

omental, cystic, adrenal, intercostal, internal mammary, renal, superior mesenteric and gastroduodenal arteries. Suspect ECS in large subcapsular tumors with exophytic growth, adjacent organ invasion, hypertrophied extrahepatic collaterals and marginal recurrence abutting the liver capsule after TACE or local ablation. During TACE, no or incomplete tumor blush on selective hepatic arterial run, or defect in lipiodol deposition in the mass suggest ECS. Search for ECS is mandatory if follow up imaging shows peripheral defect in lipiodol deposition or enhancing residual component of primary mass. An alternative treatment should be undertaken if TACE through ECS fails. **Conclusion(s):** ECS is common in HCC at initial presentation and increases with repeated TACE sessions. For achieving complete tumor response, active search for signs of ECS should be done before, during and after TACE.

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Crush Stent Technique: A New Approach for Occluded Iliac Stent

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Background: Iliac stent thrombosis is problematic. Surgery is often indicated because endovascular recanalization of the occluded stent is difficult. Some interventional cardiologists described a new technique to manage occlusion of coronary stent, the “Crush stent technique” consist on subintimal recanalization and swatting of the “old stent”. The aim of this report was to demonstrate the feasibility and safety of this technique also for iliac artery. **Method(s):** A 55 years old woman was admitted in our department for a critical lower limb ischemia due to thrombosis of left common iliac stent implanted 2 years earlier for claudication. The ankle-brachial index was 0.5. Our initial strategy was to cross intraluminally the occlusion and to use a drug-eluting balloon. However, we failed to achieve an intraluminally stent recanalization, so we performed a subintimal recanalization of the occluded stent. The wire crossed the occlusion completely outside stent through the subintimal space. Firstly, we performed a balloon angioplasty, a 7 mm balloon was inflated at eight ATM pressure and contributed in crushing of the thrombosed stent. Therefore, we deployed an 8 x 80 mm Wall-Stent (Boston Scientific), covering all the common and external iliac artery. **Result(s):** Final angiography was satisfactory showing a patent iliac conduit with a total flatterring of the old stent. Post operative course was favorable with symptomatic relieve, the left ankle-brachial index was improved to 0.85 and duplex ultrasound showed patency of the wall stent at 1 and 6 months. There was no hemodynamic disturbance particularly at the site of the subintimal crush. **Conclusion(s):** Crush stent technique is not only feasible for coronary stent thrombosis but can also be performed for peripheral arterial stent thrombosis especially when intraluminally stent recanalization cannot be achieved. In our knowledge, it is the first report in the literature of a “crushed stent” technique for a thrombosed iliac stent.

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Uterine Artery Embolization for the Symptomatic Adenomyosis: Short-Term Follow up using Uterine Fibroid Symptom Quality of Life Questionnaire

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Background: The purpose of this study was to assess clinical outcomes 3 months after uterine artery embolization (UAE) in the treatment of symptomatic adenomyosis. **Method(s):** in this prospective cohort study, at Prince Sultan Military Medical City recruited patients with symptomatic adenomyosis for UAE. The 3 months' post-intervention outcomes were health-related quality of life (HRQOL), symptom severity scores (SSS). **Result(s):** Eighteen patients with adenomyosis have more than 12 mm thickening of the junctional zone based on MRI imaging (11 with Fibroids are excluded) were treated with UAE between January 2012- April 2018. The 3 months' questionnaire was interviewed in 7 patients. The median age of 47 (28-55). The main clinical presentation was abnormal uterine bleeding and Dysmenorrhea. The median duration of symptom is 24 (12-84) months. A 71.4 % of patients received hormonal therapy prior to intervention. The median hemoglobin pre and post-intervention 11.5 and 12.6 respectively. A 28.6 % of patients received blood transfusion pre-UAE. No patient underwent a secondary hysterectomy during the follow-up period. The HRQOL and SSS scores as measured by UFS-QOL at 3 months after UAE showed The score for distress level has been significantly reduced (Z value= -2.366, p value=0.018) from baseline 4.6 (3.6-5) to after 3 months 2.25 (1-3.37). As well as, the score of symptoms level has been significantly reduced Z value= -2.366, p value=0.018) from baseline 4 (3.6-5) to after 3 months 1.6 (1-3.58). **Conclusion(s):** After 3 months of follow-up, UAE improved the distress and symptom of the selected patients with adenomyosis, however larger number of patients and longer duration of follow-up is recommended to support the UAE for the management symptomatic adenomyosis.

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Balloon Occlusion of Internal Iliac Arteries in Management of Morbidly Adherent Placenta: Initial Experience at Our Centre

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Background: Abnormal placentation is a potential cause of maternal morbidity and mortality from massive postpartum bleeding. Interventional radiology has impressive role in