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

established. **Method(s):** Retrospective review of all post sleeve gastrectomy leak collection CT guided percutaneous drainage from February 2011- September 2018 done in our institution. our institution is well known center of excellent for post sleeve gastrectomy leak management. **Result(s):** 53 patients underwent CT guided percutaneous drainage for post sleeve gastrectomy leak collection (23 females and 30 males; average 33.8 range 18-65). All procedures were done using CT guidance and Seldinger technique. Drains size range from 10-14 Fr. Technical and clinical success was 100 %. 1 patient had bleeding complication that was treated by embolization. 10 patients need drain change or adjustment. No patient underwent surgery for collection management. indwelling drain time average of 70 days. All patient underwent endoluminal stent placement. **Conclusion(s):** CT guided percutaneous drainage of post sleeve gastrectomy leak is safe and effective treatment.

P302

Ultrasound Guided Trans-Gluteal Approach for Percutaneous Collection Drainage: Why, Who and How?

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Background: Percutaneous abscess drainage is the standard of care in the absence of indications for immediate surgery. Variety of disorders can produce fluid collections in the lower abdomen and pelvis. These pelvic collections can be drained in several approaches with the trans-gluteal approach being useful and effective. Advantage of the ultrasonographic approach include less time in the CT-imaging area, less procedural time, less radiation exposure, and ability to avoid blood vessel puncture by real-time color Doppler during catheter placement. Disadvantages include poor sonographic penetration in the deep pelvic tissues of even an average-sized adult. **Method(s):** We elected to overcome the necessity of CT-guidance for drainage of pelvic collections by using trans-gluteal sonographic guidance. Curved-3-5 MHz transducer is used to scan the pelvis with the patient in prone position from para-sacral regions. The coccyx was palpated as a landmark, and the puncture site should be caudal and close to this landmark to avoid damage to the neuro-vascular bundle. Oblique-sagittal or axial imaging through the area of the greater sciatic foramen is used to guide the needle into the collection. Drainage can be performed by using the Seldinger or trocar technique under local and conscious sedation. The catheter removed once the output diminished to <20 ml/day for 48-72 hours. **Result(s):** We elected to overcome the necessity of CT-guidance for drainage of pelvic collections by using trans-gluteal sonographic guidance. Curved-3-5 MHz transducer is used to scan the pelvis with the patient in prone position from para-sacral regions. The coccyx was palpated as a landmark, and the puncture site should be caudal and close to this landmark to avoid damage to the neuro-vascular bundle. Oblique-sagittal or axial imaging through the area of the greater sciatic foramen is used to guide the needle into the collection. Drainage can be performed by using the Seldinger or trocar technique under local and conscious sedation. The catheter removed once the output diminished to <20 ml/day for 48-72 hours. **Conclusion(s):** Ultrasonographic-guided trans-gluteal abscess drainage is an alternative route for pelvic collections. This

procedure is safe and effective for moderate/large fluid collections in non-obese patients and eliminates the need for using valuable CT time to perform these procedures.

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Transrectal Ultrasound Guided Drainage of Deep Pelvic Abscess in Females

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Background: Percutaneous drainage is a standard treatment for patients with pelvic abscess. However deep abscess might be challenging for percutaneous root especially small volume collections which are relatively commoner in females in child bearing period being prone to a number of etiologies, commonest of which are postsurgical complications, pelvic inflammatory disease and complicated inflammatory bowel disease. Transrectal guidance allows drainage of the inaccessible deeply seated pelvic collections due to close proximity to the collection. We favor aspiration over drainage catheter insertion to avoid fistulation and patient inconvenience. To assess the technical and clinical success or the transrectal ultrasound guided drainage of deep pelvic abscess in females. **Method(s):** From January 2015 to October 2018; 34 female patients were presented to Ain Shams University Interventional Radiology Unit for deep pelvic abscess drainage. A 14 G 25 cm needle was introduced through adapter over a the endocavitary probe. Complete aspiration was always tried with irrigation with normotonic saline till aspirate clearance. Local injection of broad spectrum antibiotic was injected before removal of the needle. **Result(s):** Technical success defined as ability to completely aspirate the abscess was achieved in 30 patient (88%). In 3 patients abscess could not be aspirated completely due to relatively large volume, and 1 patient due to markedly thick abscess content necessitating surgical drainage. Clinical success defined as no recurrence within the first 3 months was 86%. 4 cases had recurrence with procedure redo. 1 had second recurrence and referred for posterior colpotomy. No major complications were seen, minor self-limiting anal pain was noted in most of the cases and managed conservatively, minor self limiting rectal bleeding occurred in 3 cases. **Conclusion(s):** Transrectal US guided aspiration of deep pelvic abscess in females shows relatively high rates success with low rates of complications and should be tried before surgical drainage.

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Percutaneous Image-Guided Gastrostomy Insertion with and without Gastropepy: A Single Tertiary Care Center Experience in Saudi Arabia

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