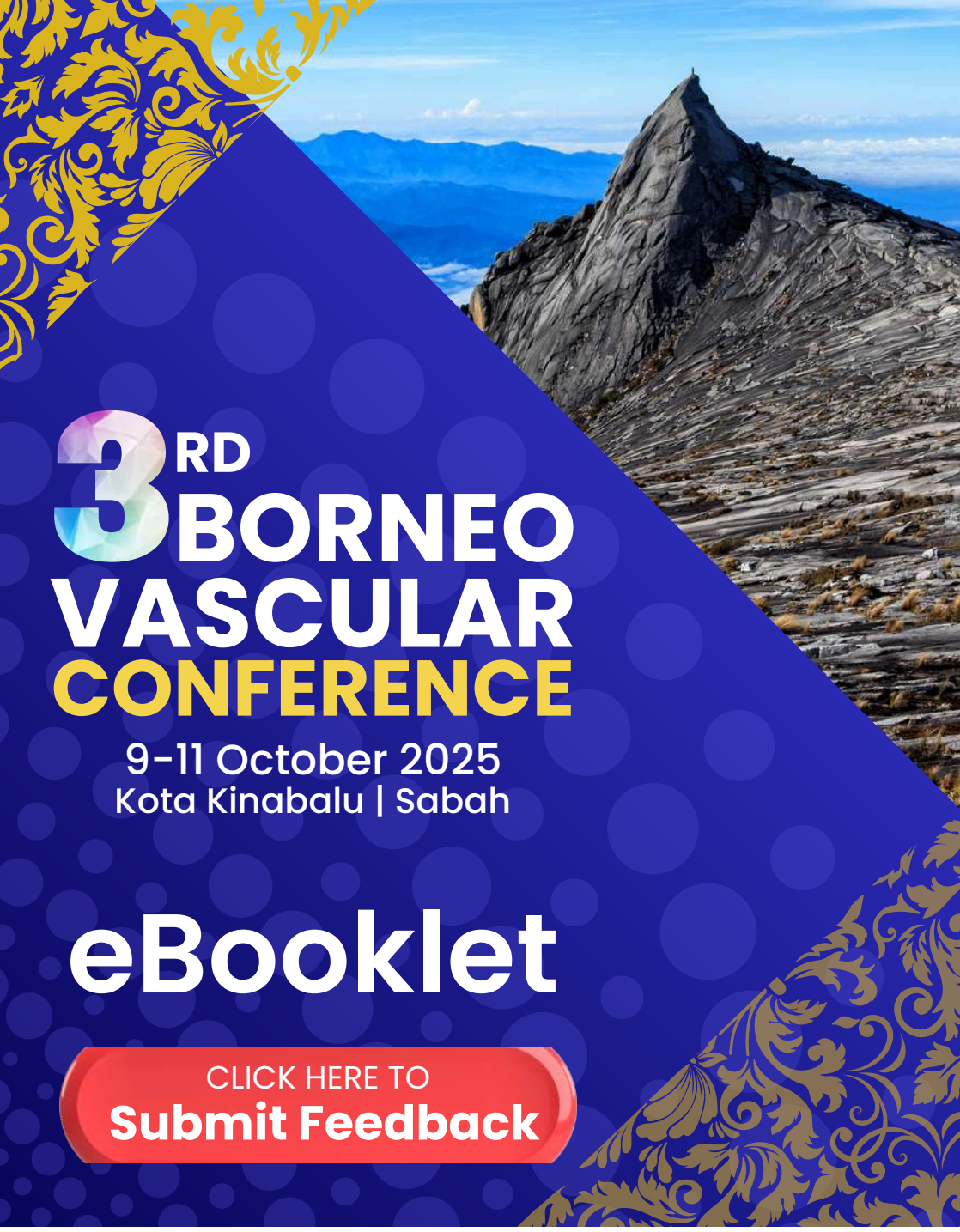

# 3RD BORNEO VASCULAR CONFERENCE

9-11 October 2025
Kota Kinabalu | Sabah

# eBooklet

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Organised By:

VASCULAR HQE
AESCULAP ACADEMY
SABAH SURGICAL SOCIETY

Supported By:

SABAH CONVENTION BUREAU
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# CONTENT

# GUEST OF HONOUR

## Datuk Seri Panglima Haji Masidi Manjun

Guest Of Honour
3rd Borneo Vascular Conference

**FOREWORD**
**BY THE MINISTER OF FINANCE SABAH**

It is my great pleasure to welcome you to the 3rd Borneo Vascular Conference 2025 in Kota Kinabalu. Over just three editions, this conference has grown into a valued platform for learning, collaboration, and the exchange of ideas in vascular surgery and related fields.

We are delighted to see more than 300 delegates joining us from Malaysia, the Asia–Pacific region, and beyond. Your presence reflects the spirit of partnership that drives progress in medicine and the shared commitment of our community to improving care for patients with vascular diseases.

Here in Sabah, as in many parts of the world, vascular health is closely linked with the rising burden of non-communicable diseases such as diabetes, hypertension, and kidney failure. Meeting these challenges requires not only clinical expertise but also innovation, teamwork, and a willingness to learn from one another. This conference, with its comprehensive programme and distinguished faculty, provides an excellent opportunity to do just that.

I would like to express my heartfelt appreciation to our invited speakers from across the region, whose expertise enriches the scientific discussions, and to the Organising Committee, under the leadership of Datuk Dr Benjamin Leong, for their dedication in making this event possible.

I hope these two days will be both enriching and inspiring—strengthening friendships, sparking new collaborations, and advancing the care we provide to our patients.

Welcome once again, and I wish you a rewarding and memorable conference.

# WELCOME ADDRESS

## Datuk Dr Benjamin Leong Dak Leung

Organising Chairperson
3rd Borneo Vascular Conference

Greetings from the Land Below the Wind!

I hope this letter reaches you well and in good health. It gives me immense pleasure to inform you that we will be hosting the 3rd Borneo Vascular Conference at Hilton Kota Kinabalu from 10-11th October 2025, preceded by a pre- congress workshop at Queen Elizabeth Hospital 2 on 9th October 2025.

The 2nd Borneo Vascular Conference in 2023 was well received from all involved, especially the invited faculties, participants and members of the industry. I believe it is only appropriate to get this momentum going. Borneo Vascular Conference will be held as a biennial event from now onwards. We are privileged that this 3rd edition will be also be co-organised with Asia-Pacific Angiology Academic Alliance in addition to our usual partners, the Vascular Society of Malaysia and the Sabah Surgical Society. We are also extremely privileged to have Aesculap Academy Malaysia to support us in the role of Secretariat.

The 3rd Borneo Vascular Conference will be the main vascular conference in Malaysia and one of the major regional vascular meetings for 2025. It will be an exciting conference attended by vascular surgeons, trainees, doctors and allied health professionals in the region. This will also be a strategic platform for the sharing of the latest innovations in vascular surgery as well as experience in managing both common and complex vascular pathologies.
I am looking forward to your participation and partnership in making the 3rd Borneo Vascular Conference a success.

See you in Kota Kinabalu!

# WELCOME ADDRESS

## Dr Naresh Govindarajanthran

President
Vascular Society Malaysia

Greetings!

I would like to extend my heartfelt congratulations to the Vascular Unit, Department of Surgery, Queen Elizabeth Hospital II, Kota Kinabalu, under the leadership of Datuk Dr Benjamin Leong Dak Keung, for planning and organizing the upcoming 3rd Borneo Vascular Conference on the 10-11th October 2025.
Since its inception, this conference has grown from strength to strength - evolving from a humble local event into a major national vascular meeting and now a significant regional gathering. This remarkable progress is a testament to the dedication and hard work of the organizing committee.

This meeting provides an invaluable opportunity for vascular surgeons from Malaysia and the region to exchange ideas, learn from one another and explore cutting-edge advancements in their field. It also serves as a platform to discuss the latest technologies in vascular surgery, helping to further enhance patient care for those with vascular diseases.

Over the last two decades, the field of vascular surgery has seen significant advancements, particularly with the widespread adoption of endovascular techniques. Given the rapid pace of technological progress, staying up to date can be challenging. This conference offers an excellent opportunity to discuss the latest innovations, techniques and tools available to vascular surgeons.

Additionally, this event serves as an important platform for trainees to present scientific papers, engage in discussions with esteemed local and international vascular surgeons and deepen their understanding of the specialty. It is also hoped that conferences like this will inspire medical officers and general surgeons to develop an interest in vascular surgery.

