

malignant obstruction, 1 patient had occluded pre-placed metallic stent by debris and pus and one patient had a stenotic bilioenteric anastomosis with inadequate history of previous surgery prior to ERCP. Rendez-vous technique was used in 2 patients for eventual placement of metallic stents. Clinical improvement evidenced with dropping bilirubin levels, resolving jaundice and sepsis-related symptoms were seen in all patients. Two-step external drainage with later conversion to internal metallic-stent drainage was performed in 2 patients. Single-step internal-external drainage was performed in 12 patients. No major complications were reported. Minor complications included fever, self-limiting intra-catheter bleed, skin infection, transitional catheter blockage and partial catheter dislodgment. **Conclusions:** PTBD remains an efficient method in the treatment of biliary obstruction in patients with failed retrograde endoscopic therapy. Our small series shows that PTBD remains the final resort in patients with failed endoscopic therapy in addition to its proven role as an initial approach for biliary decompression.

P407

To Compare the Efficacy and Complications of 16 Gauge and 18 Gauge Trucut Biopsy Needle in Ultrasound Guided Percutaneous Liver Biopsies

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Background: Ultrasound guided percutaneous liver biopsy is the gold standard for characterization of liver lesions and determination of diffuse liver disease and liver fibrosis. It is an easy but invasive method which sometimes may cause severe complications. **Methods:** This is a prospective study conducted from January 2016 to December 2016. A total of 426 patients were included in the study, out of which 244 (57.3%) were males while 182 (42.7%) were females. Mean age of the patients was 54.62 ± 13.25 years. 202 (47.41%) patients underwent liver biopsy by 16 gauge trucut biopsy needle while 224 (52.58%) patients had biopsies using 18 gauge needle. **Results:** Overall, mild pain was found in 86 (20.2%) patients, severe pain in 36 (8.5%) patients, vasovagal in 13 (3.1%) patients, local hematoma in 12 (2.8%), severe hemorrhage in 3 (0.7%), pneumothorax in 2 (0.5%) patients while 20 (4.7%) samples were inadequate. Comparison of complications in both groups showed that except inadequate specimen and severe pain, insignificant association of complications was observed in both group. Number of inadequate specimen was significantly higher in patients who underwent biopsy by 18 gauge trucut needle as compared to the patients who underwent biopsy by 16 gauge needle (P value 0.001). Severe pain was significantly higher in patients who underwent biopsy by 16 gauge needle as compared to 18 gauge needle (P value 0.016). **Conclusions:** Ultrasound guided percutaneous liver biopsy using either 16 or 18 gauge trucut needle is safe and effective method to characterize liver lesions with very low rate of complications. However 16 gauge needle should be preferred as the inadequacy of specimen in our study was higher for 18 gauge needle.

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Percutaneous Cryoablation of Symptomatic Abdominal Wall Endometriosis: Mid-Term Outcomes and Comparison with Surgery Alone in a Single Institution

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Background: To compare the outcomes of percutaneous image-guided cryoablation of symptomatic abdominal wall endometriosis (AWE) versus surgery alone. **Methods:** From 2004 to 2016, cryoablation or surgery alone was performed for AWE in a single institution in 7 (mean age: 36.1 y) and 13 (mean age: 31.9 y) patients, respectively. Fifteen lesions were treated by cryoablation (mean size: 2.3 cm; range 0.5-7 cm) and 16 by surgery (2.5 cm; 1.1-3.4 cm). Tolerance, efficacy and patient and procedural characteristics were compared. **Results:** Median follow-up was 22.5 (range: 6-42) months after cryoablation and 54 (14-149) after surgery. The median procedure and hospitalization durations were 41.5 minutes (24-66) and 0.8 days (0-1) after cryoablation, and 73.5 minutes (35-160) and 2.8 days (1-12 days) after surgery (both $P = 0.01$). Fifteen patients had general and 5 had local anesthesia (3 cryoablations and 2 surgery). Three patients (23.1%) had severe complications and 9 esthetic sequels (69.2%) after surgery, none after cryoablation ($P = 0.05$). The median 12 and 24-month symptom free-survival rates were 100% and 66.7% [95%CI: 5.4; 94.5] after cryoablation and 92% [55.3; 98.9] after surgery at both time points ($P = 0.45$). **Conclusions:** Cryoablation presents similar effectiveness to surgery alone for local control of AWE while reducing hospitalization duration and complications.

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Efficacy of Trans-arterial Chemoembolization in Combination with Percutaneous Ethanol Injection for Hepatocellular Carcinoma

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Background: To evaluate combined efficacy of trans-arterial chemoembolization (TACE) using drug eluting beads, Hepasphere (Merit medical, USA), with percutaneous ethanol injection (PEI) for hepatocellular carcinoma (HCC) a retrospective review was conducted. **Methods:** During January 2015 to January 2017, 34 patients with hepatocellular carcinoma underwent combined therapies (TACE + PEI). Out of these two patient's were excluded because lipid was used. The tumour response at 3 months, 6 months, 12 months and 24 months was evaluated using a pre-defined criterion. **Results:** Most of the tumours were located in right lobe. The tumour size ranged from 1-10 cm with mean size of 4.2 cm. The average amount of alcohol used was 12 ml. The tumour response rates in the combined TACE + PEI showed more than 90% reduction in arterialisation at 3 and

6 months' follow-up in 16 (50%) patients, while at 12 months' follow-up this response decreased to 13 (40%) tumours. 6 (18%), patients showed approximately 60-90% reduction of arterialization, while only in 2 (0.06%) patients no response was observed and in one patient disease progression was observed at three months followup. **Conclusions:** In terms of the effect on the tumour response, combined TACE + PEI therapy was an effective in controlling the disease process.

