

portal vein embolization is standard procedure done to enhance the size of the future remnant liver. It is simple and relatively safe procedure with low complication rate. The non-target embolization complication is very rare and if it happened it usually involve the future remnant liver portal vein branches. Non-target lung embolization during portal vein embolization is not reported in the available English literature. Intrahepatic porto systemic vascular malformation is rare in non-cirrhotic liver. **Result(s):** A 60 -year- old male patient with metastatic colonic cancer to the liver is referred for interventional radiology for preoperative right portal vein embolization. He underwent contrast enhanced CT and MRI which show the right hepatic metastasis and normal patent portal vein system with standard anatomy. Ipsilateral portal vein approach was utilized after portogram, right portal vein embolization was done using amplatzer plug followed by glue. During glue injection, small amount the glue was seen flowing into the heart and bilateral lungs through a retrospectively seen an intrahepatic portosystemic venous fistula. Patient remained clinically stable. After four-week patient underwent right hepatectomy and had uneventful post-operative course. **Conclusion(s):** although an intrahepatic porto systemic venous fistula is rare in non-cirrhotic liver careful evaluation of portal vein especially conventional portogram is mandatory before portal vein embolization to avoid non-target embolization.

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Sentinel Node and Occult Lesion Localization in Non-Palpable Breast Carcinoma: Will it be Standard Procedure

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Background: SNOLL (combined ROLL-Radioguided Occult Lesion Localization and SLN-Sentinel Lymph Node mapping) in one session is the new proposed standard technique used for non palpable invasive breast carcinomas, it overcomes difficult technicalities encountered with WGL (Wire Guided Localization) with wire migration being the most common encountered. Also, it doubled the benefits of both accurate radioactive localization and excision by gamma held camera intra-operative and Sentinel lymph node mapping for infiltrated malignant lymph nodes with much less time consuming in one imaging guided injection intervention procedure either US or mammography or MRI guided, 0.2 ml 99m TC MAA and 0.2 ml 99m TC nanocolloid intra-tumoral and peri-areolar respectively. **Method(s):** Review study paper for the most recent published papers about SNOLL and it's efficiency as a standard procedure for non palpable breast carcinoma Localization and Sentinel lymph nodes mapping. **Result(s):** All 8 most recent studies about SNOLL was in favour of this new technique, only one study reported that WGL and ROLL alone are comparable. Not any study was against the procedure. The comparative tools used in these studies are many yet most important used are; negative margins, re-operate rate, operation time, volume and excised specimen weight, successful excision and SLN mapping. **Conclusion(s):** SNOLL proved it is accurate, simple, safe, reliable technique, it improves negative margins in many studies and recommended to be the standard procedure.

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Selective Treatments Including Trans-arterial Chemoembolization in Hepatocellular Carcinoma Patients Combined with Segmental or Subsegmental Portal Vein Tumor Thrombosis, 1 Year Survival

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Background: To determine efficacy and safety of selective TACE in patients with hepatocellular carcinoma (HCC) and segmental and subsegmental portal vein tumor thrombosis (PVTT). **Method(s):** During 12 months, 20 consecutive child a patients with single HCC and segmental or subsegmental PVTT were treated selectively with conventional TACE (lipiodol+adriamycin) using a microcatheter. Mean age was 58 years, 12 (60%) were males. Abdominal ultrasound was done after 1 week to detect ascites. Liver functions was done after 1 week to detect any change then after 1 month then every 3 months for 1 year. Follow up with triphasic CT was performed after 1 month then every 3 months for 1 year. **Result(s):** After 1 week, decompensated ascites was noted in only one patient (5%). After 1 month, complete response was detected in 15 cases (75%), partial response in 5 cases (25%). One case (5%) died during the follow up. Overall survival rates at 12 months was 95%. **Conclusion(s):** Selective TACE is effective and safe in HCC patients with segmental or subsegmental pvtt with excellent survival rate at 12 months.

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Bland Embolization in Hepatocellular Carcinoma Patients with Borderline Liver Functions, 1 Year Survival Rate

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Background: To determine efficacy and monitor safety of bland embolization in patients with hepatocellular carcinoma (HCC) and high bilirubin level. **Method(s):** From January 2017 to June 2018, 25 consecutive HCC patients who were Child-Pugh class b with high bilirubin level (> 2 mg/dl and < 4 mg/dl) and no ascites and no signs of extrahepatic disease were treated selectively with bland embolization (PVA 150-250 μ m for HCC < 5 cm and 255-350 μ m > 5 cm) using a microcatheter. Mean age was 55 years, 16 (64%) were males. Abdominal ultrasound was done after 1 week to detect ascites. Liver functions was done after 1 week to detect any change then after 1 month then every 3 months for 1 year. Follow up with triphasic CT was performed after 1 month then every 3 months for 1 year. **Result(s):** After 1 week, decompensated ascites was noted in two patients (8%). After 1 month, complete response was detected in 15 cases (60%), partial response in 10 cases (40%). Three cases (12%) died during the follow up. Overall survival rates at 12 months was 88%. **Conclusion(s):** Bland embolization is effective and safe in Child-Pugh class b patients with HCC with high survival rate at 12 months.