# WELCOME ADDRESS

A large number of allied healthcare personnel who play a crucial role in the care of vascular patients will also be involved in this meeting. This includes nurses, physician assistants and ultrasonographers working in wards, clinics, angio suites, and operating theatres. In recognition of their vital contributions, there will be dedicated symposiums tailored specifically for allied healthcare professionals in addition to the main program.

Set against the stunning backdrop of Kota Kinabalu, attendees will have the opportunity to witness the breathtaking view of Mount Kinabalu - the tallest peak in Southeast Asia, on one side and the vast South China Sea on the other. The warm hospitality of the hosts, along with the abundance of fresh seafood, will undoubtedly enhance the experience. Attendees and their families will also have the chance to explore the beautiful "Land Below the Wind" during their visit.

I am confident that this meeting will be a resounding success. My best wishes go to Datuk Dr Benjamin Leong and his dedicated committee and I look forward to this outstanding conference.

# WELCOME ADDRESS

## Dr Gilbert Peh Voon Yeow

President
Sabah Surgical Society

Kopisanangan! (it means welcome/greetings in the Dusun language).

It is with great pleasure and enthusiasm that I welcome you to the biennial 3rd Borneo Vascular Conference, held in the beautiful state of Sabah, Malaysia. I would also like to take this opportunity to extend my heartfelt congratulations to Datuk Dr Benjamin Leong on his appointment as the Head of Vascular Surgery and may the fraternity reach new heights under his guidance.

This prestigious event continues to serve as a vital platform for vascular surgeons, trainees, interventional radiologists, and allied healthcare professionals to come together, exchange knowledge and advance the field of vascular & endovascular surgery.

This year's conference reflects the collective commitment to innovation, excellence, and collaboration in vascular surgery. With the growing burden of vascular diseases in the region, it is imperative that we stay at the forefront of cutting-edge research, novel treatment strategies, and best clinical practices. This conference offers an invaluable opportunity for learning, networking, and fostering partnerships that will shape the future of vascular surgery.

We are privileged to have esteemed speakers and experts from around the world who will share their insights, experiences and latest advancements in vascular surgery, endovascular interventions and patient care. Their contributions, along with the engaging discussions and hands-on workshops, will undoubtedly inspire and elevate the standards of vascular treatment.

# WELCOME ADDRESS

I extend my heartfelt gratitude to the organizing committee, sponsors and all participants for making this event possible. Your dedication and support are instrumental in driving progress in vascular healthcare. May this conference be a fruitful and enriching experience for all, and may the friendships and collaborations forged here continue to thrive.

On behalf of Sabah Surgical Society & organizing team, I warmly welcome you to Sabah - a land of natural beauty, rich culture and warm hospitality. Enjoy the conference, and let us continue striving for excellence.

Sosonongon om miruba koimbagu (take care and see you around!)

# WELCOME ADDRESS

## Prof. Dr Yuehong Zheng

President of Asia-Pacific Angiology Academic Alliance
Vice President of International Society for Vascular Surgery
Vice Chairman of Chinese Microcirculation Society

Greetings from Beijing!

I would like to show my greatest congratulations and gratitude to Datuk Dr Benjamin Leong Dak Keung and your team in organizing the 3rd Borneo Vascular Conference, as the co-organizing partner, The Asia-Pacific Angiology Academic Alliance (APA) will power you up with full strength.

APA is an international non-profit organization. As the first international medical association, it was registered and established in the Macao Special Administrative Region in March 2016. The purpose of the establishment of APA takes the linkage of the Asia- Pacific region as its core, and it spares no effort to promote the development of the comprehensive disciplines in vascular medicine and related fields and to build an international and efficient exchange platform for new technologies, new directions and new trends of thought.

APA is aimed to 'base upon grassroots organizations, orient towards Asia-Pacific region, unite with Chinese Society of Microcirculation and connect across the globe'. Over the past 10 years of development, APA has developed into 13 branches with nearly 2,000 members. The members are distributed across over 14 countries globally.

APA has witnessed collaboration of medical elites from all over the world. The communications about clinical experience and academic progress have continuously energized the cooperation of Asia-Pacific medical academic circle. It is the target of APA to support youth medical and nursing professionals, as well as to extend and increase the influence of APA in Asia-Pacific region.

# WELCOME ADDRESS

Since its establishment in 2016, in collaboration with Macau Health Bureau Doctors' Association, APA has held 10 consecutive annual conferences and it has grown into the most influential medical conference brand in Macau. After 10 years of development, the APA Academic Annual Conference has become the largest and most diversified medical academic conference in Macao every year. It has also contributed to the development of Macao's medical standards and, with solid data, has established the unshakable leading position of Chinese vascular surgery in the Asia-Pacific region.

With my sincere heart, I also invite you to join us at the 11th Asia-Pacific Angiology Academic Alliance (APA) Symposium - Macao Academic Forum and 2025 International Annual Congress of Macau Health Bureau & Medical Doctors' Association, which will be held on 14-16 September 2025 in Macao, China.

Lastly, let's join hands in expectation of this academic feast. In the beauty Sabah, we will jointly witness the bright future of APA's development in Malaysia, and together propel the vascular medicine of Asia-Pacific region!

# HISTORY OF VASCULAR SERVICE

Vascular service was historically covered by general surgeons in the state of Sabah. The initiative of the late Datuk Zainal Ariffin Azizi has led on to the initiation of monthly vascular visits from Kuala Lumpur Hospital in the year 2016. Monthly clinic and operative sessions were held at Queen Elizabeth Hospital. In addition to the benefit of Sabah patients with vascular pathologies being treated locally, this had also generated awareness and interest in vascular surgery among doctors and paramedics in Sabah.

Pic 1. First Endovascular Aneurysm Repair in Sabah. (May 2014)

# HISTORY OF VASCULAR SERVICE

Vascular surgeons who had visited and contributed to this service include Datuk Zainal Ariffin Azizi himself, Mr Chew Loon Guan, Mr Ee Boon Leong, Mr Hanif Hussein, Mr Mohd Mazri Yahya, Mr Lee Soon Khai, Mr Hafizan Mohd Tajri, Mr Naresh Govindarajanthran and Mr Benjamin Leong.


Pic 2. Sabah Vascular Update. (May 2015)

# HISTORY OF VASCULAR SERVICE

Permanent vascular service in Sabah started in July 2014 when Mr Benjamin Leong, a Sabahan, returned to the state. This was further reinforced with the return of Ms. Feona Sibangun Joseph, also a Sabahan, in June 2017. Numerous vascular milestones in Sabah were achieved since the initiation of permanent service, namely maiden EVAR, TEVAR, Iliac Branched Device, Fenestrated EVAR, Chimney EVAR, Carotid Artery Stenting, RFA and Glue Endovenous Ablation.

Pic 3. First 4-Fenestrated EVAR in QEH2, also in Borneo. (Jan 2022)

# HISTORY OF VASCULAR SERVICE

Vascular service in Sabah is currently based in Queen Elizabeth Hospital 2, manned by 2 vascular surgeons, 3 vascular surgical fellow, 6 medical officers and 5 medical officer assistants. There are also regular vascular surgical services visits to Duchess of Kent Hospital, Sandakan and Tawau Hospital by Mr Benjamin Leong and Ms Feona Sibangun Joseph respectively. Besides running clinical services, the Vascular Unit of QEH2 is a subspecialty training centre for vascular surgery and is also actively involved in clinical research, conducting vascular workshops and conferences both locally and internationally.

