

the procedure and on 6 weeks follow up CT scan. There were two minor complications (n = 2, 13%). **Conclusions:** Fluoroscopy guided percutaneous hydrodissection is a safe and effective technique prior to radiofrequency ablation of hepatic malignancies abutting the liver capsule.

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Tumor Cell Needle Tract Seeding and Intracardiac Migration Following Percutaneous Image Guided Fiducial Seeds Implantation: A Two Rare Complications

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Background: Fiducial markers are useful for stereotactic body radiotherapy for treatment of malignant tumors. Here, we report two cases of rare complications following percutaneous fiducial markers placement. **Methods:** First case, a 51-year-old male with high grade metastatic neuroendocrine tumour of the liver who underwent ultrasound guided placement of four fiducial markers in the right hepatic lobe tumour. Second case, a 41-year-old lady with rectal adenocarcinoma and pulmonary metastasis who underwent CT guidance fiducial markers placement in four metastatic lung lesions. **Results:** First case developed tumor cell seeding along the needle tract of the fiducial marker placement procedure. This was detected on follow up cross sectional imaging. Second case developed intracardiac migration of one of the fiducial markers into the left ventricle during the procedure. The patient continues to be totally asymptomatic on follow up after one and half month after the procedure. The migrated fiducial marker has not changed its location in the left ventricle as well. **Conclusions:** Although rare, tumour cell tract seeding and intracardiac migration following percutaneous fiducial markers placement are potential complications and should be taken in consideration.

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Comparison of Efficacy of Transarterial Chemoembolization and Radiofrequency Ablation For Treating Solitary Hepatocellular Carcinoma in Patients with Hepatitis B or C

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Background: Hepatocellular carcinoma (HCC) is a common cancer and ranks second amongst all causes of cancer deaths world wide. Its incidence is increasing day by day in many countries specially in Pakistan due to high prevalence of hepatitis B and C which is known risk factor for HCC. **Methods:** This is a retrospective study conducted from January 2015 to December 2015, in which total 148 patients were enrolled with mean age of 56.7 years out of which 84 were men and 64 were women. 102 patients were HCV positive and 46 patients were HBV positive. All patients had solitary HCC (<4 cm). Out of 148 patients, 68 underwent RFA (45.9%) and 80 patients underwent TACE (54.1%). The response of treatment was assessed at 6 weeks follow up by

quadriphasic CT scan. Patients were followed up to 2 years for overall survival. **Results:** A total of 148 patients with solitary HCC were enrolled [RFA 68 (45.9%) and TACE 80 (54.1%)]. At 6 weeks of follow-up, complete response was found higher in RFA group patients which was 67.6%, as compared to patients who had TACE which was 45%. Progressive disease and partial response in TACE was 17.5% and 30% respectively (*P* value 0.031) which is higher than RFA. At 1 year follow-up, out of total 148 patients, significantly higher mortality was observed in TACE (17.5%) as compared to RFA (2.9%) (*P* value 0.004). Among these 132 alive patients, follow-up at 2 year showed insignificantly higher mortality in TACE (18.2%) as compared to RFA (9.1%) (*P* value 0.128). **Conclusions:** RFA is considered as first line of treatment for solitary HCC whereas TACE can be taken as alternative treatment when RFA is not possible.

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Complete Ablation Rate of Percutaneous Radiofrequency Ablation of Hepatocellular Carcinoma in Favorable and Unfavorable Locations: Using Real Time Ultrasound Guidance and Expandable Electrode Needle

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Background: To evaluate the success rate of percutaneous radiofrequency ablation (RFA) for hepatocellular carcinoma (HCC) by using real time ultrasound guidance and expandable electrode. **Methods:** A retrospective study reviewed of CT and MRI findings from August 2015 to October 2016 of 91 HCCs. The patient's data, RFA data, location of the HCC, complication after procedure and imaging success rate of complete ablation were analyzed. The size of tumor range 0.5-4.5 cm. We performed RFA by using real time ultrasound guidance and expandable electrode needle (LeVeen, Boston scientific cooperation, USA) with stepwise method and double ablation method to reduce ablation time and more ablative area. The unfavorable locations of tumor (exophytic appearance, near capsule, near gallbladder, near bowel, near vessels) were performed without artificial ascites. **Results:** Complete ablation was obtained in 91.2% (73/91) of all HCCs. The complete ablation rate in favorable location was 100% (12/12), while the complete ablation rate in unfavorable location was 89.9% (71/79). Only one complication was found in 91 sessions of all HCCs. **Conclusions:** Using expandable electrode catheter combined with real time ultrasound guidance help ablates tumor in high risk locations with high success rate, low complication and fast operation time.

P301 (Second place poster presentation prize winner)

Endovascular Armamentarium for the Management of Wide-Neck Intracranial Aneurysms: Rashid Hospital Experience

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