

compared to BA. **Method(s):** Embase, Medline and the Cochrane Central Registry were searched for randomised controlled trials evaluating DCB against BA for arteriovenous fistulas and grafts, central venous stenoses were excluded. The outcome was the need for revascularization due to index lesion restenosis within 6 and 12 months or access thrombosis. A random effects meta-analysis with generic inverse variance weighting was used to generate summary statistics for these outcomes. **Result(s):** 69 abstracts were identified from which seven studies were included for meta-analysis, totaling 707 access stenoses. All studies utilised paclitaxel coated balloons as intervention. At 6 months DCB showed a non-significant trend towards reduced restenosis (RR 0.74, 95% CI: 0.49 to 1.11, $p=0.14$). The 12 month results also showed no significant difference between DCB and BA (RR 0.91, 95% CI: 0.67 to 1.23, $p=0.53$). **Conclusion(s):** Although there was a reasonable amount of heterogeneity, the results presented show that routine use of DCB in hemodialysis access circuits should be reconsidered until further studies show subgroups that may benefit. It is possible that the continued hemodynamic disturbance in the fistula circuit does not allow for the same patency effects of paclitaxel seen in the peripheral arterial circulation.

P424

Below Knee Angioplasty in Diabetic Patients: Predictors of Major Adverse Clinical Outcomes

Mohamed Ali Kashkoush

*National Institute of Diabetes and Endocrinology, Cairo, Egypt.
E-mail: Kashkoush_mohamed@yahoo.com*

Background: To determine predictors of clinical outcome following percutaneous transluminal angioplasty (PTA) in diabetic patients with below knee atherosclerotic lesions causing critical limb ischemia (CLI). **Method(s):** Over one year, 67 patients (CLI 100%) underwent below knee PTA. The composite end point of interest was major adverse clinical outcomes (MACO) of the treated limb at follow up which was defined as clinical failure, need for subsequent endovascular or surgical revascularization or amputation. Actuarial freedom from MACO was assessed using Kaplan-Meier curves. **Result(s):** Successful limb salvage was seen in 88% with CLI. Complete wound healing was achieved in 76% of cases with a mean time to healing of 10.7 months. Significant predictors of MACO were technical failure (p value 0.002) and occlusive lesions (p value 0.019). We reported a percentage of 76.1% freedom of MACO. **Conclusion(s):** Below knee PTA is a feasible therapeutic option in this diabetic population. Technical failure and occlusive lesions may be predictors of adverse outcome.

P425

Non-Operative Management of Hepatic Parenchymal and Vascular Injuries: A Departmental Review

Muhammad Sami Alam, Raza Sayani

*Agha Khan University, Karachi, Pakistan.
E-mail: msamialam@gmail.com*

Background: Life threatening conditions like gastrointestinal bleeding is a medical emergency which require an intervention to control the bleeding. Conventionally, surgical method was opt to manage such patients but high mortality and morbidity

rates of 10%-20% convinced the health care workers to switch to some relatively safer and less invasive method to manage hemorrhagic conditions. Advent of non-operative management i.e. arterial embolization for blunt hepatic injuries in around late 20th century emerged as an operative intervention in controlling bleeding. Arterial embolization is becoming a standard first-line treatment option for the management of hemodynamically unstable patients with acute arterial bleeding from all sources. Minimally invasive percutaneous technique offers treatment for arterial lesions that were previously considered inoperable or deemed to require extensive surgical dissection and/or reconstruction, associated with high morbidity and mortality. Mortality increases substantially if emergency surgery is required for aneurysm rupture. Interventional radiology techniques are being used increasingly to treat pseudo aneurysms, and in most centers, they are the first line of treatment. The success of interventional radiology treatment is dependent on high quality cross sectional pre-procedural imaging and adequately trained vascular interventional radiologists. Interventional radiology has proven to be highly suited to this type of condition, thanks to reduced invasiveness, high success rate and lower risk of complications. **Method(s):** A retrospective review of cases of hepatic arterial angioembolization performed in our department during 8-year period was performed. Sixty vascular angiographies were performed in 56 patients (45 males and 11 females, age range 12-66 years) who were referred with hemorrhagic hepatic and vascular emergencies to Aga Khan University hospital's angiography suite from December 2007 to December 2015. Data on clinical indication, technique, site and type of bleeding lesions was obtained from a retrospective review of medical records. Success rate, clinical outcome and complications of the procedure were analyzed. **Result(s):** Fifty six patients underwent angioembolization in our department during this period. Most of them had computerized axial tomographic (CT) scan followed by HA. Active extravasation and pseudoaneurysm formation was seen in most with a few showing arteriovenous malformation, tumoral blush or laceration. **Conclusion(s):** Hepatic arterial angio embolization is a safe, effective and lifesaving therapeutic tool for managing liver parenchymal and related vascular emergencies in hemodynamically stable patients.

P427

Efficacy of Conventional Venography in Therapeutic Planning of Budd Chiari Patients

Ashank Bansal, Vivek Ukirde, Saurabh Joshi, Arvind Borde, Akshay Gursale, Sagar Bhalariao

*Lokmanya Tilak Municipal Medical College and General Hospital, Mumbai, Maharashtra, India.
E-mail: ashank320@gmail.com*

Background: Budd-Chiari syndrome is a heterogeneous group of disorders characterized by hepatic venous outflow obstruction that involves one or more draining hepatic veins or IVC. Clinical manifestations in many cases are nonspecific, and imaging may be critical for early diagnosis of venous obstruction and accurate assessment of the extent of disease. If Budd-Chiari syndrome is not treated promptly and appropriately, the outcome may be dismal. Comprehensive imaging evaluations, in combination with pathologic analyses and clinical testing, are essential for