Pic 4. Vascular Unit, QEH2. (2025)

# BVC 2025 COMMITTEE

## Organising Chairperson:

Datuk Dr Benjamin Leong Dak Keung

## Organising Committee:

Dr Feona Sibangun Joseph
Dr Saw Siong Teng
Dr Muhammad Aizat Tamlikha Bin Ismail
Dr Sharhanin Binti Bahrudin
Dr Dzulfikri Aziz bin Hasbi
Dr Kimberly Kurin
Dr Lim Wei Qian
Dr Nur Ain Qamarinah Binti Madrun
Dr Kharirunnisa' Binti Mohd Mazri
AMO Eril Hamizan Bin A Razali
AMO Bradley Ray Edmend
AMO Mohd Firdaus Bin Mat
AMO Muhamad Shazril bin Mohd Ithnin
SR Jamiah Dahlan
SR Ainah Walie
SR Masini Mohd Salleh

# FACULTY

## International Speakers

**A/P Khamin Chinsakchai**

**Dr Billy Stephanus Karundeng**

**Dr Benjamin Chua Soo Yeng**

**Dr Leoncio L. Kaw**

**Adj Asst Prof Dr Vikram Vijayan Sannasi**

**Dr Kishore Sieunarine**

# FACULTY

## International Speakers

A/Prof Dr Jackie Ho Pei

Prof Dr Chong Tze Tec

Dr Skyi Yin-Chun Pang

Dr Jimmy Wei-Hwa Tan

Dr Tjun Tang Yip

Prof YueHung Zheng

# FACULTY

## International Speakers

Dr Mingjin Guo

Dr Zhumin Cao

Dr Shaoying Lu

Dr Dayong Zhou

Dr Hongbin Gu

Dr Ce Bian

# FACULTY

## International Speakers

Dr Lei Zhang

Dr Yaping Feng

Dr Detang Mu

Dr Wangde Zhang

Dr Guoquan Wang

# FACULTY

## Local Speakers

**Dr Leong Yew Pung**

**A/Prof Dr Edward Choke Tieng Chek**

**Dr Hafizan Mohd Tajri**

**Datuk Dr Benjamin Leong Dak Keung**

**Dr Naresh Govindarajanthran**

**Datuk Dr Hanif bin Hussein**

# FACULTY

## Local Speakers

**Dr Ahmad Rafizi Hariz Ramli**

**Dr Feona Sibangun Joseph**

**Dr Michael Arvind**

**A/Prof Dr Rosnelifaizur bin Ramely**

**Dr Koh Pei Fern**

**Dr Ismazizi B. Zaharudin**

# FACULTY

## Local Speakers

**Dato' Dr Ho Teik Kok**

**Prof. Dato' Dr Hanafiah bin Harunarashid**

**A/Prof Dr Mohd Mazri Yahya**

**Dr Wong Shu Shyan**

**Dr Susan Wendy Anak Matthew**

**Dr Putera Mas Pian**

# FACULTY

## Local Speakers

**Datuk Dr Zahari Othman**

**Dr Aida Shazlin Hamiddin**

**Dr Wong Koh Wei**

**Dr Soo Ki Yang**

# FACULTY

## Allied Health Professional

**Jamiah Dahlan**

**Velerie Marsilla binti Tungking**

**Eyrrna Roger**

**Mohd Shafiq bin Ab Rani**

**Muhamad Shazril bin Mohd Ithnin**

**Jeff Kenneth Anak David**

# FACULTY

## International Allied Health Faculty

**Lei Wang**

**Jenny Chen Shune**

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| 0730 – 0800 | Registration | |
| **PLENARY 1 : VASCULAR EDUCATION, CAREER PATHWAY** | | |
| **Chairperson:**<br>**Datuk Dr Benjamin Leong Dak Keung (Malaysia)** | | |
| 0800 – 0812 | Navigating The Pathway To Becoming A Surgeon In Malaysia: Challenges, Milestones, And Opportunities In Surgical Training | Prof. Dato' Dr Hanafiah bin Harunarashid (Malaysia) |
| 0812 – 0824 | Vascular Surgery In Malaysia: Training Pathways, Service Development, And Future Directions | Datuk Dr Benjamin Leong Dak Keung (Malaysia) |
| **Plenary Discussion** | | |
| **PLENARY 2 : ABDOMINAL AORTA DISEASE & MANAGEMENT** | | |
| **Chairperson:**<br>**Dr Naresh Govindarajanthran (Malaysia)**<br>**A/Prof Dr Khamin Chinsakchai (Thailand)** | | |
| 0830 – 0842 | Open Surgical Repair (OSR) Versus Endovascular Aneurysm Repair (EVAR): A Contemporary Debate | Datuk Dr Hanif bin Hussein (Malaysia) |
| 0842 – 0854 | Leaking Abdominal Aortic Aneurysm (AAA): Can We do It Better? | Dr Naresh Govindarajanthran (Malaysia) |
| 0854 – 0906 | Experience In The Treatment Of Ruptured Abdominal Aortic Aneurysm (AAA) | Dr Mingjin Guo (China) |
| 0906 – 0918 | Complex Endovascular Aneurysm Repair (EVAR) In Hostile Neck Anatomy: Challenges And Solutions | Dr Ismazizi bin Zaharudin (Malaysia) |

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| 0918 – 0930 | Type 1 Endoleak: Prevention, Detection, And Management | Dr Skyi Yin-Chun Pang (Hong Kong) |
| 0930 – 0942 | Mycotic Aneurysm: A Comprehensive Approach | A/Prof Dr Khamin Chinsakchai (Thailand) |
| 0942 – 0954 | Pre-operative Risk Stratification And Optimisation For Patient With Abdominal Aortic Aneurysm (AAA) | Dr Soo Ki Yang (Malaysia) |
| **Plenary Discussion** | | |
| 1015 – 1045 | **Breakfast Symposium with Artivion** | |
| | ARTIVION | Dr Ismazizi bin Zaharudin (Malaysia)<br>Prof Dr.Chong Tze Tec (Singapore)<br>Datuk Zahari Othman (Malaysia) |
| **PLENARY 3 : PERIPHERAL ARTERIAL DISEASE & MANAGEMENT** | | |
| **Chairperson:**<br>**Dr Skyi Yin-Chun Pang (Hong Kong)**<br>**Dr Hongbin Gu (China)** | | |
| 1045 – 1057 | Aortoiliac Occlusive Disease: Current Management Strategies And Future Directions | Dr Ahmad Rafizi Hariz Ramli (Malaysia) |
| 1057 – 1109 | BASIL 2 Versus BEST CLI Trial: Insight Into Revascularization Strategies For Critical Limb Ischemia | Dr Skyi Yin-Chun Pang (Hong Kong) |
| 1109 – 1121 | Hybrid Operation In Multi-Level Occlusive Disease: Combining The Best Of Both Worlds | Dr Putera Mas Pian (Malaysia) |
| 1121 – 1133 | Therapeutic Options For Chinese Patients With Chronic Lower Limb Ischemia | Prof. Dr Yuehong Zheng (China) |

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| 1133 – 1145 | How To Score With Scoring Balloons? | Dato' Dr. Ho Teik Kok (Malaysia) |
| 1145 – 1157 | Management of Acute Lower Limb Ischaemia: Anything New? | Dr Ahmad Rafizi Hariz Ramli (Malaysia) |
| **Plenary Discussion** | | |
| 1215 – 1245 | **Lunch Symposium with EXZA Medical** | |
| | EXZA MEDICAL A COMMITMENT FOR LIFE | Dr Ismazizi bin Zaharudin (Malaysia)<br>Datuk Zahari Othman (Malaysia) |
| **PLENARY 4 : VASCULAR IMAGING & SAFETY** | | |
| **Chairperson:**<br>**A/Prof Dr Mohd Mazri Yahya (Malaysia)**<br>**Dr Tang Tjun Yip (Singapore)** | | |
| 1400 – 1412 | Intravascular Ultrasound (IVUS) In Vascular Intervention: Expanding Applications | Dr Ismazizi bin Zaharudin (Malaysia) |
| 1412 – 1424 | Post-EVAR Surveillance: Latest Guidelines And Best Practices | A/Prof Dr Mohd Mazri Yahya (Malaysia) |
| 1424 – 1436 | Radiation Safety In Vascular Surgery: Protecting Patients And Providers | Dr Aida Shazlin Hamiddin (Malaysia) |
| **Plenary Discussion** | | |
| **CONFERENCE OPENING CEREMONY** | | |
| 1430 | Arrival of VIPs | **Dr Zhu Xinglong**<br>(Consul General, Chinese Consulate General of China in Kota Kinabalu Malaysia) |

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| **CONFERENCE OPENING CEREMONY** | | |
| 1430 | Arrival of VIPs | **Prof Dr YueHong Zheng** (President, Asian Pacific Angiology Academic Alliance) |
| | | **Puan Noredah Othman** (Chief Executive Officer, Sabah Convention Bureau) |
| | | **Mr Julinus @ Jeffery Jimit** (Chief Executive Officer, Sabah Tourism Board) |
| | | **Prof. Dato' Dr Hanafiah bin Harunarashid** (Master of the Academy of Medicine of Malaysia) |
| | | **Dr Naresh Govindarajanthran** (President, Vascular Society of Malaysia) |
| | | **Datuk Dr Hanif bin Hussein** (Head of Department, Department of Surgery, Hospital Kuala Lumpur) |
| 1500 | Arrival of Guest of Honor | **YB Datuk Seri Panglima Masidi Manjun** (Minister of Finance Sabah) |
| 1500 – 1515 | National Anthem – Negaraku<br>Sabah State Anthem – Sabah Tanah Airku | |
| | Prayer Recital | **Dr Dzulfikri Aziz Bin Hasbi** |

