

bypass surgery in 2013 and frozen elephant trunk E-VITA™ hybrid grafting in 2019. On the 3rd postoperative day, CTA showed a false lumen rupture and a true lumen collapse. As emergent case the patient underwent an extended true lumen TEVAR to the celiac trunk. Inflow occlusion into the false lumen was achieved with Candy Plug implantation (Bolton/Vascutek CMD 44 mm × 100 mm × 44 mm) and Amplatzer-Occluder Vascular Plugs II (AGA)™ (22 mm × 18 mm), 1 cm proximal to the celiac trunk. **Results:** The procedure times were 168 and 235 min, respectively. The mean fluoroscopy times were 24/46 min, respectively. The amounts of contrast dye used were 250 and 276 ml, respectively. The technical success rate was 100% and no intraprocedural complications occurred. Both patients showed complete thrombosis of the treated ruptured false lumen in the postoperative CTA. The postoperative course was uneventful without stroke, paraplegia, myocardial infarction, or renal failure. After a follow-up of 3 months, both patients are alive and well. **Conclusion:** Emergency endovascular false lumen occlusion is an important technique in the armamentarium of specialized centers for aortic endovascular therapy to control bleeding and initiate false lumen thrombosis in the management of ruptured aortic dissection. Further cases (multicenter study) and follow-up are needed to consolidate these early results.

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Management of Hepatic Encephalopathy Associated with Porto-Systemic Shunts: Hemodynamic Changes by Interventional Radiology Procedures

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Objectives: To describe various techniques for reduction/occlusion of the blood flow in gastro-renal/leino renal shunts for controlling the arterial ammonia level causing hepatic encephalopathy and suggesting the best technique according to individual patient needs. **Methods:** In 11 patients, different technique of blood flow reduction in the shunt was used according to the size, shape, position, and origin of the shunt. Of 11 patients, eight underwent for shunt obliteration, two underwent for splenic artery embolization, and one underwent for leino renal shunt reduction. For leino renal shunt reduction, a stent (preformed hour-glass shape) was deployed in shunt and multiple coils of varying sizes were deployed in the space between stent and shunt wall. For obliteration of shunts, catheter was positioned deep inside the varix, and after inflating, the balloon sclerosing agent in the form of foam was infused with the goal of filling the full extent of varices. For reduction of flow in shunt, polyvinyl alcohol particles were infused in lower pole branches of spleen. It causes decrease blood in the splenic vein. **Results:** 7/8 shunt obliteration, 1/1 shunt reduction, and 2/2 partial splenic artery embolization showed significant reduction in arterial ammonia level. **Conclusion:** Ammonia level can be controlled by controlling blood flow through the shunts. Various interventional methods are available and have to select according to the size, shape, and position of shunt.

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Unusual Hematologic Indication of Splenic Artery Embolization: Clinical Indications and Technical Tips

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Educational Poster Background: The uncommon hematological indications include paroxysmal nocturnal hemoglobinuria, myelofibrosis, myelodysplasia syndrome, leukemia, and chemotherapy-induced splenomegaly. **Preprocedural**

Preparation: Initially, a patient should be vaccinated against encapsulated organism 2 weeks before embolization, and preprocedural antibiotic should be given 1 h before the procedure.

Procedural Details: Partial or distal splenic artery embolization started by celiac angiogram to define the vascular anatomy and give specific attention to the origin of the splenic artery and intrasplenic segmental branches. Then, a microcatheter advanced distally to splenic hilum targeting the inferior branches. The aim of embolization is to embolize at least one-third of the spleen and maximum of half of it. A Polyvinyl Alcohol 300–500 μ is a favorable embolic material to be used. **Postprocedural Care:** Prophylaxis AB and NSAID are used routinely for 1 week. Partial splenic artery embolization is a safe and short time procedure that aiming to increase platelet count.

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Slow-Flow Vascular Malformations of Extremities: Case Series

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Educational Poster Background: Venous malformations (VMs) are a type of vascular malformation that results from veins that have developed abnormally, which stretch or enlarge over time. VMs can be extremely painful and sensitive. Sclerotherapy has evolved as the best treatment option for VMs with good prognosis. Low-flow vascular malformations, especially VMs and macrocystic lymphatic malformations, are effectively treated by percutaneous intralesional injection of sclerosant drugs, such as ethanol, and detergent sclerosant drugs. Good-to-excellent results are possible in 75%–90% of patients who undergo serial sclerotherapy. Most adverse effects are manageable, but severe complications can result from the intravascular administration of ethanol. It is generally recommended that the treatment of vascular malformations be performed in a multidisciplinary setting by practitioners with appropriate training and support.

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Strategies for the Endovascular Management of Visceral Artery Aneurysm and Pseudoaneurysm

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