

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.

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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.

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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.

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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