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| **CONFERENCE OPENING CEREMONY** | | |
| 1515 – 1520 | Welcoming Dance | Sabah Tourism Board |
| 1520 – 1525 | Welcome Address | **Datuk Dr Benjamin Leong Dak Keung**<br>(Head of Vascular Unit, Department of General Surgery, Queen Elizabeth Hospital II) |
| 1525 – 1530 | Opening Remarks | **Prof Dr YueHong Zheng**<br>(President, Asian Pacific Angiology Academic Alliance) |
| 1530 – 1540 | Opening Speech & Officiation of Ceremony by Guest of Honour | **YB Datuk Seri Panglima Masidi Manjun**<br>(Minister of Finance Sabah) |
| 1540 – 1555 | Cultural Performance – Anggalang Magunatip | Sabah Tourism Board |
| 1555 – 1600 | Photography Session | |
| 1600 | Booth Visits with Guest of Honor | |
| 1600 – 1630 | **Tea Symposium with Medtronic** | |
| | Medtronic | A/Prof Dr Khamin Chinsakchai (Thailand) |

# PROGRAMME

## DAY 1 | 10 OCTOBER 2025 (FRIDAY)

| VENUE: GRAND BALLROOM | | |
|---|---|---|
| **PLENARY 5 : VENOUS DISEASE & MANAGEMENT** | | |
| **Chairperson:**<br>**Dr Billy Stephanus Karundeng (Indonesia)**<br>**Dr Ce Bian (China)** | | |
| 1630 – 1642 | Is There Still A Role For High Saphenous Vein Ligation (HSVL) In The Management Of Chronic Venous Insufficiency? | Dr Billy Stephanus Karundeng (Indonesia) |
| 1642 – 1654 | Endovenous Ablation: Which Modality is Better? | Dr Naresh Govindarajanthran (Malaysia) |
| 1654 – 1706 | Endovascular Treatment For Acute Ilio-Femoral Deep Vein Thrombosis (DVT): Techniques And Outcomes | Dr Benjamin Chua Soo Yeng (Singapore) |
| 1706 – 1718 | Inferior Vena Cava (IVC) Filters: Indications, Complications And Controversies | Dr Feona Sibangun Joseph (Malaysia) |
| 1718 – 1730 | Pelvic Venous Disorders: Unmasking The Hidden Cause Of Chronic Pelvic Pain | Dato' Dr. Ho Teik Kok (Malaysia) |
| **Plenary Discussion** | | |
| **End of Day 1** | | |

# PROGRAMME

## DAY 2 | 11 OCTOBER 2025 (SATURDAY)

| VENUE : GRAND BALLROOM | | | VENUE : LEVEL 1 HALL | | |
|---|---|---|---|---|---|
| 0730 – 0800 | Registration | | | | |
| **PLENARY 6 : THORACIC AORTA DISEASE** | | | **PLENARY AHP 1 : ANCILLARY CARE** | | |
| **Chairperson:<br>Dr Jimmy Wei-Hwa Tan (Taiwan)<br>Dr Lei Zhang (China)** | | | **Chairperson:<br>SR Jamiah Dahlan (Malaysia)** | | |
| 0800 – 0812 | Uncomplicated Type B Aortic Dissection: Optimal Management Strategies | Dr Jimmy Wei-Hwa Tan (Taiwan) | 0800 – 0820 | Association Of Neutrophil To High-Density Lipoprotein Cholesterol Ratio With Peripheral Arterial Disease: Analysis Of Data From The National Health And Nutrition Examination Survey | Cn Lei Wang (China) |
| 0812 – 0824 | Thoraco-Abdominal Aortic Aneurysm: Challenges In Open And Endovascular Repair | Dr Jimmy Wei-Hwa Tan (Taiwan) | | | |
| 0824 – 0836 | Spinal Cord Protection In Aortic Surgery: Strategies To Prevent Paraplegia | Dr Kishore Sieunarine (Australia) | 0820 – 0840 | Nursing Care For Vascular Patients In The General Ward | Sr Jamiah Dahlan (Malaysia) |
| 0836 – 0848 | Blunt Thoracic Aortic Injury (BTAI): Endovascular Repair As The New Standard Of Care | Dr Michael Arvind (Malaysia) | | | |

# PROGRAMME

## DAY 2 | 11 OCTOBER 2025 (SATURDAY)

| VENUE : GRAND BALLROOM | | | VENUE : LEVEL 1 HALL | | |
|---|---|---|---|---|---|
| 0848 – 0900 | Left Subclavian Artery Preservation During TEVAR In Blunt Thoracic Aortic Injury (BTAI) | Dr Leong Yew Pung (Malaysia) | 0840 – 0900 | Key Responsibilities Of The Scrub Nurse In Arteriovenous Fistula (AVF) Creation | Sn Velerie Marsilla binti Tungking (Malaysia) |
| 0900 – 0912 | Thoracic Intramural Hematoma: Diagnosis And Management Dilemmas | Dr Leong Yew Pung (Malaysia) | 0900 – 0920 | Scrub Nurse's Role In Preparing And Assisting During Endovenous Thermal Ablation | Sn Eyrrna Roger (Malaysia) |
| **Plenary Discussion** | | | **Plenary Discussion** | | |
| 0930 – 1000 | **Breakfast Symposium by Intermedeco**<br>INTERMEDECO<br>Datuk Dr Benjamin Leong Dak Keung (Malaysia)<br>Dr Ahmad Rafizi Hariz Ramli (Malaysia)<br>Dr Leong Yew Pung (Malaysia) | | | | |
| **PLENARY 7 : MISC 1 SESSION** | | | **PLENARY AHP 2 : ANCILLARY CARE** | | |
| **Chairperson:**<br>**Prof. Dato' Dr Hanafiah bin Harunarashid (Malaysia)**<br>**Dr Zhumin Chao (China)**<br>**Dr Guoquan Wang (China)** | | | **Chairperson:**<br>**AMO Mohd Firdaus B. Mat** | | |
| 1030 – 1042 | Approach To Vascular Emergencies In Facilities Without Vascular Expertise | Dr Hafizan Mohd Tajri (Malaysia) | 1030 – 1050 | Ultrasound guided cannulation | Sr Jenny Chen Shune |
| 1042 – 1054 | Role Of Stem Cell Therapy In Peripheral Arterial Disease | Prof. Dato' Dr Hanafiah bin Harunarashid (Malaysia) | 1050 – 1110 | Ankle-Brachial Index (ABI) In Peripheral Arterial Disease (PAD) | AMO Mohd Shafiq bin Ab Rani |

# PROGRAMME

## DAY 2 | 11 OCTOBER 2025 (SATURDAY)

| VENUE : GRAND BALLROOM | | | VENUE : LEVEL 1 HALL | | |
|---|---|---|---|---|---|
| 1054 – 1106 | Drug-Coated Balloons (DCB): Evidence And Clinical Applications In Peripheral Arterial Disease | A/Prof Dr Edward Choke Tieng Chek (Singapore) | 1110 – 1130 | Understanding Photoplethysmography | AMO Muhamad Shazril bin Mohd Ithnin |
| 1106 – 1118 | Are all POBAs the same for lower limb intervention? | Dr Tang Tjun Yip (Singapore) | | | |
| 1118 – 1130 | Carotid Artery Stenting versus Endarterectomy: Current Evidences and Future Directions | Dr Kishore Sieunarine (Australia) | 1130 – 1150 | Radiation Protection Awareness For Operating Room Personnel | Mr Jeff Kenneth Anak David |
| 1130 – 1142 | Approach to Complex Arteriovenous Malformation | Dr Benjamin Chua Soo Yeng (Singapore) | | | |
| **Plenary Discussion** | | | **Plenary Discussion** | | |
| 1200 – 1230 | **"Endovascular First" in treating ALI: From Evidence to Clinical Practice by Penumbra** | | | | |
| | Penumbra | Dr Ismazizi bin Zaharudin (Malaysia)<br>Datuk Zahari Bin Othman (Malaysia) | | | |

