(n=87), respectively. Most common late complication was Thrombosis 9.38% (n=38). Successful retrieval rates varied between years. IVC thrombus complicated retrieval in 1.97% of patients (n=8) and failure to retrieve due to other comorbidities and implications occurred in 1.48% (n=6). **Conclusion(s):** We have observed IVC Insertion problems similar to international reported figures. The rate of Insertion problems was 5-23% in the US, while it was 16.1% (n=66) in our sample. Filter movement was reported in 0-18% in the US, whereas it was 0.49% in ours (n=2). Retrieval was successful in 84.97% (n=153) of patients who followed up, 50.62%, compared to 34% in the US. IVC filter penetration occurred in 0.49% (n=2) of our patients which significantly lower than the range reported in US (0-41%) which could be due to loss of follow up in our sample. Compared to the International standard considered by our institution, our sample had similar thresholds. In summary, IVC filter placement in our institution had minimal complications and is similar. The rate of mortality was 0.24%.

P460

A Prospective Randomized Study Comparing the Use of Plain Percutaneous Transluminal Angioplasty Balloon Catheters for Primary Balloon Angioplasty versus Hydrostatic Dilatation to Prepare the Cephalic Vein Prior to Creation of Radio-Cephalic Arteriovenous for Dialysis

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Background: To compare the immediate technical success, maturation time, and the need for further balloon assisted maturation for radio-cephalic arteriovenous fistulas to render them ready for hemodialysis. **Method(s):** Fifty-seven (57) patients with ESRD in need for vascular access for whom a radio-cephalic arteriovenous fistula was of choice, with a cephalic vein ≤ 3 mm. They presented to us from the period of November 2014 till January 2017, were randomized into two groups. The cephalic vein was prepared in group (A) using hydrostatic dilatation prior to creation of the fistula, while in group (B) the vein was prepared using a PTA balloon catheter for primary balloon angioplasty prior to the creation of the fistula. **Result(s):** The technical success rate was 96.5%, 100% in both groups respectively. The reintervention rate was 35.7%, 7.1% in both groups respectively. The mean maturation time was 43 days, 32.1 days in both groups respectively. **Conclusion(s):** Using primary balloon dilatation during creation of a radiocephalic arteriovenous fistula leads to a decreased maturation time and less reintervention rate, but still these results are statistically insignificant may be due to small number of study sample.

P461

Localized Aortic Primary Stenting for Focal Aortic Stenosis: Review of 9 Patients with Short-Term Outcome

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Background: Focal infra-renal aortic stenosis that demands treatment is relatively infrequent condition. Short stenotic lesions may be amenable for endovascular treatment, while long lesions are traditionally treated withsurgical bypass grafting. **Method(s):** Nine consecutive patients were treated for infra-renal aortic stenotic lesions with primary focal aortic stenting between April 2014 and October 2015 in vascular unit, general surgery department, Benha University and vascular surgery department, Nile Insurance Hospital and vascular surgery department, Ain Shams University. Indications included disabling claudication (n=2), blue toe syndrome (n=4) or minor tissue loss (n=3). **Result(s):** This study had technical success 88.9% with clinical and hemodynamic success 100%. 6 months primary patency for focal aortic stents was 100% with complications rate 22.2%. **Conclusion(s):** Focal aortic stenotic lesions could be safely managed by endovascular therapy. Primary stenting is associated with improvement of clinical and hemodynamic outcome.

P462

Urgent Embolization of Bilateral Middle Rectal Artery in the Management of Life-Threatening Hemorrhoid Bleeding in a Patient with Occlusion of the Inferior Mesenteric Artery

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Background: Internal hemorrhoids rarely cause life-threating massive rectal bleeding and usually depend on the inflow of the superior rectal arteries. We report a case of an urgent emborrhoid technique by embolizing both middle rectal arteries in a patient presenting with a life-threatening rectal bleeding and an occluded inferior mesenteric artery on CT scan. **Method(s):** The procedure was performed with a right femoral arterial approach. Left internal iliac artery was cannulated with a 5 F long sheath (after cross- over). Angiographies then Cone Beam CT (CBCT) were performed showing a large anastomotic left middle rectal artery involved in the hemorrhoidal vascularazition. Superselective catheterization of left middle rectal artery was realized using a 2.8 F microcatheter. Then embolization using a packing of microcoils and some pledget of gelfoam to close the anastomotic shunts was performed.

