

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.

P405

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.

P406

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.

P502

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

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Background: With the advent of central lines, pacemakers, and defibrillators upper extremity, deep venous thrombosis (DVT) is increasingly common. An upper extremity DVT has about 5%–10% chance of becoming a pulmonary embolism (PE). Catheter-related thrombi result in PE more frequently than primary upper extremity DVT. Several reports of fatal PE due to upper extremity DVT had been documented. Langan and Greenfield demonstrated in 1985 that superior vena cava (SVC) filters could safely be deployed in dogs. To date, a total of 127 cases are documented in literature. **Methods:** Forty-two patients with acute upper extremity DVT and anticoagulation therapy from January 1, 2014, to June 30, 2015. Four patients underwent percutaneous placement of SVC filter for prevention against PE. Follow-up chest radiographs were used to detect filter migration, dislodgment, and fracture. Pulmonary pressure after filter insertion was recorded. Patients were followed up clinically for evidence of SVC syndrome and PE **Results:** No complications such as filter migration, dislodgment, and fracture occurred (median follow-up 12 weeks). No patients developed clinical evidence of PE or SVC syndrome (median follow-up 15 weeks). **Conclusion:** Percutaneous filter placement in SVC is a safe and effective method in the prevention of symptomatic PE due to acute upper extremity DVT.

P503

Use of the Transbrachial Approach with Regular Radial Sheath as an Alternative Method in the Management of Aortoiliac Occlusive Arterial Diseases

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Background: The best way to manage peripheral artery disease remains an unresolved issue. In recent years, endovascular therapy (EVT) has made remarkable advances, resulting in better outcomes in a variety of settings. Aortoiliac bifurcation lesions present various difficulties in treatment, and the therapeutic method remains controversial. In addition, while some reports have examined EVT outcomes in aortoiliac bifurcation lesions, there are few analyzing the influence of lesion morphology and stent configuration. **Methods:** Seven patients admitted to Shaq Almandine and El Amria hospitals; during the period July 1, 2016–April 30, 2017 with chronic bilateral lower limb ischemia (aortoiliac occlusive disease). After clinical evaluation, Doppler and CT angiogram transbrachial approach had been chosen using regular radial sheath. Follow-up after 1 day, 1 week, and 3 months **Results:** Five male patients and 2 females, with a mean age of 62.2 years underwent left transbrachial approach using 6 Fr. radial sheath. Follow-up revealed patent stents in all patients after 3-month period using Duplex study **Conclusion:** Radial sheath is a safe, unique, and cheap method for transbrachial approach, more friendly for arch manipulation and does not affect the pushability during the procedure

P504

Subarachnoid Hemorrhage in Young Adults in the KSA

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Background: The aim of this study is to review a series of aneurysms occurring in young adults all of which presented with subarachnoid hemorrhage (SAH). **Methods:** This was a retrospective review of prospectively collected data from January 2014 to 2017. Any patient with an aneurysmal SAH was included in the study. We excluded nonaneurysmal SAH and fusiform aneurysms. Parameters of location, size, complexity and mode of therapy, and clinical course were reviewed. Chi-square contingency analysis was used with significance below 0.05. **Results:** A total of 96 patients harboring 114 aneurysms were reviewed. A total of 30 patients harboring 36 aneurysms were aged between 18 and 36 years (31.5%). Two out of three were anterior circulation and one out of three were posterior circulation aneurysms. 60% were male and 40% were female, and 50% of males died due to SAH compared to 25% of females. Nine patients suffered a rebleed (30%) and six of those died. Twenty out of 27 patients developed vasospasm and 3 died early due to a rebleed. Fifteen out of 27 patients were coiled, and no significant difference in outcome was observed whether with coiling or clipping. **Conclusion:** Microsurgical or endovascular obliteration of the aneurysms produced equal results in the young adults presenting with SAH. Maintaining aggressive medical/international normalized ratio therapy during vasospasm is a key to preserving good outcome. Rebleed is a key factor in poor outcome and death. This group of SAH patients deserves further study in terms of their genetic influences which might alter the recommendation for longitudinal follow-up for each patient and the screening of their families.

P505

Bare Metal Stent for Central Venous stenosis/occlusion in Hemodialysis Patients: 5-year follow up study

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Background: The aim of this study is to analysis the effectiveness with patency rate of percutaneous bare metal stent for central venous stenosis/occlusion in patients who are undergoing hemodialysis. **Methods:** Totally 1016 central venous interventional procedures were performed in 891 patients during recent 10-year period. Four hundred and twenty-five subclavian (occlusion: 97, stenosis: 328) and 591 innominate (occlusion: 156, stenosis: 435) venous steno-occlusions were enrolled in this study. The follow-up period was 2 weeks–77 months (mean: 14.8 months). Technical success, complications, and long-term patency were evaluated as well as the statistic difference between