# PROGRAMME

## DAY 2 | 11 OCTOBER 2025 (SATURDAY)

| VENUE : GRAND BALLROOM | | | VENUE : LEVEL 1 HALL | |
|---|---|---|---|---|
| PLENARY 8 : VASCULAR ACCESS | | | FREE PAPER / E-POSTER | |
| **Chairperson:**<br>**A/Prof Dr Jackie Ho Pei (Singapore)**<br>**Dr Detang Mu (China)** | | | | |
| 1400 – 1412 | The Role Of Nephrologist In The Optimal Timing Of Referral For Arteriovenous Fistula (AVF) Creation | Dr Wong Koh Wei (Malaysia) | 1400 – 1500 | E-poster Presentation (GRAND BALLROOM FOYER) |
| 1412 – 1424 | Arteriovenous Fistula (AVF) Creation: Optimising Success In Haemodialysis Access | Dr Wong Shu Shyan (Malaysia) | | |
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| 1436 – 1448 | Giant Aneurysm Of Arteriovenous Fistula (AVF): When Should We Intervene? | A/Prof Dr Rosnelifaizur bin Ramely (Malaysia) | | |

# PROGRAMME

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# ABSTRACTS

**Best Free Paper**

## ID40 Precision Endovascular Therapy for May-Thurner Syndrome: IVUS-Guided Thrombectomy and Stent-Sparing Strategy Using AngioJet

**Topic : Venous Thrombosis**

Ammar Ahmad | Karthigesu Aimanan | Michael Arvind Leo | Putera Mas Pian | Hanif Hussein

### Objective:

May-Thurner Syndrome (MTS), or iliac vein compression syndrome, is a frequently underdiagnosed vascular anomaly caused by chronic compression of the left common iliac vein by the overlying right common iliac artery. This anatomical variant predisposes young women in particular to extensive iliofemoral deep vein thrombosis (DVT), which carries a significant risk of post-thrombotic syndrome (PTS) and long-term morbidity if not promptly recognized and managed.

We present the case of a 28-year-old postpartum woman with acute left lower limb swelling and pain. Duplex ultrasonography and CT venography confirmed extensive iliofemoral DVT extending to the inferior vena cava, with radiological features consistent with MTS. Due to the significant thrombus burden and clinical severity, she underwent catheter-directed thrombolysis with urokinase followed by percutaneous mechanical thrombectomy using the AngioJet system.

Intravascular ultrasound (IVUS) was utilized intra-procedurally to provide real-time, high-resolution assessment of the iliac venous anatomy and to confirm the presence and severity of venous compression. This enabled precise identification of the underlying pathology and avoided unnecessary stenting where there was no significant residual stenosis post-thrombectomy and venoplasty. Guided by IVUS findings, targeted balloon venoplasty of the left common and external iliac veins was performed. An IVC filter was placed pre-procedurally to reduce the risk of embolization.

The patient experienced marked symptomatic relief following the intervention, and complete venous patency was confirmed on follow-up imaging. She was discharged on long-term anticoagulation with oral rivaroxaban.

This case highlights the critical role of IVUS in guiding endovascular therapy for MTS-related DVT. While anticoagulation remains essential, the use of adjunctive tools such as IVUS can optimize procedural outcomes by ensuring accurate diagnosis, guiding interventions, and preventing unnecessary stent placement. Mechanical thrombectomy and endovascular intervention—when informed by IVUS—can restore venous outflow and prevent chronic complications. Early diagnosis and appropriately tailored intervention are key to improving outcomes in this often-overlooked but clinically important condition.

# ABSTRACTS

**Best Free Paper**

## ID48 Perioperative Anaemia Predicts 28-Day Readmission Following Arterial Vascular Procedures: A Retrospective Cohort Study

**Topic : Vascular Access**

Dr.Jamie Ong | Dr.Chaw Ka Yee | Mr.Murtaza Salem | Dr.Nalinda Jayalath


### Introduction:

Anaemia is highly prevalent in vascular surgery patients and is increasingly recognised as a modifiable perioperative risk factor. While its role in broader surgical cohorts is well established, the specific impact of anaemia severity on short-term outcomes following arterial procedures remains unclear. This study evaluates the association between peri-interventional anaemia and 28-day unplanned readmission or death.

### Methods:

We conducted a retrospective cohort analysis of 179 patients undergoing arterial interventions at a UK tertiary vascular centre. Anaemia severity was stratified using WHO criteria into normal, mild, moderate, and severe categories based on peri-discharge haemoglobin. The primary endpoint was 28-day unplanned hospital readmission or mortality. A chi-square test for trend assessed the association between anaemia severity and readmission. Logistic regression adjusted for age, sex, diabetes, hypertension, smoking status, and preoperative haemoglobin.

### Results:

A total of **179 patients** were included: **18 (10%)** with severe anaemia, with the remainder distributed across moderate, mild, and normal categories. The overall 28-day readmission rate was **28.5%**. Readmission rates increased progressively with anaemia severity: **Normal: 20%**, **Mild: 26%**, **Moderate: 35%**, and **Severe: 50%**. The Chi-square test for trend confirmed a significant relationship between increasing anaemia severity and higher readmission risk **(p=0.043)**. In logistic regression, severe anaemia remained an independent predictor of readmission/mortality (adjusted OR: **5.57**, 95% CI: **4.37–7.138**, p=0.041).

### Conclusion:

Anaemia at discharge is highly prevalent and significantly associated with increased 28-day readmission or death following arterial vascular surgery. A severity-dependent relationship was evident, with severe anaemia conferring a fivefold increase in risk. These findings highlight the potential value of targeted perioperative anaemia optimisation strategies, including early diagnosis, iron therapy, and structured follow-up, to improve post-discharge outcomes in vascular patients.

# ABSTRACTS

**Best Free Paper**

## ID53 Single-Stage Brachiobasilic Fistula in an End-Stage Renal Failure Population: Early outcome from Single Centre Experience

**Topic : Vascular Access**

Muhammad Aizat Tamlikha Ismail | Khairunnisa Mohd Mazri | Feona Sibangun Joseph | Benjamin Leong Dak Keung


### Background:

The brachio-basilic fistula (BBF) is a durable upper-arm autogenous vascular access for haemodialysis, but whether a single-stage or two-stage approach is preferable remains debated. This study reports early outcomes of single-stage BBF creation in end-stage renal failure (ESRF) patients at a tertiary vascular centre.

### Methods:

A retrospective review was conducted of consecutive ESRF patients undergoing single-stage BBF between January 2022 and December 2024. Primary outcomes were primary failure rate and primary patency rate at 6 months. Secondary outcomes include secondary patency at 6 months, time to first cannulation and complications.

### Results:

A total of 26 patients included. The cohort had a mean age of 53.3 years; 46.2% were male. The patients had associated comorbidities of diabetes 42.3%, 94.4% had hypertension, and 26.9% had ischaemic heart disease. Mean preoperative basilic vein diameter was 5.19 mm, increasing to 6.71 mm postoperatively, with a mean flow of 811 mL/min. Median time to cannulation was 32 days. Primary failure rate was 15.4%, primary patency at 6 months was 76.9%, and secondary patency at 6 months was 88%. Central venous occlusion observed in a subset requiring venoplasty. Complications reported 2 pseudoaneurysm requiring ligation, but no steal syndrome or mortality recorded.

### Conclusion:

Single-stage BBF offers acceptable maturation and long-term patency with a modest complication profile. While two-stage procedures may improve early maturation in selected patients, single-stage BBF remains a practical and effective option, particularly when vein calibre is adequate and a single operation is preferable.

# ABSTRACTS

**Best Free Paper**

## ID57 Malaya Technique Prophylactic Aneurysmal Sac Embolization (MPASE) in EVAR is a method to reduce Type II Endoleak: A Retrospective Cohort Study

**Topic : AAA – Abdominal Aortic & Iliac Aneurysm**

Heng Hian Ee | Ahmad Rafizi Hariz Bin Ramli | Muhammad Syafiq Bin Idris | Putera Mas Pian | Hanif Bin Hussein


### Introduction:

Selective prophylactic sac embolization during EVAR in patients with high-risk features for type II endoleak (T2EL) has been associated with reduced T2EL incidence, lower re-intervention rates, and improved aneurysm sac regression. This study evaluates the efficacy of MPASE in reducing T2EL and promoting sac regression following EVAR.

