

management of various obstetrical emergencies. Pelvic arterial embolization has added a new dimension in the management of obstetric hemorrhage. **Method(s):** This is a retrospective study conducted at radiology and gynecology departments of Rehman Medical Institute Peshawar. We retrospectively studied eleven cases over a period of two years from May 2015 to May 2017 and patients were diagnosed of having morbidly adherent placenta during antenatal period either by ultrasound or magnetic resonance imaging (MRI). The mean gestational age at presentation was 36 weeks. All patients were in age group of 30-36 yrs with mean age of +33.37 yrs. All were multiparous with a mean parity of +4-5. Previous Cesarean Section delivery was the major independent risk factor in most of the cases. About 60% cases were diagnosed during antenatal checkup and in most of the cases the placenta were type IV Placenta previa. Patients were divided into two groups. 5 patients were managed by conventional treatment (conventional group). In 6 cases, interventional radiologist was involved for trans-catheter arterial balloon occlusion balloon occlusion (study group). The internal iliac balloons were inserted pre-operatively and arterial occlusion was done just after the delivery and in one case additional uterine artery embolization was done post-operatively. In Conventional treatment, no prophylactic temporary balloon occlusion was done and patients were treated by either removal of placenta and oversewing of the placental bed or caesarean hysterectomy. One patient presented postoperatively with placenta in situ and septicemia. **Result(s):** The results of the two groups were compared taking different variables into account. In comparing the operating time the mean operating time in conventional group was +2.37 hr and that in interventional group was +1.25 hr with a total increase of approx.1.12 hr, which is quiet significant. The average blood loss was 962 ml more in conventional group (mean 2037 ml vs 1075 ml) and consequently increased transfusion of blood (mean+6.5 packs vs. 2.25 packs i.e 4.25 packs more). In our comparative study platelets and fresh frozen plasma (FFP) was exclusively needed in conventional group. Mean stay in intensive care unit (ICU) was more in conventional group with a mean of 2.7 days as compared to 1 day in interventional group. In 2 cases there was per-operative injury to surrounding structures attributed to difficult obstetric emergency and excessive blood loss. In one case the patient had ureteric injury and in other case there was bladder injury. In interventional group, not even a single case of damage to surrounding structure was noted, which can be partly attributed to less stress of the surgeon due to comparatively better hemodynamic stability of patient and partly due to clear field of the surgeon. **Conclusion(s):** We conclude that use of per-operative arterial occlusive balloons for managing morbidly adherent placenta at our center showed good initial results with decreased patient morbidity.

**Keywords:** Intra-arterial occlusive balloons, morbidly adherent placenta, placenta accreta, placenta increta, placenta percreta

#### P414

### Aspiration Thrombectomy for Acute Deep Vein Thrombosis of the Left Lower Extremity of a Child after Cardiac Radiofrequency Ablation

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**Background:** Deep vein thrombosis (DVT) of the lower extremity is rare in children and most of them or history of CVC placement. The therapy includes anticoagulation, systemic thrombolysis and, in rare cases, thrombectomy. Systemic thrombolysis with TPA has been used to treat patients who do not respond to anticoagulation and those with extensive DVT. Thrombo-aspiration with penumbra/Indigo System is a safe and effective treatment for adult patient with ALI, PE, and AVF thrombosis. We report of the case of an adolescent with DVT in the left lower extremity who underwent thrombo-aspiration with Indigo System. **Method(s):** A 14-year-old boy, with previous RFA for wolff-parkinson-white syndrome, with DVT of left popliteal, superficial, common femoral, and iliac veins not responding to anticoagulation underwent thrombo-aspiration with indigo system. After US-guided puncture of the popliteal vein, the dilator (3f) of a micropuncture set kit was positioned. An 0.018 guidewire was advanced along the venous axis, and the dilator was changed for an 8f sheath. Before starting the aspiration, a removable caval filter was positioned. Venography after the aspiration revealed partial recanalization of the left venous axis. Locoregional thrombolysis was performed with 0.6 mg of TPA. There were not complications during any phase of treatment. Anticoagulant therapy was administered. **Result(s):** One week after the procedure, the swelling of the left lower extremity had resolved completely. Caval filter was removed three months later. Duplex us at 1, 3 and 6 months confirmed recanalization of popliteal, common femoral and iliac veins and only residual thrombosis of the superficial femoral vein. The patient had no symptoms. **Conclusion(s):** DVT mechanical aspiration can be safe and effective to treat acute DVT of the lower extremity in older children and adolescents. Thrombo-aspiration before thrombolysis helps to decrease the thrombus burden, improve outflow for effective thrombolysis, and reduce the dose of thrombolytic required.

#### P415

### Parastomal Bleeding Embolization Technique

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**Background:** In this poster presentation we describe and illustrate parastomal bleeding embolization technique in two cases. one case we did direct percutaneous and other case we use trans-hepatic approach. in this poster we also explain why we use direct percutaneous or trans-hepatic approach. Both cases were technically and clinically successful without complication. **Method(s):** N/A. **Result(s):** N/A. **Conclusion(s):** N/A.

#### P416

### Tips and Tricks in Chimney-Graft Technique Endovascular Repair: Steps for Successful Outcome

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