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Response of Intra-Arterial Chemoembolization Using Hepaspheres in Hepatocellular Carcinoma – Our Initial Experience

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Background: To retrospectively assess the response of intra-arterial chemoembolization using hepasheres in patients of hepatocellular carcinoma. **Methods:** Being tertiary care facility and largest liver transplant center in the country, our Center is a primary referral center for patients of hepatocellular carcinoma. From March 2014 to November 201, 38 patients (27 males and 12 females) with 43 hepatocellular carcinoma lesions fulfilled the criteria for intra-arterial chemoembolization and underwent the procedure. All the patients were evaluated with follow up dynamic CT and/or MRI six weeks after the procedure using modified response evaluation criteria in solid tumors (mRECIST). **Results:** Mean size of the lesions was 4.9 cm (range 1.1 to 10 cm). Child- Pugh score was A in 26 patients and B in 12 patients. Technical success rate of TACE was 100%. No major complications were documented. Complete response was observed in 13.9% of lesions whereas partial response in 65.1% of lesions, 13.9% of lesions remained stable and progressive disease was documented in 13.9% of lesions. **Conclusions:** Our initial experience shows, in patients of unresectable HCC, TACE using hepasheres is a safe option with good response.

P503

Efficacy of Ultrasound Guided Foam Sclerotherapy in Treatment of Chronic Venous Ulcer and Controlling Ulcer Induced Pain: An Egyptian Experience

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Background: Chronic venous ulcers forms about 75% of leg ulcers as severe sequel of chronic venous insufficiency and venous hypertension, associated with pain affecting patient's quality of life. Our objective is assessment of ultrasound guided foam sclerotherapy in treatment and control of pain of chronic venous ulcer. **Methods:** A prospective study is conducted on 60 patients with 65 ulcers to evaluate the efficacy of ultrasound guided foam sclerotherapy injection in management of chronic venous ulcers.

Patient follow up is done regards ulcer healing. Numerical pain score after 72 hours, 1 week and on follow up visits. Duplex scans were done preprocedural and after 1st week, 3 months and 6 months. **Results:** A total of 65 legs were treated in 60 patients had the procedure done, age (30 to 70); 23 patients (38%) were CEAP 5, 42 patients (70%) were CEAP 6. Fifty ulcers (76%) healed after the 1st month follow up becoming 59 (90%) after 3 months then 62 (95%) at 6th month. No recurrence appeared after the first month, 6 appeared after 3 months (9%) and 9 recurred after six months follow up (13%). Numerical pain score showed 75% of patients' pain relief after 72 hrs, 100% relief after 1 week. **Conclusions:** Foam sclerotherapy shows significant efficacy in venous ulcer healing and reduction in ulcer induced pain in 72 hours reaching complete pain resolution after 1 week.

P504

Case Reprint: Management of Cervical Ectopic Pregnancy with Uterine Artery Embolization

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Background: We present a rare case of cervical ectopic pregnancy managed by Interventional Radiology. A 44-year old female presented to the ER with complaints of dizziness, fatigue, non radiating left pelvic pain and 5 days of heavy vaginal bleeding with clots. The patient denied ongoing pregnancy, any prior similar episodes or any additional symptoms. **Methods:** The speculum exam showed large bulging hyper vascular cervix actively bleeding with clots. No purulent discharge was noted. The bladder was not palpable and non-tender. Otherwise, the physical exam was unremarkable. Beta-HCG levels were elevated (71964 mIU/ml). Sagittal transvaginal ultrasound of the uterus demonstrated an empty uterine cavity with intracervical normal appearing gestational sac containing a fetal pole (CRL of 1,65 cm), amnion and yolk sac. The patient was counseled for the available therapeutic options including surgical management versus a combination of medical and embolization and opted for the latter. In the IR-suite, the patient underwent a selective embolization of the uterine arteries with Gelfoam. **Results:** Post embolization, the patient's bleeding decreased significantly which manifested in significant improvement in the vital signs. The patient was started on a Methotrexate regimen. After 2 days, the patient's Beta-HCG dropped to 3,646 mIU/ml and she was discharged home. On her 1 month follow-up appointment, the patient denied any cramping, discharge or bleeding. **Conclusions:** In cases in which patients decide to avoid surgical options, Interventional Radiology offers alternatives approaches. This case report has demonstrated the efficacy of managing ectopic pregnancies by a combination of embolization and medical therapy.

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Emergency Tranarterial Embolization of Ruptured Hepatocellular Carcinoma

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