### Methods:

Between 2018 and 2024, at 2 vascular surgery centres, 47 patients undergoing elective standard EVAR for infrarenal fusiform AAA with high-risk features for type II endoleak—such as absence of circumferential thrombus, 2 or more lumbar arteries or a patent inferior mesenteric artery. Of these, 22 patient received EVAR with MPASE, while the other 25 received EVAR without MPASE. The MPASE method utilised a repurposed coil, created by separating the outer PTFE sheath of a 0.035-inch angiographic guidewire from its nickel inner core, replacing the conventional detachable coil. This was delivered into the aneurysm sac to promote sac thrombosis. Post-EVAR surveillance with computed tomography and colour duplex ultrasound was performed at 3, 6 and 12 months to evaluate for T2EL and aneurysm sac regression.

### Results:

A mean of three repurposed coils (range, 3–7) was used for MPASE, achieving 100% technical success. One patient (4.5%) developed sepsis due to the coil, which was managed non-operatively with antimicrobial therapy. The incidence of type II endoleak (T2EL) was consistently lower in the MPASE group at 3, 6, and 12 months post-EVAR, with no significant difference in re-intervention rates. At 6 months, T2EL occurred in 2/22 patients (9.1%) in the MPASE group versus 9/25 patients (36.0%) in the non-MPASE group ($p = 0.03$). Aneurysm sac regression was observed in 18/22 patients (81.8%) in the MPASE group compared with 9/25 patients (36.0%) in the non-MPASE group ($p = 0.006$).

### Conclusion:

MPASE is an alternative method to conventional detachable coil at a lower cost for prophylactic aneurysm sac embolization in EVAR in patients with high risk anatomical features for T2EL. Short term follow-up demonstrated significant reduction in T2EL incidence and better sac regression rate.

# ABSTRACTS

**Best Free Paper**

## ID59 Aortic Dissection Network: A Race Against Time Using a Streamlined Referral Pathway

**Topic : Aortic Dissection**

Ng Chang Ern

### Introduction:

Aortic dissection is a life-threatening condition requiring immediate intervention, especially within the first 48 hours without treatment. Our current healthcare system faces challenges such as referral delays and lack of standardised care. In Klang Valley, there are 19 government and university hospitals, but only 3 with Aortic Centres. This proposal aims to create an Aortic Dissection Network (ADN) to streamline and coordinate patient management and improve outcomes, inspired by the successful Southwest NHS Aortic Dissection Pathway.

### Objectives:

The objectives include establishing a centralised ADN, developing standardised referral and transfer protocols, enhancing inter-hospital communication, providing specialised training, and improving patient outcomes through timely interventions and comprehensive care. In the proposed ADN structure, the network will comprise of designated Aortic Centres (e.g., HSIS, IJN, UM), referral hospitals, and network coordinators to ensure efficient management and communication.The objectives include establishing a centralised ADN, developing standardised referral and transfer protocols, enhancing inter-hospital communication, providing specialised training, and improving patient outcomes through timely interventions and comprehensive care. In the proposed ADN structure, the network will comprise of designated Aortic Centres (e.g., HSIS, IJN, UM), referral hospitals, and network coordinators to ensure efficient management and communication.

### Referral and Transfer Protocols:

Step 1: Early recognition and diagnosis using standardized protocols.
Step 2: Activation of time-critical referrals, directed by network coordinators to the nearest Aortic Centres.
Step 3: Rapid transfer via dedicated emergency ambulance services.

Quality improvement measures include a centralised database to track outcomes and continuous evaluation to refine protocols with trainings and public awareness campaigns. The initiative will roll out in two phases: the first in Klang Valley over 12 months and the second across Peninsular Malaysia over 24 months, with anticipated outcomes of reduced treatment times, improved survival rates, and the establishment of the Malaysian Registry of Aortic Surgery (MRAS).

### Conclusion:

Establishing the ADN will reduce treatment delays, improve survival rates, and standardise care for aortic dissection patients. Future collaborations with private sector Aortic Centres will further expand the network.

# ABSTRACTS

**Best e-Poster**

## ID37 Insights from a Five-Year Experience Managing Mycotic Aortic Aneurysms in a Malaysian Vascular Training Centre

**Topic : AAA – Abdominal Aortic & Iliac Aneurysm**

Yeoh Movinraaj | Karthigesu Aimanan | Putera Mas Pian | Kumaraguru V K Pillay | Hanif Hussein

### Objective:

To describe the clinical presentation, microbiological patterns, anatomical distribution, surgical strategies, antibiotic management, and outcomes of patients with mycotic aortic aneurysms (MAAs) treated at a high-volume vascular center in Kuala Lumpur, Malaysia.

### Methods:

We conducted a retrospective review of 70 patients diagnosed with MAA who underwent surgical or endovascular intervention between January 2018 and December 2023. Clinical, operative, microbiological, and follow-up data were collected and analyzed. Outcomes included mortality, complication rates, reintervention, and antibiotic duration. Kaplan-Meier survival analysis and Cox regression were used to estimate survival and assess predictors of mortality.

### Results:

The cohort had a mean age of 62.7 years; 90% were male. Common comorbidities included diabetes (77%) and hypertension (84%). Salmonella spp. (28.6%) and Burkholderia pseudomallei (17.1%) were the most frequently isolated organisms. The infrarenal aorta was the most commonly affected site. Thirty-eight patients underwent open repair and thirty-two had endovascular repair. Endoleaks (36.4%) and aorto-enteric fistulas (6.1%) were the common complications in the endovascular group. Reintervention was more frequent in the open group (26.3% vs. 18.8%). Early mortality was 2.8%, and estimated 2-year survival was 89%. Increasing age and ischemic heart disease were significant predictors of mortality.

### Conclusions:

Both open and endovascular approaches are effective for mycotic aortic aneurysm management when tailored to patient risk and anatomy. In tropical regions, endemic pathogens such as B. pseudomallei and M. tuberculosis should be considered. Long-term follow-up, antibiotic stewardship, and institutional experience are critical to favorable outcomes.

# ABSTRACTS

**Best e-Poster**

## ID41 Sealing the Leak, Saving the Limb: A Hybrid Approach to a Relentless Femoral Pseudoaneurysm

**Topic : AAA – Abdominal Aortic & Iliac Aneurysm**

Muhammad Ashraf Bin Mohd Noh | Mohd Abdul Hadi Bin Mohd Anuar | Putera Mas Pian | Hanif Bin Hussein

### Introduction:

Infected femoral artery pseudoaneurysms are rare but challenging vascular emergencies, particularly when complicated by infection and recurrence. The optimal management strategy remains controversial.

### Case Presentation:

We present the case of a 39-year-old male with diabetes mellitus, hypertension, and stage 3 chronic kidney disease, who developed a spontaneous, infected left common femoral artery (CFA) pseudoaneurysm. The patient presented with progressive thigh swelling, limb edema, and intermittent fever. Imaging revealed a large CFA pseudoaneurysm with extensive hematoma compressing the femoral vein. Blood cultures grew methicillin-sensitive Staphylococcus aureus (MSSA).

A hybrid, stepwise approach was adopted. Initial management included intravenous antibiotics and endovascular exclusion of the pseudoaneurysm with a balloon-expandable covered stent. Subsequent open evacuation of the infected hematoma was performed. Despite aggressive infection control, the patient experienced two further recurrences due to stent-related endoleaks, managed with additional endovascular stenting and prolonged antibiotics. Ultimately, persistent infection necessitated stent explantation and definitive extra-anatomic revascularization via an obturator bypass using a bovine carotid artery graft. This approach successfully restored limb perfusion and resolved the infection.

### Discussion:

This case highlights the complexity of treating infected femoral pseudoaneurysms, where infection undermines the durability of endovascular repair. While endovascular stenting provides rapid haemostasis and limb salvage in high-risk patients, it may serve best as a temporizing measure. Definitive open surgical bypass offers durable revascularization while avoiding the infected field. Our experience demonstrates that a tailored, hybrid approach can optimize outcomes, balancing infection control with limb preservation.

### Conclusion:

Hybrid management combining endovascular and open surgical techniques is crucial in complex, infected femoral pseudoaneurysms. Endovascular stenting can bridge to definitive extra-anatomic bypass, which remains essential for long-term success in the presence of persistent infection. Further studies are needed to refine treatment algorithms for these high-risk patients.

# ABSTRACTS

**Best e-Poster**

## ID52 Outcomes of Endovascular Therapy in End Stage Renal Failure Patients with Chronic Limb Threatening Ischemia: A Single Center Retrospective Study

**Topic : CLTI – Chronic Limb-Threatening Ischaemia**

Muhammad Aizat Tamlikha Ismail | Lim Wei Qian | Feona Sibangun Joseph | Benjamin Leong Dak Keung

### Introduction:

Patients with end-stage renal failure (ESRF) who develop chronic limb-threatening ischemia (CLTI) have disproportionately poor limb and survival outcomes. Endovascular therapy (EVT) is widely used to revascularize CLTI limbs in this cohort, but the outcomes remain incompletely defined.

