This is a case report of a patient who suffered from left side chyle leak (chyloma) after total thyroidectomy and bilateral neck dissection. The patient was managed initially conservatively in the form of continuous collection drainage and oral intake cessation then sclerotherapy, and finally definite management was with thoracic duct embolization. **Results:** Technically and clinically successful embolization of thoracic duct leak. One week after thoracic duct embolization, the neck swelling disappeared, drain catheter removed, and resume regular diet. **Conclusion:** Thoracic duct embolization is effective, and less invasive than surgical options for the management of thoracic duct injury.

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Sclerotherapy of Varicose Veins: Is It Boon Or Curse!

Neeraj Mehta, Nitesh Manohar Gonnade¹

Dr S. N Medical College, ¹All India Institute of Medical Sciences, Jodhpur, India.

E-mail: neerajm1234@gmail.com

Background: Ultrasound-guided foam sclerotherapy is a minimally invasive treatment option used for ablation of truncal and perforator reflux for chronic venous ulceration. Foam sclerotherapy is characterized by an overall high degree of safety, though special attention should be given to the embolic and thrombotic complications. Good technique, adequate imaging, general precautions, and compliance with post-treatment instructions may help avoid some of the adverse events and an appropriate early intervention may minimize possible sequelae. **Methods:** In this educational exhibit, we tried to highlight the basic steps of sclerotherapy, its benefits and complications associated with it. **Results:** In this educational exhibit, we tried to highlight the basic steps of sclerotherapy, its benefits and complications associated with it. **Conclusion:** Sclerotherapy of varicose veins guided by ultrasound is a procedure that offers many advantages: multiple indications, simple to be done, low cost, and minimally invasive.

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Broken Catheters: A Review of Surgical Management

A. Shafteek, J. Ravikrishnan, M. C. Rajendran, M. H. Abdul Rasheed

Government Medical College, Trivandrum, India.

E-mail: drshafteek@gmail.com

Background: A large variety of diseases are nowadays diagnosed and treated with catheterization procedures. As the number of procedures increase, the number of catheter-related complications also increase. The catheter or guidewire can break during the procedure. Unintentionally, the catheter may get embolized to unwanted sites and chambers. In developing countries, the diagnostic and therapeutic catheters are reused to contain cost. This practice also increases the risk of breakage of the catheters. **Methods:** Government Medical College, Trivandrum, is a tertiary care center doing around 5000 angiograms per year, including coronary and peripheral angiograms. The hospital is a referral center for the other hospitals in the district. The department of cardiothoracic and vascular surgery provides surgical backup for these procedures. A review of records was done to assess the frequency of surgical management in catheter-related complications during November 2015 to October 2017. **Results:** The total number of angiograms was 9876 during the study period with total of five catheter-related complications that required surgery. Indications for surgery included broken catheter in popliteal artery ($n=1$), broken catheter in iliac artery ($n=1$), broken sheath in femoral artery ($n=1$), pericardial pigtail in pulmonary artery ($n=1$), guidewire in radial artery ($n=1$). The mean hospital stay was 10 days **Conclusion:** Even though rare, serious vascular complications do occur in diagnostic and therapeutic catheterization. Though snaring and retrieval is possible in many occasions, surgery has a definite role in case of failure of percutaneous methods. By timely surgical approach, all our patients had a good outcome.