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**OC206**

**Percutaneous Radiologic Gastrojejunostomy: Feasibility and Safety of a Modified Chiba-Needle Puncture Technique**

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**Background:** The aim of the study was to evaluate the feasibility, safety, and effectiveness of percutaneous radiologic gastrojejunostomy (PRGJ) using a modified Chiba-needle puncture technique with a single gastropexy in the same puncture tract.

**Methods:** A total of 57 PRGJ procedures using the one anchor technique were attempted in 55 consecutive patients between January 2008 and January 2017. The stomach was punctured using a 21-gauge Chiba-needle. A single anchor was used, and gastrojejunostomy tube placement was performed through the same tract of the anchor. The technical success, time length of the procedure, complications occurring within the next 30 days, and procedure-related mortality were evaluated by means of reviewing the imaging studies and patient medical records. **Results:** All 57 PRGJ procedures were successfully performed. The average procedure time was 16 min and 28 s. There were no procedure-related major complications. Only eight patients had pneumoperitoneum (14%) which was a minor complication and resolved spontaneously without further problems. There was no evidence of gastroesophageal reflux or aspiration aggravation in any study patient during the follow-up period. The procedure-related mortality was zero. **Conclusion:** PRGJ using the modified Chiba-needle puncture technique with the use of a single gastropexy in the same puncture tract was demonstrated to be feasible, safe, and effective.

**OC207**

**Iatrogenic Renal Vascular Injuries, Angiographic Findings, and Embolization**

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**Background:** Renal vascular injuries mostly result from interventional urologic procedures such as percutaneous biopsy and nephrostomy. Serious hemorrhagic complications associated with percutaneous urologic procedures occur in 2.3%–15% of the patients endangering patients’ life. Conventional surgical treatment including partial and total nephrectomy carries great morbidity and results in a remarkable renal parenchymal loss. With the development of transcatheter endovascular interventional procedures, microcatheters and embolizing materials precise localization and superselective catheterization of the arterial bleeder followed by embolization gives a minimally invasive treatment option which is able to control bleeding with minimal parenchymal loss and complication compared to surgery. **Methods:** This work included 64 patients (50 males and 14 females) between the ages of 3 and 60 years (mean age 37 years) with suspected renal vascular injury after renal intervention. They were underwent angiography and percutaneous transcatheter arterial embolization using coils and glue. **Results:** The source of bleeding was identified and embolized in 56 (87.5%) of patients (pseudoaneurysm = 34, pseudoaneurysm with arteriovenous fistula = 14, arteriovenous fistula alone = 4, and extravasation = 4). Bleeding stopped in 54 of the 56 patients (96.4%). In two patients (3.6%), recurrent bleeding occurred. Re-angiography and assessment were done and insertion of another coil was needed in one patient, whereas in the second one, glue was administered. None of the patients underwent embolization required further surgical intervention. No significant immediate or delayed complications related to angiography or embolization was recorded. **Conclusion:** The endovascular embolization is an effective therapeutic technique in iatrogenic renal vascular injuries.

**OC208**

**An Audit of a Major Trauma Center’s Use of Splenic Embolization in Blunt Splenic Trauma: Are we Matching National Practice?**

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**Background:** The spleen is one of the most commonly injured organs associated with blunt abdominal trauma. Traditionally, the management of blunt splenic injury has involved either splenectomy or conservative management. Advances in interventional radiology (IR) have seen embolization, and subsequent splenic salvage becomes an attractive alternative to traditional management; however, the appropriate selection of patients remains varied worldwide. Since the introduction of regional trauma networks, there has been a transition toward increased utilization of splenic artery embolization. This audit compared St. Mary’s Hospital’s experience of splenic artery embolization with national practice. **Methods:** A retrospective analysis of major trauma patients with splenic injuries admitted to St. Mary’s Hospital, from April 2012 to February 2015, were drawn from the prospectively collated TARN database. Data collected included demographics, injury severity, treatments, and outcomes in terms of mortality and length of stay. The management categories were grouped into IR, surgical, and conservative management and the data were compared against national practice. **Results:** Sixty-one blunt splenic injuries were treated at St. Mary’s Hospital between April 2012 and February 2015; 13.1% were treated by Interventional Radiology VS 7.6% by IR in the rest of England and Wales (P = 0.14); Mortality rate for Interventional Radiology was 0% VS 6% for rest of
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England and Wales. **Conclusion:** This audit demonstrated that IR at St. Mary’s Hospital performed better than the rest of England and Wales in the management of blunt splenic trauma. A higher proportion of splenic injuries were managed by IR at St. Mary’s Hospital compared with the rest of England and Wales. Mortality rates and length of stay for IR were lower at St. Mary’s hospital compared to the rest of England and Wales.

