



Once in contact with the occlusion site, the RF energy was delivered while the wire was gently advanced for a few millimeters. The catheter was advanced and a gentle test injection was performed to confirm its position. If inadequate, a new location was pursued. Once the bowel was catheterized the RF wire was exchanged for a stiffer wire followed by 8-10 mm balloon cholangioplasty and internal-external biliary drain placement. Biliary dilation and catheter upsizing every 4 weeks were performed until the recanalized tract was adequately patent. The patency of the biliary anastomosis was challenged pulling the catheter above the stricture for 1 week and eventually removed if the anastomosis remained patent. 5 out of the 4 patients are catheter free with an average follow-up of 5 months, without immediate/delayed procedure-related clinical complications. RF wire offers a promising alternative to open surgery for the recanalization of biliary occlusions when conventional techniques failed.

#### Abstract No. 290 EE

##### **Stop the Bleeding! The Interventional Radiologist's Role in Acute Hemorrhage.**

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**PURPOSE:** The purpose of this poster is to illustrate the many situations in which an Interventional Radiologist would be called emergently to control acute hemorrhage. Cases show imaging before and after endovascular treatment, highlighting the clinical outcomes of our interventions.

**MATERIALS & METHODS:** From 2003 to present, over 1200 embolization procedures have been performed at Henry Ford Hospital, with approximately 300 for the indication of acute, often life-threatening hemorrhage. A retrospective review of the electronic medical records and PACS radiographic images was undertaken to evaluate the indications, methods, and outcomes of interventional treatment. The review yielded many diverse embolization cases, however it was seen that other types of interventions were performed for bleeding as well. Cases best illustrating an intervention or optimally depicting clinical success were included in this presentation.

**TEACHING POINTS:** For educational purposes, the pictorial format best illustrates the potentially catastrophic hemorrhages that have been encountered in the angiography suite, and the interventional techniques that have been used to avert untoward outcomes. The "before" and "after" images will demonstrate the utility of the different interventional methods and will show specific techniques that have proven especially efficacious in controlling emergency bleeding. Many of the cases specifically emphasize the importance of collaboration with other clinical subspecialties in these situations as well as the incorporation and review of the laboratory data and array of other imaging studies.

#### Abstract No. 291 EE

##### **How to Develop a Clinical Spine Practice.**

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**PURPOSE:** To review the process of developing a respected clinical interventional radiology spine practice at a tertiary care center in an urban setting with emphasis on

patient continuity of care before and after the interventional procedure.

**MATERIALS & METHODS:** 1) Establish a respected spine clinic among other competing spine medical specialties, while creating a referral base with these groups. 2) Acquire appropriate services including specialized spine interventional products and nursing personnel. 3) Develop physician training for pre-operative evaluation, diagnosis, and selection of appropriate interventions.

**TEACHING POINTS:** Developing a successful interventional radiology spine clinical practice requires time, but it is beneficial to patients and the Radiology Department. Building alliances with radiology colleagues, other spine specialists, administrative officials, nurses, and device vendors aids in clinical practice development. The efforts of these groups help us to achieve our practice goals, emphasizing good marketing strategies, a referral base, patient safety, continuity of care, and successful outcomes.

#### Abstract No. 292

##### **Embolotherapy of Pulmonary Arteriovenous Malformations (PAVMs): Comparison Between Feeding Artery and Sac Embolization Methods.**

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**PURPOSE:** Transcatheter feeding artery embolization (TFE) of the pulmonary arteriovenous malformations (PAVMs) is generally accepted as the therapy of choice. Meanwhile, the advantages of transcatheter venous sac embolization (TSE) of the PAVMs have been also reported. However, there is no report about comparison between TFE and TSE study. To retrospectively evaluate the efficacy of the TSE compared with TFE.

**MATERIALS & METHODS:** Between August 1991 and August 2007, 21 patients underwent embolotherapy of PAVMs. The mean follow-up was 48.1 months. Recanalization of the PAVMs was evaluated with follow-up enhanced CT and angiographic examination.

**RESULTS:** The follow-up results were available in all 21 patients. 15 AVMs were embolized by TFE and 13 PAVMs were embolized by TSE. Recanalization was occurred 6 PAVMs in the TFE group. Additional coil embolization was necessary for them. However, there was no patient with recanalized PAVMs in the TVE group.

**CONCLUSION:** TSE seems to be superior to the TFE in the treatment of PAVMs.

#### Abstract No. 293

##### **Endovascular Embolization of the Cranio-Facial High-Flow Vascular Malformations.**

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**PURPOSE:** Treatment of vascular malformations is a complex and controversial subject. It is generally agreed that asymptomatic lesions do not require treatment. The goal must be to occlude the actual nidus of the lesion, which will require a highly individualized approach to each lesion. Our aim in this study was to simplify the protocol to treat these lesions using either gelfoam or PVA particles or both together.