### Methods:

Retrospective review of consecutive ESRF patients on maintenance dialysis who underwent EVT for CLTI between January 2022 and July 2024. Primary endpoint was limb salvage at 12 months (freedom from major amputation). Secondary endpoints: major adverse limb events (MALE: major amputation or major reintervention) and all-cause mortality.

### Results:

A total of 33 patients included (mean age 62.8 ± 8 years) underwent EVT. Majority of patient presented with Rutherford 5 (78%). All patients had hypertension and associated comorbidities such as Diabetes 93.8%, Ischemic heart disease 31.2%, Dyslipidaemia 62.5% and smoker 40.6%. The procedure was technically successful in 87.5%. Limb salvage at 12 months was 78.7% (26/33). MALEs occurred in 21.2% (7/33) of patient and of them which progress to mortality in 42.8% (3/7). One-year all-cause mortality was 18% (6/33). A total of 65.6% had positive culture with predominantly Gram-negative bacteria.

### Conclusions:

EVT for CLTI in ESRF patients can achieve acceptable limb salvage but is associated with high MALEs and mortality rates. Careful patient selection, aggressive wound care, and multidisciplinary management are essential. Larger prospective and comparative studies are needed to refine optimal strategies in this high-risk population.

# ABSTRACTS

**Best e-Poster**

## ID56 An Unprecedented Case of Spontaneous Internal Jugular Vein Rupture

**Topic : Vascular & Lymphatic Malformations**

Hisham Arshad Habeebullah Khan | Muhammad Hairulhazuan Hairuddin | Kishen Raj Chandrasakaran | Lenny Suryani Safri | Mohamad Azim bin Md Idris

### Introduction:

Primary venous aneurysms are localised dilatations of the vessel wall that are not caused by any identifiable factors. Spontaneous rupture of a venous aneurysm in an apparent healthy individual is a rare entity. We would like to present a case of a spontaneous internal jugular vein (IJV) rupture which to our knowledge has not been reported in the literature.

### Case Presentation:

A 28-year-old female with no medical illness presented with an acute, painful right neck swelling for two days which rapidly increased in size with no preceding trauma or procedure to the neck. There was no stridor, dysphagia or voice hoarseness. Examination revealed a tender right-sided neck swelling measuring 10×10cm, non-pulsatile with no overlying skin changes or audible bruit.
Contrast-enhanced CT (CECT) scan demonstrated a 4.7×8.5 ×8.8 cm intramuscular haematoma causing tracheal deviation and a dilated right IJV from the mandibular angle to the thoracic inlet. A wall defect with contrast extravasation indicating rupture was seen.

Patient underwent an emergency right neck exploration of which the right IJV was found to be ruptured with a huge haematoma posterior to the sternocleidomastoid muscle. The aneurysmal sac was excised and the IJV ligated. Postoperatively, she developed transient vocal cord paresis which resolved during subsequent follow up.

The histopathological examination showed inflammatory cells with reduced smooth muscle layer and markedly thickened intima suggestive of vascular malformation.

### Discussion:

JV rupture is frequently linked to trauma, diseased vessels, infection or postoperative neck surgery. Vascular ectasia is categorised under the group of vascular malformation.[1] It also has been synonymously described as venous aneurysm in literature.[2] This condition which is rare in adult population, is benign and infrequently causes serious complications.

No standard treatment has been proposed for internal jugular vein aneurysm. However, some authors concur that conservative treatment is the choice of treatment for asymptomatic cases, while surgery is reserved in symptomatic cases such as this case.

## Conclusion:

Spontaneous internal jugular vein rupture is a rare condition which may occur despite the absence of any early signs and symptoms from the neck region. This case demonstrates that IJV aneurysm can be safely treated with ligation and excision in an emergency setting.

# ABSTRACTS

**Best e-Poster**

## ID64 Iliac Artery Injury in Blunt Vascular Trauma: The Role of Endovascular Repair in Limb Salvage – A Case Series

**Topic : Vascular Trauma**

Sharhanin Bahrudin

### Introduction:

Trauma remain a major health issue, causing significant morbidity and mortality with vascular trauma account for 2-5% of all trauma admission. Vascular trauma can be either blunt or penetrating injury depending on the mechanism of injury with blunt trauma is more severely injured and have high mortality and higher amputation rate. Studies have shown that endovascular repair in traumatic iliac artery injury associated with lower morbidity and reduced mortality rate. Here , we present our experience managing blunt traumatic iliac artery injury using endovascular approach for limb salvage.

### Case Presentation:

We reported two cases of iliac artery injury following blunt trauma. The first patient sustained bilateral common iliac artery occlusion with concurrent intraabdominal injury and was successfully treated with bilateral iliac artery stenting using a covered stent, followed by laparotomy. The second patient sustained right external iliac artery occlusion associated pelvic bone fracture that was successfully underwent over the wire embolectomy followed by a covered stent insertion. Both patient achieved successful revascularization and limb salvage and were discharge well.

### Discussion:

The management of vascular trauma particularly in the setting of blunt injuries, remain a complex and time-sensitive challenge, especially in a difficult anatomy such as iliac arteries. Prompt revascularization in a threatened limb following vascular trauma is crucial in achieving limb salvage with good outcome. Endovascular technique offer the advantage of rapid vessel repair, especially in patients requiring simultaneous management of other traumatic injuries. In our cases, the hybrid endovascular approach provided effective limb salvage without the need for extensive open surgery..

### Conclusions:

Endovascular repair is a valuable option for managing blunt iliac artery trauma, particularly in polytrauma patients. It enables rapid revascularization and may reduce operative risk. While early outcomes are promising, larger studies are needed to evaluate long-term stent durability and refine patient selection criteria.

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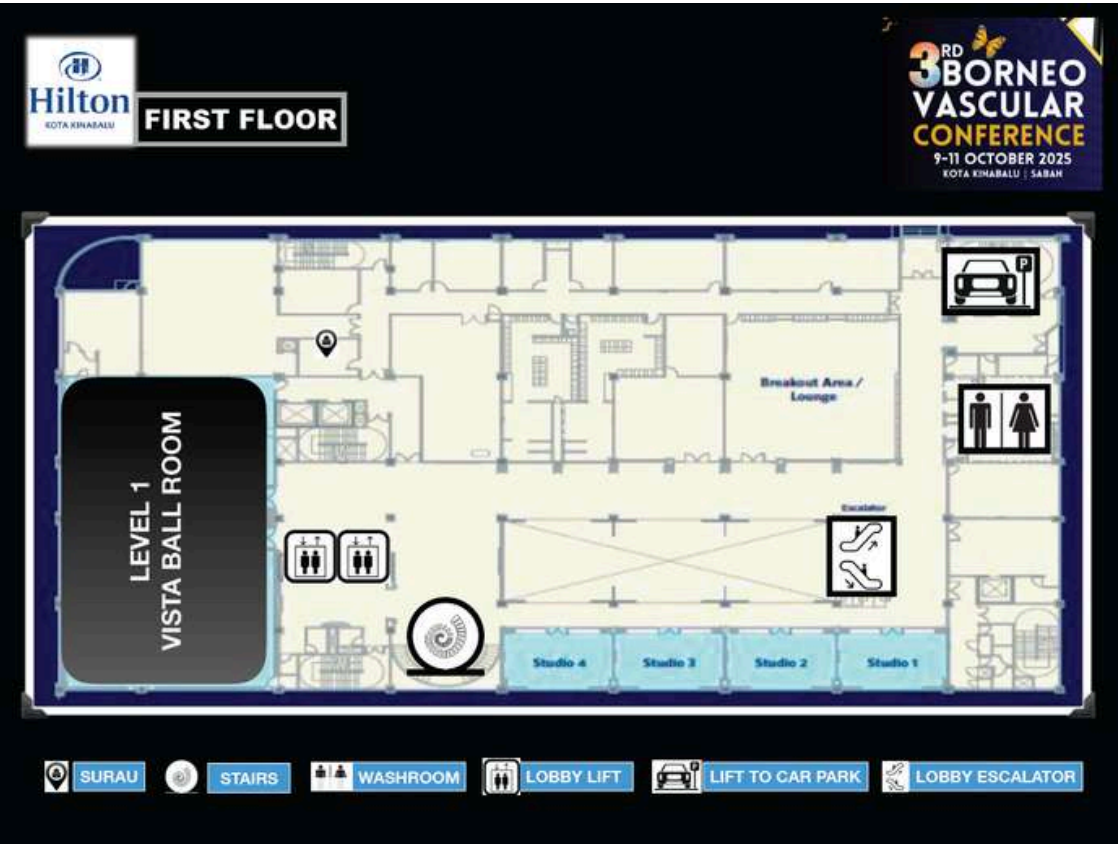
| 60 | Wires, Stents and the Heart-Lung Machine: TEVAR for Traumatic Aortic Injury Complicated by Intraoperative Aortic Rupture – Why BTAI Should Be Done by Cardiothoracic Surgeons | Aortic Dissection | Ng Chang Ern |
| 61 | Bullous Hemorrhagic Dermatosis Following Arteriovenous Fistula Puncture Hematoma | Vascular Access | Nur Farehah Johari \| Rosnelifaizur Ramely \| Mohamed Afiq Muizz Mohamed Rasidi \| Wan Zainira Wan Zain \| Firdaus Hayati |
| 62 | RLeft Proximal Ulnar Artery Mycotic Pseudoaneurysm: An Unusual Manifestation of Infective Endocarditis | Upper extremity arterial disease | Nur Farehah Johari \| Rosnelifaizur Ramely \| Abrizan Hassan \| Mohamed Afiq Muizz Mohamed Rasidi \| Wan Zainira Wan Zain1 \| Firdaus Hayati |
| 63 | Traumatic Iliac Arteriovenous Fistula Diagnosed 16 Years Following Gunshot Injury | Vascular Trauma | Hisham Arshad Habeebullah Khan \| Putera Mas Pian \| Hanif Hussein |
| 64 | Iliac Artery Injury in Blunt Vascular Trauma: The Role of Endovascular Repair in Limb Salvage – A Case Series | Vascular Trauma | Sharhanin Bahrudin |

