

were referred late 20 days plus postsurgery), six of which had re-surgery and one patient who had residual tubular cutaneous-anastomosis fistula had track coiling with cessation of leakage. **Conclusion:** Fluoroscopic-guided esophageal stenting might be effective in bypassing anastomotic leakages following bariatric surgeries; however, it should be considered as soon as significant leakage is diagnosed and should be considered before resurgery. Placement of the stents was feasible without major procedure-related complications.

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The First Masters of Science in Interventional Radiology Training Program in Africa: Year 1

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Objectives: Over four billion people around the world do not have access to interventional radiology (IR), rendering a broad range of life-saving procedures inaccessible. Our objective was to challenge the notion that IR does not play a role in the developing world. Over the past year, we built the first IR training program in East Africa and were training three IR fellows per year in a two-year Master of Science in Interventional Radiology curriculum. **Methods:** Every month, a teaching team consisting of an IR attending, nurse, and technologist travel from North America to Tanzania to train local residents, nurses, and technologists. All consultations, preprocedure information, procedures, and follow-up at 1 and 3 months are recorded via Research Electronic Data Capture, a Health Insurance Portability and Accountability Act compliant workflow application. **Results:** A total of 231 procedures were performed by the newly established IR service from October 2018 to November 2019, the majority of which were nonvascular interventions (88%). All procedures were performed by the Tanzanian IR fellows as primary operators under the supervision of visiting faculty. The vast majority of the procedures were technically successful (99%) and uncomplicated (94%), while few (6%) were associated with minor complications (SIR class A and B) and one was associated with a more significant complication (SIR class C). The distribution of nonvascular IR procedures performed over the 1st year is outlined in Figure 2. **Conclusion:** We have demonstrated that establishing an IR training program in the resource-limited setting is safe and feasible. There is an urgent need for expansion of such training programs to other developing nations to make IR available to a broader population.

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Management of Intrahepatic Ductal Stones with or without Previous Biliary-Enteric Anastomosis, Single-Center Experience from the UAE

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Objectives: We looked at the results of operative and nonoperative management of the intrahepatic ductal stones. **Methods:** We did a retrospective study of clinical and radiological records of patients with intrahepatic bile duct stones who underwent treatment by operative or nonoperative therapy. Of 11 patients with hepatolithiasis at our center, 90% were male ($n = 10$). All underwent follow-up after operative ($n = 9$), percutaneous transhepatic cholangiogram (PTC) ($n = 11$), biliary balloon dilatation ($n = 3$), or serial biliary drain upsizing ($n = 6$) treatment. **Results:** Complete stone clearance was attained in 90% of the patients. Median follow-up period was 23 months (up to 4.5 years). We noted stone recurrence in two patients. Zero mortality rate and no cholangiocarcinoma were seen. Failure of attempted primary PTC was seen in two cases which were successful in the second attempt. **Conclusion:** Our long-term follow-up study showed a combined approach of operative and nonoperative procedures in the management of intrahepatic bile duct stones and their related complications.

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Everything Begins with an Idea

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Objectives: To demonstrate the role of magnetic resonance imaging (MRI) on identifying the location of cisterna chyli and its successful percutaneous cannulation and embolization of the thoracic duct. **Methods:** A prospective review of 10 patients was conducted to assess the efficacy of MRI in identifying the location of cisterna chyli and its successful percutaneous cannulation and embolization of the thoracic duct leak caused by thoracic surgeries. **Results:** A total of 10 patients presented with chylothorax from 2016 to 2019 in two hospitals, KIMS Hospital and Aster Medcity. Treatment options of surgical thoracic duct ligation and embolization were considered in all cases. In view of recent surgery, all patients decided for percutaneous interventions. The cisterna chyli was accessed as demonstrated by the MRI using a heavily T2-weighted sequence using bony landmarks/ultrasonography guidance by a 21G China needle. After successful puncture of cisterna chyli, a 014-inch guide wire was passed and a braided microcatheter was threaded into the thoracic duct. Leak was demonstrated in seven patients while leak was not demonstrated in three patients. All underwent embolization using NBCA diluted with lipiodol injected under fluoroscopic guidance. **Conclusion:** MRI using a heavily T2-weighted sequence is a valuable tool in the localization of cisterna chyli in thoracic duct embolization and saves significant time during the procedure as compared to conventional nodal or pedal lymphangiography, which takes significant time for the contrast to ascend up to the level of thoracic duct.