

leakages following bariatric surgeries; however, it should be considered as soon as significant leakage is diagnosed and should be considered before repeat surgery. Placement of the stents was feasible without major procedure-related complications.

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Real-Time Elastography-Guided Prostate Biopsy Improves Cancer Detection Following Transrectal Ultrasound Biopsy: A Prospective Study of 392 Patients

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Background: Prostate cancer, the most common malignancy and the second leading cause of cancer-related death in men, is not only a major medical problem but also a significant public health issue because it may cause significant economic burden. **Methods:** Our study includes 392 men suspected of having prostate cancer on the basis of clinical and biochemical evaluation who underwent whole prostate analysis by real-time elastography (RTE) with identification of suspicious areas (hard areas) which are biopsied (2 cores by lesion) followed by 12 core systematic biopsy. We analyzed respectively the cancer detection rate of RTE and systematic biopsy. **Results:** Mean age of patients was 68.32 years (range 39–85) and mean prostate-specific antigen level was 12.73 (range 0.86–100). Cancer was found in 208 of 392 patients (53.06%). The rate of high-grade tumors (Gleason 8 and 9) was 19.71% (41 cases). RTE detected cancer in 71 patients (34.13%) and systematic biopsy detected it in 49 (23.55%). Positive cancer cores were found in RTE-targeted cores in 83 of 142 cases (58.45%) and in systematic cores in 511 of 4704 (10.86%). The cancer detection rate per core was 5.38-fold greater for targeted than for systematic biopsy. Comparison of B-mode US and RTE diagnostic accuracy in the detection of tumours located in the peripheral zone of the prostate gland showed a significant difference. **Conclusion:** RTE is an interesting complement to grayscale US to direct prostate biopsies; it reached a higher accuracy than B-mode ultrasound in the evaluation of the peripheral zone of prostate and in the selection of appropriate biopsy sites.

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Management of Complex Hilar Obstruction in Interventional Radiology Room: Experience of a University Hospital Center

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Background: Palliation of patients with complex malignant hilar obstruction by self-expansive metallic stents insertion poses particular difficulties. Our study assessed the technical success, clinicobiological success, and complications

(short- and medium-term) of percutaneous biliary drainage of malignant hilar biliary obstruction using self-expanding metallic stents. **Methods:** This is a retrospective single-center study that included 27 patients with malignant hilar obstruction (Bismuth II, III, and IV) between January 2016 and September 2017. One or more self-expansive metallic stents were inserted across the stricture after failure to endoscopic drainage. Patients were evaluated 1, 3, and 6 months after stent placement. Clinicobiological data, imaging, and interventional radiology procedure were studied. **Results:** Successful stent insertion was achieved in 25 of 27 (92.6%) patients. Complete resolution of jaundice was achieved in 23 of 25 (92%) patients. In 2 of 27 (7.4%) cases, stent placement failure occurred. Early complications included cholangitis in 2 of 27 (7.4%) patients and stent occlusion in 1 of 25 (4%). Late stent occlusion occurred in 5 of 25 (20%) patients. Median stent patency was 183 days. Median patient survival was 204 days. **Conclusion:** Percutaneous biliary drainage with self-expansive metallic stents is safe, feasible, and achieves adequate drainage in the majority of patients with nonresectable complex tumors of the hepatic hilum.

P501

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

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Background: The aim of the study was to determine the predictors of clinical outcome following percutaneous transluminal angioplasty (PTA) in diabetic patients with below-knee atherosclerotic lesions causing critical limb ischemia (CLI). **Methods:** Over 1 year, 67 patients underwent below-knee PTA. All of these patients were CLI patients (patients either manifested by rest pain or tissue loss). The composite end point of interest was major adverse clinical outcome (MACO) of the treated limb at follow-up which was defined as clinical failure, need for subsequent endovascular, or surgical revascularization or amputation. Freedom from MACO was assessed using Kaplan–Meier curves. **Results:** 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 ($P = 0.002$) and occlusive lesions ($P = 0.019$). We reported a percentage of 76.1% freedom of MACO. **Conclusion:** Below-knee PTA is a feasible therapeutic option in this diabetic population. Technical failure and occlusive lesions may be predictors of adverse outcome.

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Acute Upper Extremity Deep Vein Thrombosis: Effectiveness of Superior Vena Cava Filter

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