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128-Slice Computed Tomography Evaluation of Takayasu Arteritis in South Punjab (Pakistan) Initial Experience at CPEIC, Multan

Maham Munir Awan, Mahe Munir Awan¹,
Aftab Akbar¹

Chaudhary Pervaiz Elahi Institute of Cardiology, ¹Nishtar Medical University, Multan, Pakistan.
E-mail: maham.amj@gmail.com

Background: Takayasu arteritis (TA) alternatively known as a pulseless disease and aortic arch syndrome is an inflammatory and stenotic disease of medium- and large-sized arteries. Extensive research has revealed the prevalence of TA in Asia among teenagers and adults, resulting in consistent high blood pressure. In this study, selected patients with the prevalence of TA suspected on color Doppler ultrasound study were further evaluated with 128-slice computed tomography (CT) angiography. **Methods:** It is a prospective study consisting of 4012 patients who were referred to Radiology Department of Chaudhary Pervaiz Ellahi Institute of Cardiology, Multan (Pakistan) (which is a hub of vascular diseases), for 1 year. All patients underwent color Doppler ultrasound study for limb ischemia, renovascular hypertension, and carotid Doppler ultrasound for stroke-like symptoms, followed by CT angiography using 128-slice CT scan and low-osmolar contrast media. Maximum intensity projection, multiplanar reconstruction, and three-dimensional reconstruction of image data were done. **Results:** A total of 4012 patients were studied. Among them, six patients were diagnosed with the disease (TA) with a male:female ratio of 1:5. **Conclusion:** CT angiography is a very useful and reliable method of diagnosing TA, assessing disease activity, and a guide to treatment and follow-up.

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A Retrospective Comparative Study of Four Different Transarterial Regimens for Treatment of Hepatocellular Carcinoma

Abdulaziz Almat'hami, Hatim Alobaidi¹,
Yusuf Alzahrani², Rebecca Zener,
Daniele Wiseman, Amol Mujoondar

Western University, Ontario, Canada, ¹Prince Sultan Military Medical City, ²King Abdulaziz Medical City, Riyadh, Saudi Arabia.
E-mail: abdulazizalmathami@gmail.com

Background: Transarterial chemoembolization (TACE) is known to be a valid palliative measure in treating hepatocellular carcinoma (HCC). Indeed, it is considered as the first option in treating patients with unresectable multinodular HCC in the absence of portal vein thrombosis or invasion with preserved liver function. Furthermore, chemoembolization is also used as an adjuvant therapy to prevent tumor progression or to downstage the tumor to meet the transplantation criteria. Despite that, there is no standardized treatment regimen for chemoembolization. This single-center retrospective study aims to compare four different regimens of TACE for the treatment of unresectable HCC to assess tumor response, time to progression (TTP), and median survival. **Methods:** Ninety-eight TACE procedures on 88 patients with unresectable HCC (77 males and 11 females; mean age 68.4 years) performed between June 2007 and July 2014 were included.

Four groups based on the regimen were compared. This includes 10 patients treated with I-131-lipiodol combined with cisplatin and doxorubicin (Group A), 15 patients treated with cisplatin and doxorubicin mixed with lipiodol (Group B), 53 patients treated with doxorubicin mixed with lipiodol (Group C), and 10 patients treated with doxorubicin-eluting beads (DEB-TACE) (Group D). The outcome measures reviewed were imaging response, TTP, technical success, and median survival. The tumor measurements were analyzed based on mRECIST criteria. Statistical analysis was performed using ANOVA and *post hoc* Tukey's test. **Results:** There is no statistically significant difference in the baseline tumor size among the study groups ($P = 0.67$): (Group A: mean 7.9 cm, median 6.3 cm; Group B: mean 6.1 cm, median 5.6 cm; Group C: mean 6.2 cm, median 5.7 cm; and Group D: mean 6.0 cm, median 4.7 cm). A complete response to the treatment was slightly higher in Groups B and C (15% and 13%, respectively) compared to Groups A and D (10%). The median TTP was shorter in Group A (4 months) compared to (6 months) Groups B, C, and D. There is no significant difference in median survival among the study groups ($P = 0.96$). **Conclusion:** Based on our review, there is no significant difference in imaging response, TTP, and survival between single agent TACE, dual agent TACE, radiochemoembolization with dual agents, and DEB-TACE.

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Evaluation of Prostatic Lesions by Transrectal Ultrasound, Color Doppler, and the Histopathological Correlation

Gaurav Katyal, Babu Ram Goyal,
Archana Mathur, Ravikumar Patel

Max Superspeciality Hospital, New Delhi, India.
E-mail: garvdel@gmail.com

Background: Prostate cancer is the most common malignancy in men in the United States, with approximately 192,280 cases diagnosed yearly. Globally too, prostate cancer happens to be the second-most common cancer among males, with annual incidence reaching up to 679,060 cases. The diagnosis and treatment of prostate cancer are very challenging. The current methods of screening for prostate cancer include measuring serum prostate-specific antigen levels (PSA), digital rectal examinations (DREs), and transrectal ultrasound (TRUS). A color Doppler ultrasound, because of its ability to effectively visualize vascular changes, provides a better diagnostic as well as prognostic value. Prostate cancer, in common with many other tumors, shows increased angiogenesis, resulting in increased microvessel density. Increased color Doppler blood flow tends to indicate more aggressive tumors with higher Gleason grades as well as a higher risk of recurrence. Due to the benefits of a color Doppler test, it is gaining popularity as a diagnostic modality for differentiating between various prostatic lesions with a reported benefit over the conventionally used TRUS approach. **Methods:** The study was carried out on a total of 40 male patients, aged 50–80 years, with serum PSA levels of 4–10 ng/ml in the absence of urinary tract infections, acute urinary retention, acute prostatitis, or recent catheterization and having a hard, enlarged nodular prostate on DRE. The project was approved by the institutional ethics committee. Informed consent was obtained from all the participants. All suspected patients attending the surgical outpatient/inpatient of our institution who fulfilled the inclusion criteria were examined in the left lateral decubitus, knee-chest