

data of the patient and obviation of hysterectomy. Gel foam hand cut pledges were the embolic agent used. **Results:** Bleeder whether extravasation or pseudoaneurysm could be identified angiographically in 32 patients. In 43 patients, no definite bleeder could be identified, so bilateral uterine artery embolization was done empirically. Clinical success rate was 80% (60 patients including 31 patients with angiographically identified bleeder). Hysterectomy was needed in 15 patients after rebleeding post-UAE. No major procedural-related complications were recorded. **Conclusion:** Transcatheter arterial Embolization of the uterine artery is a feasible treatment option in the management of postpartum bleeding with low rates of complications. Angiographic identification of the bleeding source was associated with higher clinical success rates decreasing the need for hysterectomies.

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Transarterial Embolization of the Renal Arteries for Management of Iatrogenic Renal Vascular Injuries: Single Centre Experience

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Background: Despite being considered minimally invasive, percutaneous nephro-urological interventions; percutaneous nephrolithotomy (PCNL), percutaneous nephrostomy (PCN), and renal biopsy can be associated with massive life-threatening hemorrhage. Surgical management in the form of partial and total nephrectomy is usually associated with marked comorbidity and massive renal parenchymal loss. This study aims to assess the technique and short-term hemostasis of transarterial renal artery embolization in iatrogenic vascular injuries. **Methods:** In the period between January 2015 and November 2017, 122 patients with suspected renal vascular trauma (100 post-PCNL, 19 postrenal biopsy, and 3 post-PCN) either presenting with hematuria (103 patients) or increasing perinephric hematoma by ultrasonography (19 patients) were referred to our institute for the possibility of embolization. Embolization was done with vascular coils, gelatine sponge particles, N butyl cyanoacrylate, or combination of those agents. **Results:** The bleeding artery could be identified and embolized in 115 patients; in patients with negative angiography, no further intervention was done. One hundred and nine patients showed clinical improvement in the form of stoppage of hematuria or stabilized vital data and stabilized size of hematoma. Rebleeding occurred in three patients (all embolized by gelatin sponge particles alone) who were treated by another session of embolization. None of the treated patients needed any further surgical treatment. No major complications occurred. **Conclusion:** In this limited series, transarterial renal artery embolization has shown to be an effective option in the management of iatrogenic renal vascular injuries with high hemostasis as well as low complication rates.

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Recognizing Arterial Supply Patterns to Hepatocellular Carcinoma for Optimal Transarterial Therapy: A Pictorial Review

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Background: Transarterial therapies including transarterial bland embolization, transarterial chemoembolization (TACE), and selective intraarterial radiation treatment (SIRT) are management options offered to select patients suffering from hepatocellular carcinoma (HCC). Most HCCs derive their blood supply from the hepatic artery. However, it is not uncommon for some HCCs to develop extrahepatic arterial supply from a variety of sources including inferior phrenic, internal mammary, and gastroduodenal arteries. Identification of these “parasitic” vessels helps in minimizing the chances of under treatment. In addition, recognition of flow dynamics of hepatic arterial and HCC supply permits operators in optimizing flow for delivery of Y-90 during SIRT. **Methods:** In this educational poster, we present a series of case vignettes demonstrating the value of recognizing hepatic arterial flow patterns for optimal delivery of transarterial therapy when treating HCC. **Results:** We aim to highlight imaging features of HCCs which may predict the presence and source of extrahepatic arterial supply. We also demonstrate angiographic techniques that help in optimal delivery of TACE and SIRT. **Conclusion:** Knowledge of hepatic arterial flow patterns and extrahepatic tumor supply can help in optimizing safe delivery of transarterial therapy for treating HCC.

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Acute Deep Vein Thrombosis with Duplication of Inferior Venecava

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Background: Venous thromboembolism (VTE) is the third leading cause of cardiovascular mortality. In young patients, VTE is frequently associated with hereditary coagulation abnormalities, immunological disease, and neoplasia. The advent of computed tomography scan and venography has identified venacaval malformations as a new etiological factor. Duplication of inferior vena cava (IVC) is a rare finding in radiological studies. The incidence is about 0.2%–3%. Its symptomatic presentation is even rarer. We present a 43-year-old male with acute left lower limb deep vein thrombosis (DVT) with duplicated IVC. **Case Report:** Patient presented with acute pain in left lower limb and diffuse swelling since 6 h. Venous Doppler showed acute ileo-femoropopliteal DVT. There was no history of trauma or previous hospitalization or surgery. There was no evidence of pulmonary embolism. Patient underwent pharmacomechanical thrombolysis with IVC stent placement. Venography revealed duplicated left-sided IVC with stenotic segment which was stented. **Results:** Postoperative period was uneventful. Limb