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.

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Experience with Bronchial Artery Embolization for Haemoptysis in Patients with Aspergilloma

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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.

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Dialysis Catheter Placement: Is the Tip Correctly Positioned?

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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.

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

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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