

smaller volume of largest fibroid (324.9cc vs. 636.5cc, $p=0.001$), and stronger preference against surgery (10.4% vs. 5.0%). Those recommended UFE were less likely to have a history of previous UFE intervention (2.68% vs. 6.83%, $p=0.0475$).

CONCLUSION: Of patients presenting for evaluation for UFE, 34% were recommended an alternative therapy. Those recommended for UFE alternatives were more desirous of future fertility, had a larger dominant fibroid, and were less likely to voice preference against surgical intervention.

Abstract No. 263

New Fluoroscopic Method for Percutaneous Gastrostomy in an Animal Model and Clinical Practice.

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PURPOSE: Gastrostomy devices providing enteral nutrition can be placed radiologically using T-bar suture fasteners (TF) to fix the stomach to the abdominal wall prior to percutaneous gastrostomy (PG). Patient follow-up (FU) to release suture of standard fastener devices is required to prevent complications such as gastric perforation, skin infection, and GI bleeding. We examined an innovative TF and introducer system with easier deployment and resorbable suture, allowing for safe release of TF after PG. Our objectives were to demonstrate the use of a kit that contains resorbable suture-coupled TF for fluoroscopic PG procedures in the clinical setting and an animal study, to show utility and robust stoma development.

MATERIALS & METHODS: Six farm pigs underwent radiologic PG placement using the introducer kit. Separately, 3 human subjects (HS) underwent placement in the IR Suite. Functionality of the new TF was assessed. In animals, 3 TF with resorbable suture were placed around a tentative abdominal stoma site using the Russell placement method. A second PG placed endoscopically used the Ponsky pull method. Each animal served as its own control and stoma integrity was assessed over 2-3 weeks.

RESULTS: PG placement in all animals and HS was successful. Kit utility scores were high (90%) and TF were well visualized radiographically. There were no complications of placement, however one animal died immediately following PG due to complications of anesthesia. All HS and 5 animals had uneventful FU and no evidence of infection, disruption or significant stoma leakage. In animals, gastric wall adhesions were excellent (100% $n=5$ test and ctl), and stoma thickness (mean \pm sem mm; ctl 14 \pm 1; test 12 \pm 1; $n=4$), inflammation (ctl 3; test 2: $n=4$), and fibrous tissue (ctl 4; test 4) scores were equivalent at 2 weeks.

CONCLUSION: Radiographic placement and performance of PG using the new introducer kit yields effective gastric anchoring. Using resorbable TF, the kit may have advantages over other devices by improving patient convenience and in minimizing potential for complications while yielding similar histological healing to that seen in standard PG procedures.

MR Angiography of the Hand: Technical Considerations, Pathologic Findings at 3Tesla and Correlation with Angiography.

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PURPOSE: To discuss the clinical importance of vascular diseases of the hand, describe important technical considerations in performing and interpreting MR angiography examinations of the hand, review conventional vascular anatomy of the hand and demonstrate the spectrum of MR imaging findings seen in an array of vascular pathologies affecting the hands.

MATERIALS & METHODS: Discuss the prevalence and clinical importance of vascular diseases of the hand. Address technical considerations – appropriate positioning, coil use, imaging sequences and use of contrast – in performing MRA examinations of the hand at 3T. Review normal vascular anatomy of the hand using conventional and MR angiographic images. Depict and describe MRA imaging findings in vascular diseases of the hand such as vasculitis, atherosclerosis, embolic disease, chronic occlusive disease and trauma.

TEACHING POINTS: Vascular diseases of the hand are clinically important because they may be associated with significant functional impairment. Treatment of vascular diseases of the hand relies upon the ability to accurately diagnose these conditions on imaging. MR angiography at 3T allows for excellent depiction of the vascular anatomy of the hands and, when performed appropriately, is highly sensitive for detecting a wide array of vascular pathology in the hands.

Abstract No. 265

Factors Predicting the Successful Removal of the Bard and Cook Gunther Tulip Removable Inferior Vena Cava Filters.

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PURPOSE: To identify factors that may predict the successful retrieval of the Cook Gunther Tulip and Bard G2 or Recovery IVC filters when implanted for temporary protection against pulmonary embolism.

MATERIALS & METHODS: Retrieval IVC filters were placed in 338 patients over 18 months. During this same time, 61 patients were referred for filter removal. 44 patients qualified for our prospective, IRB-approved review of filter retrieval (1 Recovery, 15 G2, 28 Tulip). Reasons for exclusion: refusal of consent, 10; pre-procedure DVT, 1; significant caval thrombus, 5; Cook Celect filter, one. 49 patients underwent cavagram for planned retrieval. Indications for initial filter placement: prophylaxis, 33; DVT, 4; pulmonary embolism, 12. The authors assessed for dwell time, tilting, caval wall penetration, migration, and thrombus around filter.

RESULTS: IVC filter removal was performed successfully in 41 out of 44 patients (93%). 3 of the failed retrievals were Tulip (70, 96, 2,129 days). There were 2 cases (1 Recovery, 1 Tulip) that were referred for presence of filter fracture and leg embolization with > 730 day implantation time. The Recovery was successfully removed at 741 days. The Tulip filter could not be removed at 2,129 days. Excluding the dwell times for these 2 cases, the mean implantation time