

P205**Combined Trans-arterial Embolization and Microwave Ablation for the Treatment of >3 cm Liver Metastases**

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Background: Evaluate efficacy and safety of a combined therapy for liver metastases treatment >3 cm, using a two-step single session combined approach of transarterial embolization (TAE) followed by percutaneous microwave ablation (MWA) for curative intent. **Method(s):** Between January 2015 and December 2017, 24 technically unresectable liver metastases >3 cm were selected for the combined treatment. The percentile variation in ablated tissue volume with respect to a stand-alone thermal coagulation therapy (δv) was calculated. The final ablation volume (VE-T) was compared with the initial nodule volume (VN) and the expected ablation volume of stand-alone MWA (VT). Technical success was defined as complete target devascularization at the immediate post-procedural CT. One, 3, 6 and 12 months post-procedure follow-up was performed and major and minor complications were reported. **Result(s):** Tumor dimension ranged from 32 to 73 mm. Full technical success was achieved in all treated tumors. The final ablation volumes were in the range 50-450 cm³ with short-axis diameter of the ablation zone ranged between 12 and 48 mm. The mean δv increment in final ablation volume with respect to stand-alone MWA was 196% (range: 25 cm³ – 210 cm³) (p<0.05). The VE-t mean was 4 times the VN mean, while the VT mean was about twice the VN mean. No recurrence and only one major complication were observed. **Conclusion(s):** Our results provide preliminary evidence of efficacy, obtaining a larger necrotic area, and safety, for the low complication rate, of a combined two-step single-session TAE-MWA treatment of unresectable hepatic metastasis >3 cm.

P206**Assessment of Arterial Supply and Response to Trans Arterial Therapy of Caudate Lobe Hepatocellular Carcinoma: A Retrospective Single Institution Study**

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Background: To retrospectively study the angiographic supply of HCC located in caudate lobe and evaluate the response rate after trans arterial chemo embolization or trans arterial radio embolization. **Method(s):** A total of 12 patients (M:F=10:2) with mean age of 65 with caudate lobe HCC. Nine patients (75%) had solitary lesion and 3 patients (25%) had 2 lesions. Patients were treated with TACE (n= 5) and TARE (n= 7) Response rates was assessed on follow up imaging using mRECIST. **Result(s):** Tumor supply to caudate lobe HCC was from the right hepatic artery in 54.5% (n= 6), left hepatic artery 36.4% (n= 4) and left

hepatic/right inferior phrenic arteries in 9.1 % (n= 1). Complete lesion response was achieved in 75% (n=9), one of which had liver transplant. Disease recurrence at 14 and 6 months follow up in 16.6%. One patient has no follow up. **Conclusion(s):** Trans arterial therapy of caudate lobe HCC is effective in treatment and down staging HCC. Careful angiographic evaluation of arterial is essential to improve outcomes.

P207**Uterine Artery Embolization and Methotrexate Infusion as Sole Management for Cesarean Scar and Cervical Ectopic Pregnancies: A Single-Center Experience**

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Background: The incidence of cesarean scar pregnancy (CSP) and cervical pregnancy (CP) increased significantly in recent years. The related hemorrhage can be lethal and often needs hysterectomy. This study aims to assess the technical and clinical results of uterine artery embolization (UAE) combined with intra-arterial methotrexate (MTX) infusion for CSP and CP. **Method(s):** A retrospective study was conducted for eleven patients (age range from 25-40 year, mean; 31.8 y) with CSP (7/11) and CP (4/11). The diagnosis was confirmed by elevated b-hCG levels (mean 31.245 mIU/mL) with sonography and/or magnetic resonance imaging. They were treated with UAE using particulate embolic material. In all patients, the infusion of MTX (50 mg/m²) was performed before UAE. Follow-up periods after UAE ranged between 6 to 24 months included weekly sonography and b-hCG level assessment. **Result(s):** In ten patients, UAE controlled active vaginal bleeding and reduced post-procedural b-hCG levels significantly by the second week. One patient presented with persistent elevated b-hCG level and vaginal rebleeding. The rebleeding was successfully controlled by second UAE procedure. The ectopic pregnancies were resolved and uterus was preserved in all patients. No major complications were detected. Normal menses resumed within 2 months after UAE. Two patients had subsequent natural successful intrauterine pregnancies. **Conclusion(s):** UAE combined with intra-arterial MTX infusion resulted in resolution of ectopic pregnancies with control of hemorrhage and without hysterectomy in this small group of patients.

P301**Computed Tomography Guided Drainage of Postsleeve Gastrectomy Leak Collection**

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Background: Sleeve gastrectomy is now very popular bariatric surgery. post sleeve gastrectomy leak is challenging complication to treat. conservative management is preferred over operative one. drainage of the leak collection with endoluminal stenting is essential component of conservative management. CT guided percutaneous drainage is alternative to surgical and endoscopy drainage. no standards approach for post sleeve gastric leak is