

Supera stent placement for salvage of dialysis AVF between December 2016 to July 2018. Nine patients had brachiocephalic fistula and 2 patients had brachio-basilic fistula. Patients presented with fistula thrombosis (n=8) and dysfunction (n=3). Lesions were distributed along the venous outflow including the cephalic arch (n=5) and juxta-anastomotic needling segment (n=6). Evaluated outcomes included technical success, primary stent and circuit patency. Other outcomes were time to re-intervention and secondary patency. **Result(s):** Technical success was (100%). One stent stretched into the access sheath and was successfully removed through the puncture site, and a new stent was successfully deployed. Three patients required additional stent grafts at other sites during the index procedure. No major complications. Fistula function was restored in all patients with no additional interventions for a mean time of 242 days (50-734 days). Seven patients required re-intervention at mean time of 131 days (50-262 days). Reasons for re-interventions included inflow stenosis (n=5), outflow stenosis (n=1) and in-stent stenosis (n=1). Seven fistulas remain patent at mean follow up time of 484 days (136-734 days). **Conclusion(s):** Supera stent placement in AVF stenosis refractory to balloon angioplasty is technically feasible and may be effective in maintaining fistula function. Further evaluation of this technique requires larger randomized studies.

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### Angioplasty of Forearm Arteries: A New Approach to Manage Dialysis-Associated Steal Syndrome

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**Background:** The steal syndrome is an ischemia of the hand, secondary to a decrease of its peripheral perfusion, due to the confection of a vascular access for hemodialysis, usually an arterio-venous fistula of the upper limbs. This syndrome is due to a local hemodynamic change and to the diversion of the distal arterial blood to the venous system. Its origin might be either hemodynamic, arterial or venous. The affection of the distal fore-arm arteries might be an etiology, yet neglected. This rare affection is rare but potentially disabling might be revealed by pain following an effort or even at rest and it might also be revealed by an ulcer, necrosis or gangrene. In the literature and also in the daily practise, the treatment of this syndrome is usually a surgical treatment and it consists in decreasing the blood flow through the arteriovenous shunt or in enhancing the distal perfusion circumventing the arteriovenous fistula. There is only few data in the literature concerning the endovascular treatment of arterial lesions of the fore-arm symptomatic of steal syndrome with arteriovenous fistula in patients suffering of chronic renal failure. The aim of our study is to evaluate the feasibility, the security and the results of the angioplasty of fore-arm arteries in the management of dialysis-associated steal syndrome. **Method(s):** We herein describe four cases of male patients with terminal chronic renal failure at the stage of hemodialysis via an arteriovenous fistula of the

upper limbs. All patients were symptomatic of steal syndrome. Duplex ultrasound and CT angiography were the examinations for the diagnosis of arteritis of the forearm. **Result(s):** All the patients underwent endovascular therapy. We proceeded with an angioplasty of the different lesions of the forearm arteries. The immediate postoperative course was marked by the presence of distal pulses and less ischemic pain. Long term out come was marked by healing of the amputation site, pain disappearing and functional arteriovenous fistula. **Conclusion(s):** The treatment methods that the vascular surgeon has are various and the endovascular treatment seems to become the treatment of choice. This procedure is simple, secure with an interesting good rate of limb salvage. It allows to treat the ischemia, preserve the vascular access and avoid the surgical intervention in patients with heavy medical history.

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### Endovascular Interventions in Obstetric Emergencies: A Game changer

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**Background:** To evaluate role of endovascular IR procedures in obstetric emergencies. **Method(s):** In this ethically approved study a total of 33 patients presenting with obstetric emergencies were recruited during the period September 2017 to October 2018 after taking informed consent. The clinical success and complications were evaluated. **Result(s):** The spectrum of obstetric emergencies encountered were uterine arteriovenous malformations in 13 (40%) patients, retained products of conception or retained adherent placenta in 8 (24%), placenta accreta in 8 (24%), retained products of conception with secondary arteriovenous malformations in 3 (9%) patients, and pseudoaneurysm in 1 (3%) patient. A total of 28 uterine artery embolizations (repeat procedure required in 3 patients) were performed with clinical success in all the patients. Prophylactic intraoperative balloon occlusion of bilateral internal iliac arteries was done in 8 patients with suspected placenta accreta. Of these 3 patients (37.5%) had focal placenta accreta which separated after delivery of baby whereas the remaining 5 (62.5%) patients underwent hysterectomy with mean intraoperative blood loss of 3.31 (0.8-6.8) litres and relative ease of hysterectomy for surgeons. There were no major complications, however minor complications were seen in 10 (30%) patients. These included peri-procedural pain in 3 (9%) patients, post embolization syndrome in 5 (15%) patients and puncture site hematoma in 2 (6%) patients. All these resolved on conservative management. **Conclusion(s):** Interventional radiological procedures are helpful in obstetric emergencies with significant clinical success rate and low complication rate.