only LTP and not the survival. In univariate analysis, COPD comorbidity was the only factor associated with poorer OS, but the association did not reach statistical significance (P = 0.094). **Conclusion:** The findings of this study confirm the appropriateness of percutaneous RFA and MWA for lung metastasis treatment, in terms of good tolerability, safety, and efficacy at follow-up.

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Real-World Experience with the Viabahn-Covered Stent in the Cephalic Arch Vein of the Native Arteriovenous Fistula

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Objectives: To investigate the real-world outcomes of the Viabahn-covered stent for the treatment of cephalic arch vein stenosis in arteriovenous fistula. The current therapeutic options for cephalic arch vein stenoses lack durability, leading to frequent re-intervention or loss of the vascular access. **Methods:** Cephalic vein arch angioplasty and placement of the Viabahn-covered stent (Gore, Flagstaff, Arizona, USA) at multiple centers. Patients were followed up at 1, 3, and 6 months to detect fistula dysfunction, to evaluate safety, and to evaluate restenosis rate. **Results:** Ten patients were treated for fistula dysfunction which included high venous pressures, low dialysis blood flows, and prolonged bleeding after de-cannulation. Ten stents were used in total, with a median stent diameter of 10 mm and length of 10 cm. Immediate technical success was 100%. Immediate restoration of normal access function was restored in 100% of patients. During a mean follow-up of 6 months, one patient had died from unrelated causes; all other patients were available for review. Two patients required re-angioplasty of the Viabahn stent postinitial intervention for high venous pressures and low dialysis pump flows, respectively. Two other patients required angioplasty of the fistula but not the covered stent segment postinitial procedure. All other patients were dialyzing effectively. No stent infections were seen during the follow-up period. **Conclusion:** Six-month follow-up demonstrates excellent safety and preservation of dialysis function using the Viabahn-covered stent to treat cephalic arch vein stenosis.

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Long-Term Follow-Up of Giant Symptomatic Hepatic Hemangiomas Treated with Direct Sclerotherapy: Introducing a New Approach

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Objectives: To investigate the feasibility, safety, and efficacy of percutaneous sclerotherapy using intralesional bleomycin injection in reducing the symptoms and volume of the Giant Liver Hemangiomas. **Methods:** This prospective study was conducted from April 2016 to June 2019. Patients with persistent abdominal pain or discomfort directly caused by hemangioma (confirmed by computed tomographic scan) who refused surgical option were included. Patients with any coagulopathy states (platelet count <100,000 or international normalized ratio >1.5) were excluded. All demographic variables and laboratory tests as well as patients' symptoms and complaints during this period were recorded. All procedures were performed in an outpatient setting under local anesthesia. Patients underwent percutaneous intralesional sclerotherapy using bleomycin-lipiodol mixture under fluoroscopic guidance. All early and late complications, if any, were recorded. GLH volume and three-dimensional diameters as well as pain severity (according to visual analog scale [VAS]) were documented before and 36 months after the procedure. **Results:** Five patients (4 [80%] females, mean age: 43.8 years, range 33–51) were recruited for the current survey. Mean GLH volume was 378.60 ± 229.80 cc before the sclerotherapy, which was dropped to 143.20 ± 165.54 cc (71.3% ± 19.9%) on the 36-month follow-up (P < 0.001). Mean GLH's longest diameter before the procedure was 108.60 ± 18.76 mm, which was declined to 64.60 ± 33.71 mm (42.6% ± 20.5%) (P = 0.035). Patients' VAS score before the procedure was 8.60 ± 0.89, which was decreased to 4.40 ± 1.14 on the follow-up (P = 0.002). Liver function tests revealed no abnormalities before the procedure, 1 day after the treatment, and on the 36-month follow-up. No allergic reaction was observed. One of our patients had self-limiting intraperitoneal hemorrhage which led to a 3-day hospital stay and then was discharged with stable condition. No other early or late complication was detected. **Conclusion:** Percutaneous sclerotherapy is a relatively safe and effective method in GLH treatment. Further investigations in larger samples and in comparison with control group (in clinical trial setting) are required to confirm the current findings.

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Our Attempt for Diabetic Foot Management With Infrapopliteal Artery Angiosome Revascularization

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Objectives: 15%–25% of DM patients develop diabetic foot. **Methods:** Diabetic patients Wifi 3–4 with CLTI (n = 35): Men 25 (71.4%), women 10 (28.6%); average age – 68 years, selected with adequate inflow to the popliteal artery, as defined by presence of one of the following:

- Palpable ipsilateral popliteal artery pulse
- Biphasic or triphasic Doppler waveform in the ipsilateral popliteal artery
- Normal radiographic appearance of ipsilateral common femoral and arteria profunda femoris or all detected lesions are <50% severity stenosis.

Results: In Group I (angiosomal revascularization) of 16 patients in 2 (12.5%) repeated interventions were performed. Of these, 1 (6.25%) eventually had a high amputation. In Group II (nondirect