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Background: Posterior fossa arteriovenous malformations (AVMs) are complex neurovascular lesions, relatively infrequent and difficultly is encountered not uncommonly during their treatment. Although they represent less than 15% of all AVMs, studies showed that they have more aggressive natural history. The authors present their initial experience with multimodality management of 20 posterior fossa AVMs, with an emphasis on endovascular treatment in Egypt. **Method(s):** From January 2012 to august 2015; twenty patients with posterior fossa AVMs treated with endovascular techniques, radiosurgery and/or surgery were analyzed. **Result(s):** Out of the twenty cases; 15 cases were treated with onyx embolisation through 27 sessions, one case with glue NBCA. Out of these cases 3 were embolised over 90%, the rest of cases were partially embolised and referred for complementary treatment with surgery or gama knife. The most frequent difficulties encountered during endovascular treatment were catheter navigation in the tortuousity of SCA (2 territories), AICA (2 territories), PICA (1 territory). Identification of onyx flow to the vein in the working angle (3 cases), extravasation of onyx (2 cases). The average occlusion rate of the AVM embolised after an average 1.8 (range 1-7) procedure per case was 52.66%. The average size of AVM embolised was 2.6 cm in maximum diameter. 4 cases (20%) complicated by cerebellar tremors and ataxia 2 of them were transitory and 2 were permanent, one case died from pulmonary embolism. Pod2 and two cases with hemihypothesia, one was permanent. **Conclusion(s):** Considering our early experience, onyx embolisation to posterior fossa AVMs is feasible and can lead considerable obliteration rate when the AVM has single feeder, although the consideration of deep supply to the cerebellar nuclei and brain stem perforators is of utmost importance to diminish the possible untowarded consequences.

OC2.5

Treatment of Femoropopliteal Arterial Disease in Critical Limb Ischemia with Drug Eluting Stents: A Real World Experience

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Background: Drug eluting technology has revolutionized pad treatment. Drug eluting stents (DES) promise superior patency and clinical outcome based on recent randomized trials. The role of DES in patients with critical limb ischemia (CLI) is unknown, since cli is excluded from many DES trials. We report our experience in cli patients undergoing DES treatment of the femoro-popliteal artery (DES-fpa) in a real-world experience. **Method(s):** Cli patients, undergoing DES-FPA in single institution were followed prospectively over a two-year period with angiography, color duplex ultrasound (CDUS) and clinical evaluation. Outcome measures were primary patency (PP) of the treated lesion, target limb re-intervention (TLR). Secondary outcome was amputation (A) and major complications. Analysis of patient characteristics, lesion morphology including calcification, requirement of additional treatments and comparison to randomized des trials was performed. **Result(s):** 36 patients with CLI (mean age: 73), underwent des-FPA. Follow-up period ranged between 1-36 months with a mean of 13.7 months. Most patients were Rutherford 5 class. The lesion morphology was: length 128 mm (range 60-280 mm), moderate or severe calcification in 78%, TASC ii d lesion 47% and TASC II a lesions only 15%. Additional interventions were performed in 88% of all patients: 76% tibial, 12% aorto-iliac intervention. PP at 12 months was 67% with an average of 10.4 months. Mortality in the observation period was 26% (average: 3 mo). Excluding these patients, the pp was 82% with average patency of 15.7 months (4 - 30 months). TLR was 42% mostly tibial artery reintervention. Six patients (17%) underwent a, two of those major. Two major complications occurred (6%). **Conclusion(s):** Des- FPA in CLI patients demonstrate promising intermediate term results with primary patency of 67% and 82% when excluding unrelated early deaths, exceeding comparative results in this challenging patient population.

OC2.6

Modified Percutaneous Aspiration Injection Reaspiration and its Outcomes

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Background: Modified Percutaneous Aspiration Injection Reaspiration (PAIR) procedure of hydated cyst has documented that its morbidity and mortality rates, hospitalization time, and recurrence rate are significantly less than those with surgery. **Method(s):** The study was performed in Radiology department of Rehman Medical Institute Peshawar. Twenty three patients who had undergone modified percutaneous PAIR procedure between January 2016 and August 2018 were selected for prospective study. In these cases twenty cases were of liver hydatid cysts, two were of spleen cysts and one case was of right posterior abdominal wall. In twenty cases pre procedure imaging work-up was performed by CT abdomen and in three cases by ultrasound abdomen. From every patient informed consent was taken and procedure outcomes and complication were explained to the patient. A consultant interventional radiologist performed procedure in twenty two cases by ultrasound guidance and in one case by CT guidance. Post procedure, patient was advised albendazole for two weeks. All patients were followed-up at 3, 6, 12, 24 months post procedure. Improvement in radiological imaging as well as in clinical symptoms assessed the procedure success and failure. **Result(s):** The age of our patients ranged between 10-75 years. Single, double and multiple hydatid cysts were seen in 69.56%, 21.7% and 8.6% respectively. On follow-up only 8.65% cases had mild right hypochondrium pain and only 4.35% cases had persistant liver hydatid cyst. No other procedure related complication noted. On serology, echinossus granulosus titre was negative in 3.4% cases. All patients were satisfied from modified PAIR procedure. **Conclusion(s):** Modified percutaneous PAIR procedure showed promising result with a success rate of almost 95.65%.