catheter tip has been long debated, with multiple conflicting

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.

P518
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 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.

P519
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.

P520
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 Cobr 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
 syndrome took place in most of the patients. **Conclusion:** In this limited series, bronchial artery embolization is an effective option in management of severe hemoptysis with high hemostasis and low complication rates

**P521**

**Role of Inferior Vena Cava Filter Insertion before Thrombolysis of Acute Iliofemoral Deep Venous Thrombosis**

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**Background:** The aim is to measure the need to inferior vena cava (IVC) filter insertion before catheter directed thrombolysis (CAT) and its effect on the morbidity and mortality. **Methods:** A prospective randomized cohort study. It took place at Ain Shams University hospitals between 2013 and 2016. Thirty cases with left lower limbs extensive iliofemoral deep venous thrombosis (DVT) (<14 days) were treated by CAT only with no role for pharmacomechanical procedures. First angiography after starting CATs was done after 24 h to do “lysis check” followed by another session if not completely resolved. IVC filter usage for 15 cases (high-risk group). They are retrievable type and are removed later on not immediately. IVC filter loading by emboli was divided into (small 1/3 the diameter) and (large >1/3). Follow-up was done at interval 3, 6, and 9 months by clinical assessment (CEAB classification) and duplex study to assess recanalization and valve incompetence. **Results:** Thirty cases were collected and divided into 15 without the use of IVC filter and 15 cases used it. Only three cases have large embolic load in IVC (>1/3) and these patients had positive risk factors (oral contraceptives, previous history of DVT, and extension of DVT to IVC). Twenty-eight cases had successful lysis, while two patients complicated and aborted (one had hemorrhagic ovarian cyst and the other had retroperitoneal hematoma). One case had major complication and needed reintervention due to thrombosed iliac stents and two cases had minor ones. Six cases with IVC filter failed to be retrieved. Two cases without IVC filter developed pulmonary embolism (PE). **Conclusion:** IVC insertion is not recommended for patient with extensive iliofemoral DVT who received thrombolysis except for those who have strong risk factors or previous history of PE.

**P522**

**Balloon of Inferior Vena Cava and Iliac Veins Is It Enough for Treating of Chronic Venous Insufficiency**

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**Background:** The aim of the study was to evaluate patency and improvement of symptoms of chronic venous insufficiency after ballooning of inferior vena cava (IVC) and iliac by high pressure balloons without stenting **Methods:** retrospective study of patients is manifested by chronic venous insufficiency physically active with extensive iliofemoral obstruction or stenosis. We collected data from ten patients underwent ballooning of iliac veins and IVC by high pressure balloons (sequential gradual dilatation up to 18 mm balloon for 3 min each time) after passing the lesion by hydrophilic 0.035 wires combined with stiff wire 0.035 through ipsilateral antegrade popliteal access in five patients, femoral vein in three patients, and through GSV in two patients ultrasound guided. **Results:** Two out of 10 patients need reintervention within 1 year, one of them developed extensive iliofemoral deep venous thrombosis, 8 of them their symptoms improved with 100% primary patency with follow-up venous duplex. **Conclusion:** although the typical recoil nature of venous disease, primary patency of balloon venoplasty has a preliminary good results with no consequences of possibility of stent occlusion.

**P523**

**Role of Endovascular Management in Treatment of postphlebitic Iliocaval Obstruction Patients**

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**Background:** The aim of research is to evaluate our experience of endovascular management in treatment of postphlebitic iliofemoral obstruction in Ain Shams University Hospitals. **Methods:** This is a prospective cohort study. Thirty patients (20 female/10 male) aged between 30 and 45 years old presented with lower limb iliofemoral deep venous thrombosis 6–12 months ago. They received treatment for at least 6 months in the form of anticoagulation and elastic stocking. They were complaining of unilateral lower limb swelling which did not improve with conservative management and secondary varicose veins. High pressure balloons 14, 16, and 18 were used in all cases. Twenty-four cases were stented. Seventeen were stented by Wallstent while 7 by venous stents. **Results:** Follow-up was done at 3, 6, 9, 12, 18, and 24 months using duplex; 6 cases failed due to failure to pass the wire (4 cases), venous perforation (2 cases); 20 of 24 patients who received stents were patent, while 4 were occluded (2 of them succeeded to recanalized by thrombolysis). **Conclusion:** Endovascular management has a role in the treatment of postphlebitic iliofemoral obstruction patients and need strict follow-up.

**P524**

**Uterine Artery Embolization in Postpartum Hemorrhage**

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**Background:** Postpartum uterine hemorrhage is one of the most important causes of maternal mortality worldwide and as well in Egypt. Causes are variable most important of which are uterine atony and birth canal lacerations. Uterine artery embolization is very effective if local measures failed to stop bleeding **Methods:** In the period between January 2015 and November 2017, 75 women (mean age 26 years) with postpartum hemorrhage underwent embolization in Ain Shams University Hospitals after failure to achieve hemostasis after conservative treatments. Clinical success was defined as stabilization of vital