Right internal iliac artery was then catheterized. Angiography and CBCT showed a less anastomotic right middle rectal artery involvement in hemorrhoid vascularization but confirmed the origin of the bleeding with contrast within the rectum. Hence, only one microcoil was used and some gelfoam pledget. **Result(s):** Angiographies and CBCT confirmed the origin of the bleeding and showed satisfying final result with complete exclusion of internal hemorrhoids. Stabilization of vital signs was perceived during the procedure. A three weeks clinical and endoscopic follow-up showed no recurrence of the bleeding. **Conclusion(s):** Emborrhoid technique can be used in urgent treatment of massive hemorrhoid bleeding even when the access to the inferior mesenteric artery is not possible by embolizing middle rectal artery as it is the main blood supply of hemorrhoid in this case. CBCT helps identifying the main feeder arteries and guides the embolization.

P501

Effectiveness of ACE68 and ACE64 Catheters in Anterior Circulation Large Vessel Occlusion: Promise Study Subgroup Analysis by Occlusion Location

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Background: The PROMISE Study documented safety and efficacy of ACE68 and ACE64 Reperfusion Catheters in patients with acute ischemic stroke (AIS) from large vessel occlusion (LVO), treated with ADAPT (A Direct Aspiration First Pass Technique) as frontline treatment. This analysis examines the safety and efficacy by occlusion location. **Method(s):** PROMISE was a prospective, single-arm, multicenter study. Inclusion criteria were anterior circulation LVO within 6 hours of ictus; NIHSS ≥ 2; CT-ASPECTS ≥ 6; or MR-ASPECTS ≥ 5. Primary endpoints included successful angiographic revascularization (mTICI 2b-3), clinical independence (mRS 0-2) at 90 days. Secondary endpoints included safety events, functional improvement at 7-10 days. This subgroup analysis investigates these endpoints by occlusion location. **Result(s):** Across 20 European centers, 204 patients (median age 74 [IQR 65-80]) were enrolled. Primary occlusion locations were 21.1% (43/204) ICA/Carotid-T, 60.8% (124/204) M1, 18.1% (37/204) M2. Median baseline CT ASPECT score was 9 [IQR 8-10]. Median baseline NIHSS score was 16 [IQR 11-20]. Prior to procedure, 61.8% (126/204) patients had IV rtPA. Immediate post-procedural angiographic revascularization (mTICI 2b/3) rate was 93.1% (190/204), 90-day mRS 0-2 rate was 61.0% (122/200). Subgroup analysis by occlusion location: ICA/Carotid-T final revascularization (mTICI 2b/3) was 95.3% (41/43), 90-day mRS 0-2 was achieved in 64.3% (27/42); MCA M1 final revascularization was 92.7% (115/124) and 90-day mRS 0-2 rate was 57.0% (69/121); MCA M2 final revascularization was 91.9% (34/37) with 70.3% (26/37) having 90-day mRS 0-2. Safety rates were favorable (sICH=2.9%; ENT=1.5%); 90-day morbidity (mRS 3-5) was observed in 31.5% (63/200), and 90-day all cause-mortality was observed in 7.5% (15/200). Device and procedure-related SAEs at 30-days were reported in 2.0% (4/204) and 4.4% (9/204) of subjects, respectively. There was no significant difference in safety rates by treatment location. **Conclusion(s):** This subset analysis of the PROMISE study demonstrates the ACE68/64 Reperfusion Catheters are able to achieve high mTICI scores, with comparable safety profile and 3-month mRS in all studied locations for patients with LVO-AIS.