**OC209**

**Direct Percutaneous Puncture and Embolization of Visceral Pseudoaneurysm: Safety and Clinical Efficacy**

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**Background:** The aim of the study was to assess the safety and clinical efficacy of direct percutaneous puncture and embolization in the treatment of visceral pseudoaneurysm. **Methods:** Retrospective analysis of all patients undergoing direct percutaneous puncture of pseudoaneurysm and embolization between January 2012 and January 2017 was done. The study included 26 patients (19 male and 7 female) with a mean age of 36 years (range: 10–71 years). Indications for direct percutaneous embolization were difficult catheterization of feeding artery, previous embolization of proximal artery, and the inability to identify feeding artery on angiography. Patients’ demography, details of endovascular procedure, complications, and clinical outcome were evaluated. Patients were followed up for the recurrence of pseudoaneurysm (mean follow-up was 12 months). **Results:** Etiologies were pancreatitis in 20 patients, trauma in 2 patients, iatrogenic in 2 patients, and incidentally detected in 2 patients. Twenty-three patients had difficult catheterization of feeding artery, two patients had prior embolization of feeding artery, and in one patient, feeding artery was not identifiable on angiography. N-butyl cyanoacrylate (NBCA) with lipiodol was used in 23 (88.4%) patients, coil was used in 1 (3.8%) patient, and both coil and NBCA were used in 2 (7.7%) patients. Embolization of pseudoaneurysm was successful in all cases. No procedure-related complications were seen. Follow-up showed no recurrence of pseudoaneurysm. **Conclusion:** Direct percutaneous puncture and embolization are safe and effective in the treatment of visceral pseudoaneurysms and can be considered as alternative in patients with failed endovascular approach.

**OC210**

**Endovascular Management of Transplant Kidney Vascular Complications: Experience from a Single Institution**

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**Background:** Vascular complications, especially transplant renal artery stenosis, are among the most common causes of graft dysfunction. Other vascular complications are renal vessel thrombosis, pseudoaneurysm, postbiopsy active renal bleed, and intraparenchymal arteriovenous fistula formation. Endovascular interventions are the first-line treatment in these cases with excellent immediate and long-term results. **Methods:** A retrospective analysis of postrenal transplant patients (from 2010 to 2013) was done who were referred to our department for evaluation and endovascular management of vascular complications. They were evaluated first with Doppler and then with magnetic resonance angiography, if needed. Finally, conventional angiography was done with intent to confirm the diagnosis and treat the patients with angioplasty, stenting, or embolization in the same sitting, if required. Follow-up was done with serial blood pressure measurements, serum creatinine estimation, and Doppler, first in immediate postprocedure period, then at 3- and 6-month intervals. **Results:** A total of 10 patients were included in the study with a mean age of 40.6 years. Five of them had transplant renal artery stenosis, one intraparenchymal pseudoaneurysm, one upper polar arteriovenous fistula, one atherosclerotic right common iliac artery stenosis, and two presented with active contrast extravasations from upper pole arteries. Patients with renal artery stenosis were treated with stenting across the stenosis. Intrarenal pseudoaneurysm, arteriovenous fistula, and active contrast extravasations were treated with coil and/or glue embolization. Postprocedure follow-up showed immediate and long-term improvement in blood pressure control, decreased serum creatinine level, and cessation of hematuria. **Conclusion:** Vascular complications in renal transplant patients are an important cause of graft dysfunction and perioperative morbidity. They can be treated effectively with endovascular interventions with excellent immediate and long-term results.

**OC211**

**Significance of Distal Embolization of the Right Gastroepiploic Artery in Bariatric Gastric Embolization**

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**Background:** Embolization of the arteries supplying the gastric fundus results in decrease in Ghrelin production with secondary decrease in appetite. **Methods:** Four patients with morbid obesity ranging from 35 to 45 body mass index had left gastric embolization. Right gastroepiploic artery embolization was done in three of them, one simultaneous with left gastric embolization in one session and the other two patients in second separate session. Two milliliters of microspheres 300–500 U was used for the right gastroepiploic artery. **Results:** Significant decrease in hunger pain in the four patients is noted in the first 2 weeks. After 2 weeks, the hunger pain differs in the four patients. Two patients with left gastric artery embolization only lost satiety after 3–4 weeks from embolization. **Conclusion:** Direct percutaneous puncture and embolization are safe and effective in the treatment of visceral pseudoaneurysms and can be considered as alternative in patients with failed endovascular approach.