraoperative time, resulting in quick and better surgery.

P515

Outcomes of Elective Percutaneous Peripheral Revascularization in Outpatients: 10-Year Single Center Experience

Sonaz Malekzadeh, Tanina Rolf, Francesco Doenz, Christophe Constantin¹, Anne-Marie Jouannic, Salah-Dine Qanadli

CHUV, Lausanne, ¹Sion Hospital, Sion, Switzerland.
E-mail: soonazmalakzadeh@gmail.com

Background: The aging population, along with increased cardiovascular risk factors, has led to an increase in vascular diseases incidence, and subsequently, the need for therapeutic procedures. Today, percutaneous transluminal angioplasty (PTA) and stenting are considered the first-line treatment for a variety of procedures for patients with disabling peripheral arterial disease (PAD). The aim of this study is to evaluate the safety and feasibility of peripheral percutaneous endovascular procedures in a large group of outpatients suffering from PAD. **Methods:** We evaluated all elective patients who underwent peripheral balloon angioplasty (PTA) or stenting for PAD of the lower extremities as “out-patient admission protocol” (OPAP) from January 2005 to December 2015. By protocol, patients were expected to be discharged 4 h after the procedure. Clinical profile, procedure details, and technical success were reviewed. Complications, conversion rate, readmission rate, and long-term follow-up were evaluated. **Results:** Four hundred and forty-nine consecutive patients with a mean age of 66 ± 10.1 years (280 men and 169 women) were evaluated. Four hundred and seventeen patients (93%) suffered from claudication. Femoral access was obtained in 96% (6-French sheath in 87%) of patients. PTA alone was performed in 18% and PTA/stents in 82%. Technical success was 98.6%. Over the 8 observed failures, 4 patients had a second successful procedure. Closure devices were used in 52.4% procedures. All patients received heparin during the procedure and were discharged with dual antiplatelet therapy. Conversion and readmission rates were 2% and 0.6%, respectively. Complication rate was 3.6% (minor and major 2.8% and 0.8%, respectively). No correlation was found between complications and closure device usage. Restenosis rate was 24.5% during the long-term follow-up (mean 44 months). **Conclusion:** As designed, The OPAP was feasible, safe, and effective with very low conversion and complications rates. These results strongly support a larger use of such approaches as routine practice.

P516

Stenting Angulated Aortic Aneurysm Neck Before Endovascular Aortic Repair: A Case Report

Mohamed Omar Elfarak, Karim Abdeltawab

General Organization of Teaching Hospitals and Institutes, Cairo, Egypt.
E-mail: helliopolis@gmail.com

Background: Increasing number of patients with angulated abdominal aortic aneurysm (AAA) neck are being treated with endovascular aneurysm repair (EVAR). Moreover, more patients with unsuitable or high-risk anatomy defined in the instructions for use for endografts are being referred to centers with high volume. In this case report, we discuss specific problems that can be encountered during preoperative planning in relation to periprocedural stent graft deployment in patients with angulated AAA necks and offer potential solutions for these problems. The aorta can angulate in several directions (dimensions) simultaneously. Two neck angles are evaluated in the preoperative evaluation. Suprarenal neck angulation refers to an angle measured between the long axis of the immediate suprarenal aorta and the infrarenal aorta. The second angle is aortic neck angulation which measured between the long axis of the infrarenal neck and the long axis of the AAA. **Case Report:** An 81-year-old male presented to his general practitioner with chronic lower back pain, and pulsatile abdominal mass, patient referred to vascular clinic and a diagnosis of AAA was made, risk factors include diabetes, hypertension and dyslipidemia, CT scan was done which showed 65 mm AAA infrarenal by 15 mm with a severely angled aortic neck. The alpha angle was 89° and the Beta angle was 90°. We planned to deploy self expandable nitinol aortic stent E-XL at the angled neck before the Device to remodel the proximal aorta and then to deploy the device from bilateral femoral cutdowns. We have found that both angles have decreased by 15%, patient was discharged 3 days later with no endoleak. **Conclusion:** The use of self-expandable E-XL stent in severely angulated necks before EVAR may offer an advantage in lowering the aortic angle to around 15° less and decrease the secondary interventions in these cases.

P517

Endovascular Management of a Pulmonary Artery Aneurysm

Noha Husain Guzaiz, Ahmed Fouad Azhari, Muath Abdulmohsen Alahmadi, Mohammed Mahmood Raslan, Ahmed Elsakhaw, Almamoon Ibrahim Justaniah

King Abdullah Medical City, Makkah, Saudi Arabia.
E-mail: nguzaiz@gmail.com

Background: Pulmonary artery aneurysms are a rare. They constitute <1% of thoracic aneurysms with a prevalence of 1 in 14,000 individuals. Studies have shown associations with pulmonary hypertension and infection. Given its rarity, management of such cases is still controversial. Our aim is to present a minimally invasive technique using endovascular coiling. **Case Report:** We report a case of a 38-year-old female with a known history of chronic pulmonary embolism and bilateral pulmonary artery aneurysms. She presented with massive hemoptysis. Computed tomography (CT) angiography

chest revealed multiple pulmonary aneurysms. A dominant 1.7 cm saccular aneurysm was noted in the right superior pulmonary artery with communication to the adjacent bronchus. **Results:** We performed a pulmonary arteriography that confirmed the CT findings. Coil embolization was performed to the dominant aneurysm, preserving the flow to the distal branches. The patient was discharged with no further episodes of hemoptysis up to 90 days. Complete thrombosis of the aneurysm was noted in the 60-day follow-up CT. **Conclusion:** Endovascular management can be considered as a minimally invasive alternative to surgical intervention for the management of pulmonary artery aneurysms.

