

Background: A 40-year-old male presented with progressive left lower limb pain on a background of left knee surgery some 20 years prior. Examination revealed a thrill and bruit in the left popliteal fossa and diagnostic angiography confirmed a large arteriovenous fistula (AVF). **Methods:** Over-the-wire Fogarty catheter was used to exclude flow through the AVF and image run-off vessels. The native popliteal artery measured 6.5 mm above and below the fistula and an 8 mm × 50 mm Gore Viabahn covered stent was used to exclude the AVF with good results. The patient was started on clopidogrel and therapeutic anticoagulation with warfarin postoperatively. **Results:** This case illustrates the endovascular repair of a large, chronic AVF in which open surgery would have been very challenging. The majority of data on long-term primary patency of popliteal covered stents results from aneurysm treatment and is estimated to be 69.4% at 5 years. **Conclusion:** Treatment of chronic AV fistulas using covered stents in the popliteal region is a viable alternative to open repair.

OC111

Long-Term Primary Patency Rate After Nitinol Self-Expandable Stents Implantation in Long Totally Occluded Femoropopliteal (TASC II C and D) Lesions (Retrospective Study)

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Background: Endovascular therapy for long femoropopliteal lesions using percutaneous transluminal balloon angioplasty or first-generation of peripheral stents was associated with unacceptable 1-year restenosis rates. However, with recent advances in equipment and techniques, a better primary patency rate is expected. Hence, this study was conducted to detect the long-term primary patency rate of nitinol self-expandable stents implanted in long totally occluded femoropopliteal lesions (TASC II type C and D) and determine the predictors of reocclusion or restenosis in the stented segments. **Methods:** The demographics, clinical, anatomical, and procedural data of 213 patients with 240 *de novo* totally occluded femoropopliteal (TASC II type C and D) lesions treated with nitinol self-expandable stents were retrospectively analyzed. Of these limbs; 159 (66.2%) presented with intermittent claudication, whereas 81 (33.8%) presented by critical limb ischemia. The mean time of follow-up was 36 ± 22.6 months (range: 6.3–106.2 months). Outcomes evaluated were primary patency rate and predictors of reocclusion or restenosis in the stented segments. **Results:** The mean age of the patients was 70.9 ± 9.3 years, with male gender 66.2%. Mean preprocedural ankle-brachial index was 0.45 ± 0.53 . One hundred and seventy-five (73%) lesions were TASC II type C, whereas 65 (27%) were type D lesions. The mean length of the lesions was 17.9 ± 11.3 mm. Procedure-related complications occurred in 10 (4.1%) limbs. There was no periprocedural mortality. Reocclusion and restenosis were detected during follow-up in 45 and 30 limbs, respectively, and all were retreated by endovascular approach. None of the patients required major amputation. Primary patency rates were $81.4\% \pm 1.1\%$, $77.7\% \pm 1.9\%$, and $74.4\% \pm 2.8\%$ at 12, 24, and 36 months, respectively. Male gender, severe calcification, and TASC II D lesion were independent predictors for reocclusion, while predictors of restenosis were DM, smoking, and TASC IID lesions.

Conclusion: Treatment of long totally occluded femoropopliteal (TASC II C and D) lesions with nitinol self-expandable stents is safe and is associated with highly acceptable long-term primary patency rates.

OC201

Biliary Culture Analysis Obtained During Percutaneous Biliary Intervention: A Multicenter Analysis – Are we Treating Biliary Sepsis with the Correct Antibiotics?

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Background: A multicenter retrospective analysis of the pathogens isolated from biliary cultures in patients treated with percutaneous transhepatic intervention. To assess of the pathogen profile and antibiotic sensitivity to decipher the most appropriate treatment regimen. **Methods:** All percutaneous transhepatic interventions performed over a 2-year period in three separate centers were reviewed retrospectively. Those where no biliary culture was obtained were excluded from the study. Analysis of the culture results including pathogens grown and antibiotic sensitivity was performed. **Results:** A total of 104 patients were included in the analysis, 58 from center 1, 13 from center 2, and 33 from center 3. No pathogens were grown in 15.3% of cultures ($n = 16$). Of those with positive cultures ($n = 88$), enterococci and *Pseudomonas* were the most common pathogens grown in 52.3% of cases ($n = 46$). Ciprofloxacin and vancomycin were equally the most sensitive antimicrobials demonstrating sensitivity in 27.3% ($n = 24$) of positive cultures. Gentamycin was the fifth most sensitive antimicrobial demonstrating sensitivity in 20.5% ($n = 18$). **Conclusion:** Over the three centers included in the analysis, there is no common antimicrobial administered before percutaneous biliary intervention. In center 1, gentamycin is administered prophylactically; this study has demonstrated that this is comparably ineffective with low sensitivity and high resistance requiring a change in protocol. Effective antibiotic prophylaxis requires knowledge of likely pathogens and procedure-specific infection risks. However, the choice of antimicrobial is dynamic given the ability of antibiotic resistance to eliminate historically effective regimens.

OC202

Mechanical Thrombectomy within 6 h after Symptom Onset in Ischemic Stroke

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Background: Acute stroke consequence results on a heavy burden over affected society members ranging from physical disability, health-care resources, and financial support required. The aim of the study is to assess the clinical outcome postmechanical thrombectomy with or without intravenous (IV) or intraarterial tissue-plasminogen activator (t-PA) for the treatment of acute stroke. **Methods:** During a 3-year period at single center in