

DCB) have been approved by the FDA following RCTs. Two DCBs (SurVeil DCB and Ranger DCB) are still to be approved following completion of the trials. No drug hypersensitivity reactions have been reported. To our knowledge, there are no other reported cases of anaphylaxis to paclitaxel DCB when used as endovascular treatment for peripheral arterial disease. There is one case in the literature of acute hypersensitivity reaction following femoral-popliteal angioplasty with paclitaxel DCB. The patient developed a painful, erythematous rash of the thigh shortly after removal of the DCB with associated agitation, tachycardia and hypertension. However, the patient did not meet criteria for anaphylaxis. Another paper reported delayed hypersensitivity reaction manifesting as a vasculitic rash of the lower limb following femoral angioplasty of the symptomatic limb with a paclitaxel-coated balloon. **Conclusion:** There is evidence to support the use of DCBs in the treatment of peripheral arterial occlusive disease via improvements in vessel patency. We present a rare case of anaphylaxis following deployment with a paclitaxel DCB. Clinicians using these devices should be aware of such risk.

P529

Establishing Interventional Radiology in the Developing World: Intra-Arterial Procedures in Tanzania

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Objectives: In the developing country of Tanzania, there are currently no fellowship-trained interventional radiologists to serve the rapidly growing population of almost 60 million people. The inaugural interventional radiology (IR) fellowship in the region was established in 2018 under the auspices of Muhimbili National Hospital (MNH) and Muhimbili University of Health and Allied Sciences. Due to lack of in-country expertise, teaching has been conducted by visiting teams from the United States, training the first generation of Tanzanian IR fellows, nurses, and technologists. While the majority of cases have consisted of nonvascular procedures, this report outlines the first intra-arterial procedures at MNH performed over the past year. **Methods:** All consultations received by the IR service at MNH were logged via Research Electronic Data Capture, a Health Insurance Portability and Accountability Act compliant workflow application. Patient information including sociodemographics, referral source, medical diagnosis, comorbidities, and indications for IR interventions has been collected since October 2018. In addition, procedure type, technical success, complications, and pathology results for relevant interventions were recorded. **Results:** A total of 308 consultations and 231 procedures were performed by the newly established IR service from October 2018 to November 2019. Of these, 28 (12.12%) were intravascular procedures. Of these, seven (25%) were intra-arterial procedures, including one pancreatic pseudoaneurysm embolization, one splenic embolization for thrombocytopenia, and five uterine fibroid embolizations (UFEs).

No intra- or peri-procedural complications occurred. The pancreatic pseudoaneurysm demonstrated no flow of contrast in the aneurysm on follow-up imaging. The splenic embolization demonstrated an improvement of thrombocytopenia from 30,000 to 42,000 platelets per microliter at 1 month. Follow-up visits demonstrated improvement in bulk symptoms, pain, and bleeding in UFE patients at 1 month, and at 3 months, a patient who previously needed a monthly transfusion had hemoglobin of 11 g/dl with no further transfusions required. **Conclusion:** Overall, our early experience demonstrates the safety, feasibility, and excellent outcomes of the first intra-arterial procedures performed in Tanzania. **Recommendations:** The establishment and expansion of IR training improve access to critical IR services in developing countries such as Tanzania.

P531

Pulmonary Arteriovenous Malformation Embolization: Nottingham University Hospitals, UK-Based Tertiary Center Experience

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Objectives: Pulmonary arteriovenous malformations (PAVMs) are structurally abnormal vessels that provide direct capillary-free communication between the pulmonary and the systemic circulations and hence an anatomic right to left shunt. They are commonly caused by hereditary hemorrhagic telangiectasia (HHT). Treating these lesions is of high clinical priority as they can increase the incidence of developing stroke and cerebral abscesses. The main indication to treat these lesions is when the feeding artery measures more than 4 cm. Here, we present our experience in treating 18 patients with endovascular embolization in Nottingham University Hospitals. **Methods:** A retrospective review of all the PAVMs underwent endovascular embolization between October 2014 and November 2019 (5 years) was conducted. We reviewed the number of treatments, clinical success, complications, and the recanalization rates. **Results:** A total of 18 patients with PAVMs treated with endovascular embolization over 5 years. There were 12 males and 6 females with mean age of 56 years. The documented and genetically proven underlying cause was found to be HHT in most cases (15 patients). A total of 25 treatments were performed (4 patients had multiple AVMs treated in separate occasions and two patients had recanalization of previously treated AVMs which were then re-treated). One patient with AVM underwent angiogram which showed multiple small AVMs which were not treated. One patient had difficult embolization with migration of coil into the pulmonary vein and the right ventricle which was then retrieved using a vascular snare with resolution of ectopics and no late complications developed. No major or minor postembolization complications developed; one patient was admitted postembolization with pleuritic pain which was treated conservatively. No patients suffered a stroke or cerebral abscess since treatment. Sixteen treatments had documented successful improvement in their oxygen saturations on respiratory review. Three patients developed recanalization (defined as persistent perfusion through a previously placed coil). Two patients had further treatments and one patient did not have further treatment. **Conclusion:** Endovascular embolization is a minimally invasive treatment for PAVMs with high technical and