

maxillary artery was supplying 111 patients, 30 were supplied by accessory meningeal artery, and 9 were supplied by ascending pharyngeal artery. Presurgical embolization with spongostone proved significant reduction in intraoperative blood loss and reduced surgical resection time. **Conclusion:** Internal maxillary artery proved to be the major feeder supplying JNA. Presurgical embolization appears to be the treatment of choice prominently reducing intraoperative blood loss and minimizing the need of blood transfusion with short intraoperative time, resulting in quick and better surgery.

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Outcomes of Elective Percutaneous Peripheral Revascularization in Outpatients: 10-Year Single Center Experience

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Background: The aging population, along with increased cardiovascular risk factors, has led to an increase in vascular diseases incidence, and subsequently, the need for therapeutic procedures. Today, percutaneous transluminal angioplasty (PTA) and stenting are considered the first-line treatment for a variety of procedures for patients with disabling peripheral arterial disease (PAD). The aim of this study is to evaluate the safety and feasibility of peripheral percutaneous endovascular procedures in a large group of outpatients suffering from PAD. **Methods:** We evaluated all elective patients who underwent peripheral balloon angioplasty (PTA) or stenting for PAD of the lower extremities as “out-patient admission protocol” (OPAP) from January 2005 to December 2015. By protocol, patients were expected to be discharged 4 h after the procedure. Clinical profile, procedure details, and technical success were reviewed. Complications, conversion rate, readmission rate, and long-term follow-up were evaluated. **Results:** Four hundred and forty-nine consecutive patients with a mean age of 66 ± 10.1 years (280 men and 169 women) were evaluated. Four hundred and seventeen patients (93%) suffered from claudication. Femoral access was obtained in 96% (6-French sheath in 87%) of patients. PTA alone was performed in 18% and PTA/stents in 82%. Technical success was 98.6%. Over the 8 observed failures, 4 patients had a second successful procedure. Closure devices were used in 52.4% procedures. All patients received heparin during the procedure and were discharged with dual antiplatelet therapy. Conversion and readmission rates were 2% and 0.6%, respectively. Complication rate was 3.6% (minor and major 2.8% and 0.8%, respectively). No correlation was found between complications and closure device usage. Restenosis rate was 24.5% during the long-term follow-up (mean 44 months). **Conclusion:** As designed, The OPAP was feasible, safe, and effective with very low conversion and complications rates. These results strongly support a larger use of such approaches as routine practice.

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Stenting Angulated Aortic Aneurysm Neck Before Endovascular Aortic Repair: A Case Report

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Background: Increasing number of patients with angulated abdominal aortic aneurysm (AAA) neck are being treated with endovascular aneurysm repair (EVAR). Moreover, more patients with unsuitable or high-risk anatomy defined in the instructions for use for endografts are being referred to centers with high volume. In this case report, we discuss specific problems that can be encountered during preoperative planning in relation to periprocedural stent graft deployment in patients with angulated AAA necks and offer potential solutions for these problems. The aorta can angulate in several directions (dimensions) simultaneously. Two neck angles are evaluated in the preoperative evaluation. Suprarenal neck angulation refers to an angle measured between the long axis of the immediate suprarenal aorta and the infrarenal aorta. The second angle is aortic neck angulation which measured between the long axis of the infrarenal neck and the long axis of the AAA. **Case Report:** An 81-year-old male presented to his general practitioner with chronic lower back pain., and pulsatile abdominal mass, patient referred to vascular clinic and a diagnosis of AAA was made, risk factors include diabetes, hypertension and dyslipidemia, CT scan was done which showed 65 mm AAA infrarenal by 15 mm with a severely angled aortic neck. The alpha angle was 89° and the Beta angle was 90°. We planned to deploy self expandable nitinol aortic stent E-XL at the angled neck before the Device to remodel the proximal aorta and then to deploy the device from bilateral femoral cutdowns. We have found that both angles have decreased by 15%, patient was discharged 3 days later with no endoleak. **Conclusion:** The use of self-expandable E-XL stent in severely angulated necks before EVAR may offer an advantage in lowering the aortic angle to around 15% less and decrease the secondary interventions in these cases.

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Endovascular Management of a Pulmonary Artery Aneurysm

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Background: Pulmonary artery aneurysms are a rare. They constitute <1% of thoracic aneurysms with a prevalence of 1 in 14,000 individuals. Studies have shown associations with pulmonary hypertension and infection. Given its rarity, management of such cases is still controversial. Our aim is to present a minimally invasive technique using endovascular coiling. **Case Report:** We report a case of a 38-year-old female with a known history of chronic pulmonary embolism and bilateral pulmonary artery aneurysms. She presented with massive hemoptysis. Computed tomography (CT) angiography