

complications, and the latter two were associated with decreased overall survival ($P = 0.036$ and $P = 0.051$, respectively). None of the variables predict local recurrence. The recurrence-free, cancer-specific, and overall survival at 3 years was 66.6%, 100%, and 93.4%, respectively. **Conclusion:** Tumor biopsy, tumor location, nearness to collecting system, and renal sinus involvement were the predictors of outcomes of PCA of RCC.

OR4.1

Safety and Efficacy of Extensive Vertebroplasty (up to 6 Levels) for the Management of Painful Thoracolumbar Metastases

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Objectives: To assess the safety and efficacy of extensive vertebroplasty (EV) for the management of painful, extensive thoracolumbar metastases. **Methods:** In this single-center retrospective study, we reviewed 50 consecutive patients treated using EV from 2015 to 2019 (at least six levels treated in a single session), for pain palliation, or need for decrease painkiller consumption. The primary endpoint was safety of the procedure, with report of complications according to the Clavien–Dindo classification and including clinically relevant cement pulmonary embolism. The secondary endpoints were back pain-related numeric rating scale (NRS) and daily opioid consumption comparison between preoperative and 4 weeks postoperative evaluation and occurrence of skeletal relative events (SREs). **Results:** A total of 397 vertebrae were treated during 50 EV sessions (mean 7.9 ± 1.5 levels by session). The mean procedure duration was 162 ± 35 min, the mean postoperative hospitalization duration was 1.6 ± 0.9 days, and the mean follow-up duration was 401 ± 297 days. Seven complications were reported, without major complication (grade 4 or 5) according to the Clavien–Dindo classification. One patient had a symptomatic pulmonary cement embolism. There was a significant difference between pre- and postprocedure mean NRS score (5.0 ± 1.8 vs. 1.7 ± 1.4 , $P < 0.0001$), with a mean score decrease of 3.3 points (62%), and between pre- and postprocedure mean opioid use (76 ± 42 mg/24 h vs. 45 ± 37 mg/24 h, $P = 0.0003$), with a mean decrease of 30 mg/24 h (33%). SRE occurred on seven patients during the follow-up. **Conclusion:** EV is safe and effective for the management of painful extensive spinal metastases.

OR4.2

Bariatric Artery Embolization for Treatment of Obesity; Is It Safe to Embolize All Fundal Blood Supply? An Egyptian Experience in 12 Cases

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Objectives: Left gastric artery (LGA) embolization to decrease appetite by the closure of blood supply to the fundal glands

secreting “ghrelin” (Hunger hormone), also known as bariatric artery embolization (BAE), has experienced increased acceptance worldwide. Fundal dual blood supply from the LGA and right gastroepiploic artery (RGEA) is rather common. Our study aims to assess the safety and preliminary weight loss in patients with embolized dual fundal supply. **Methods:** Since 2016, 45 obese cases with mean body mass index (BMI, 36.7) presented to us for BAE. LGA and RGEA were superselectively catheterized in all patients revealing dual fundal supply in 12 patients and were embolized with 300–500 μ spherical particles with complete cessation of fundal blood supply as angiographic endpoint. Close monitoring of the complications was done. Weight was measured at 1, 3, and 6 months. **Results:** In 12 patients, no major complications were occurred. Vomiting and epigastric pain were seen in various degrees in all patients; two patients developed mild self-limiting coffee ground hematemesis for 2 days treated conservatively. Patients reported marked subjective decrease in appetite in the 1st month with slight recovery of appetite during follow-up. BMI decreased from 36.4 to 31.7, 30.5, and 30.2 at 1, 3, and 6 months, respectively. **Conclusion:** In our small series, LGA and RGEA embolization has shown to be a safe technique in controlling appetite, leading to short-term weight loss. With its minimally invasive nature, it can become a promising procedure in the treatment of overweight/obesity.

OR4.3

Value of Real-Time Elastography-Targeted Biopsy for Prostate Cancer Detection in Men: A Prospective Study of 194 Patients

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Objectives: The main objective of this study is to define the impact of the elastography ultrasound in the guiding of prostatic biopsies in Algerian patients, by studying their efficiency in comparison to the results of published series. **Methods:** In this prospective study, 194 patients with clinical and biological suspicion of prostate cancer underwent color Doppler and elastography-guided biopsies. The mean age of our patients was 69.9 ± 8.7 years with the extremities between 43 and 87 years, the average of total prostate-specific antigen was 19.8 ± 1.8 ng/ml, and the digital rectal examination was pathological in 40.2% of patients. These patients underwent targeted biopsies at suspicious areas in color Doppler imaging and elastography, associated with 12-core randomized biopsies, and the histopathological results were correlated with imaging findings. **Results:** Ninety-eight patients (50.52%) were diagnosed as adenocarcinoma, among which 25 (27.4%) had a score >7 . An elastographic anomaly was found among 88 patients (45.36%), 72 of them (81.8%) were cancerous, while 26 cancer cases (26.53%) had no elastographic rendition. The performances of elastography after result analysis came as follows: sensitivity: 73.2%, specificity (Sp): 82.83%, positive predictive value (PPV): 80.68%, negative predictive value: 75.93%. A strong relationship between the positive results of elastography and the high histological grade was found