P518

Experience with Bronchial Artery Embolization for Haemoptysis in Patients with Aspergilloma

Krishna Prasad Bellam Premnath, Binu Joy¹, Vijaykumar Akondi Raghavendra¹

*Queen'S Hospital, London, UK, ¹Rajagiri Hospital, Kochi, India.
E-mail: krishnaprasadir@gmail.com*

Background: The aim of the study was to describe our experience with bronchial artery embolization for massive or persistent hemoptysis in patients with aspergilloma. **Methods:** This is a retrospective study where patients with aspergilloma presenting with massive or persistent hemoptysis who were treated over the past 18 months with bronchial artery embolization and followed up in our hospital were reviewed for history, procedure details, complications, and recurrence from the case records. **Results:** Number of patients treated in the 18-month period was 16. Fifteen patients had aspergillomas in cavities of tuberculous sequel, and one in a necrobiotic rheumatoid nodule. Fourteen patients had massive hemoptysis and two had mild but persistent hemoptysis. All patients underwent CT angiography before embolization for bronchial/other systemic culprit artery mapping. All patients had successful attempts of bronchial artery embolization. Polyvinyl alcohol particles were used in 6 and gelfoam slurry was used in 8 patients. One patient had recurrence after 4 h of embolization and was reembolized; gelfoam was the agent used in this case. Three cases had recurrence within 6 months. All other cases had no recurrence of hemoptysis, and the longest recurrence-free period recorded was 16 months. Three patients were cured of aspergilloma after embolization. None of the patients had any complications related to embolization. **Conclusion:** Aspergillomas can cause recurrence of hemoptysis even after successful satisfactory embolization. Embolization may have a role in disappearance of aspergilloma as has been demonstrated in three of our cases and has never before reported or discussed in literature.

P519

Dialysis Catheter Placement: Is the Tip Correctly Positioned?

Yasir Khattak, Muhammad Anwar Saeed, Ayman Sibaie

*Rashid Hospital, Dubai, UAE.
E-mail: dryasirjamil@gmail.com*

Background: The "optimal" positioning of a permanent dialysis catheter tip has been long debated, with multiple conflicting

recommendations. As with any other dialysis access, hydraulic performance is of paramount importance for tunneled catheters. This depends mainly on the catheter tip position. Thus, an agreement on the optimal catheter tip position is of significant importance. **Methods:** A retrospective review was performed to identify all patients requiring permanent dialysis access catheters from 2010 to 2017 at our institution. Demographic data including age and gender were collected. Data regarding access site, catheter type used, and tip location were also collected. **Results:** A total of 665 permanent catheters were placed in 595 patients. Multiple types of catheters including staggered tip and split tip were used. The tip location included distal superior vena cava, sinoatrial junction, distal right atrium, and inferior vena cava. **Conclusion:** Our data suggest that, among multiple variables including patient size, catheter length, type of catheter, and operator technique, tip location is the most important factor affecting catheter functionality and postprocedure complications. A standardized approach regarding tip positioning should be adopted to improve the catheter performance and prevent future complications.

P520

The Safety and Short-Term Efficacy of Bronchial Artery Embolization for Management of Massive Hemoptysis (Single Centre Experience)

Rana Tarek Mohamed Khafagy, Karim Abd El-Tawab

*Ain Shams University Hospital, Cairo, Egypt.
E-mail: ranatarek@hotmail.com*

Background: Massive hemoptysis has been described as the expectoration of an amount of blood ranging from 100 mL to more than 1000 mL over a period of 24 h. It may result from various causes the most common of which among Egyptian practice is bronchiectasis followed by bronchogenic carcinoma. **Methods:** 23 patients (18 males and 5 females) were referred to IR Unit Ain Shams University Hospitals for the management of massive hemoptysis during the period from (January 2015 to November 2017). Median age was 59.5 years (range: 15–77 years). Causes were bronchiectasis in 14, bronchogenic Carcinoma in 5, tuberculosis in 2, and cystic fibrosis in 2 cases. Computed tomography chest was done for all patients. Right femoral vascular access using a 6F sheath was done, then selective probing of thoracic aortic side-branches was done using 4F Cobra catheter with selective bronchial angiography. Identifiable bleeders were embolized otherwise, empiric embolization of arteries supplying the diseased segment was done. Spherical particles 300–700 µm were used. 2.7F microcatheter was used for superselective embolization if the artery was smaller than the mother catheter. **Results:** In 13 (57%) of the patients, bleeder was detected. In 10 (43%) patients, no pathologic arteries were detected. Selected vessel stasis was achieved in all patients. During 1st month, bleeding totally stopped in the 13 patients with identifiable bleeders as well as 9 of the empiric embolization group. One patient with bronchogenic carcinoma developed massive hemoptysis 2 days after the embolization and was scheduled for urgent reevaluation angiography and embolization; however, patient died from disseminated intravascular coagulation and multisystem organ failure before the second procedure. No major complications occurred. Chest pain and mild postembolization