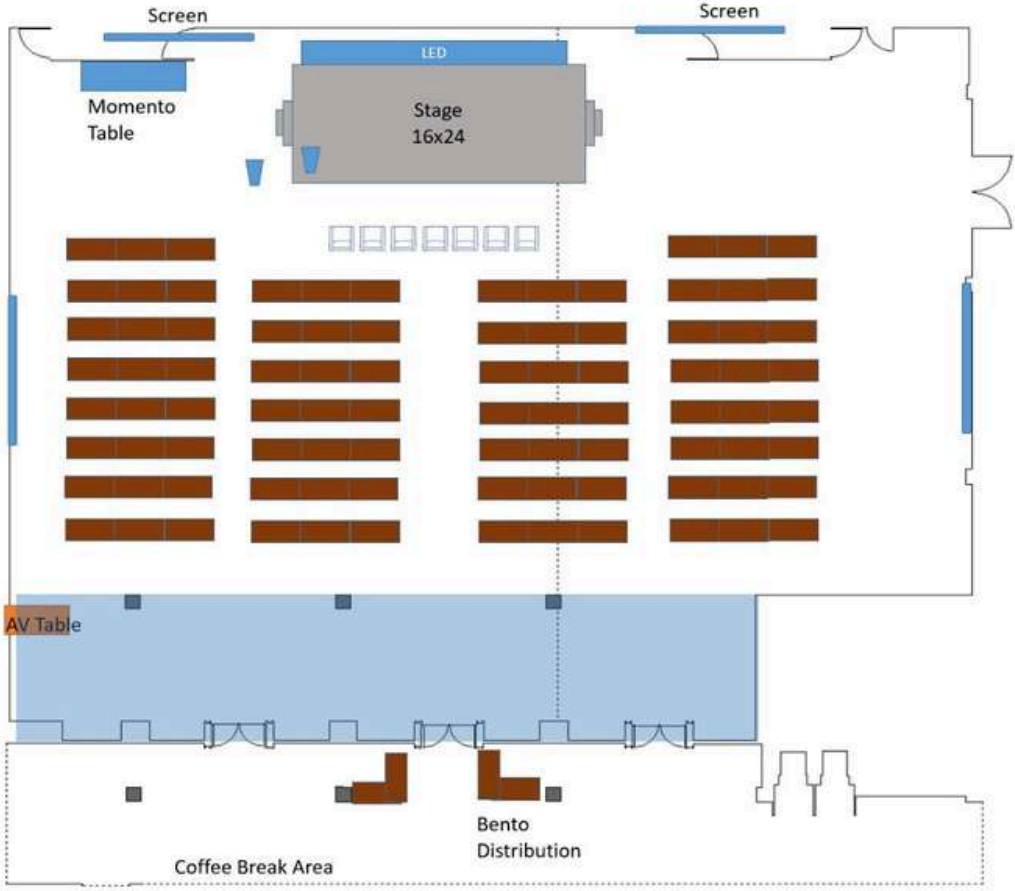
# FLOOR PLAN


Hilton
KOTA KINABALU
FIRST FLOOR
3RD BORNEO VASCULAR CONFERENCE
9-11 OCTOBER 2025
KOTA KINABALU | SABAH
LEVEL 1
VISTA BALL ROOM
Breakout Area / Lounge
Escalator
Studio 4
Studio 3
Studio 2
Studio 1
SURAU
STAIRS
WASHROOM
LOBBY LIFT
LIFT TO CAR PARK
LOBBY ESCALATOR

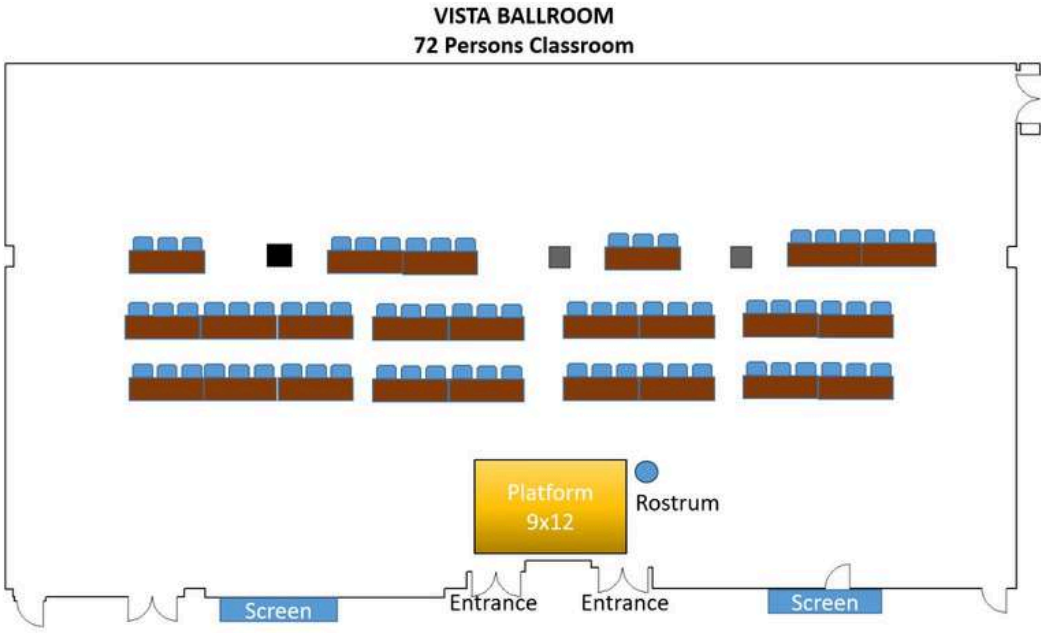
# FLOOR PLAN


Hilton
KOTA KINABALU
SECOND FLOOR
3RD BORNEO VASCULAR CONFERENCE
9-11 OCTOBER 2025
KOTA KINABALU | SABAH
GRAND BALL ROOM
EXHIBITORS HALL
GOLD SPONSORS
PLATINUM SPONSOR
SECRETARIAT
REGISTRATION
STAIRS
WASHROOM
LOBBY LIFT
LIFT TO CAR PARK
LOBBY ESCALATOR

# FLOOR PLAN


Screen
Screen
LED
Momento
Table
Stage
16x24
AV Table
Bento
Distribution
Coffee Break Area

# FLOOR PLAN


VISTA BALLROOM
72 Persons Classroom
Platform
9x12
Rostrum
Screen
Entrance
Entrance
Screen

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