

malignant obstruction, 1 patient had occluded pre-placed metallic stent by debris and pus and one patient had a stenotic bilioenteric anastomosis with inadequate history of previous surgery prior to ERCP. Rendez-vous technique was used in 2 patients for eventual placement of metallic stents. Clinical improvement evidenced with dropping bilirubin levels, resolving jaundice and sepsis-related symptoms were seen in all patients. Two-step external drainage with later conversion to internal metallic-stent drainage was performed in 2 patients. Single-step internal-external drainage was performed in 12 patients. No major complications were reported. Minor complications included fever, self-limiting intra-catheter bleed, skin infection, transitional catheter blockage and partial catheter dislodgment. **Conclusions:** PTBD remains an efficient method in the treatment of biliary obstruction in patients with failed retrograde endoscopic therapy. Our small series shows that PTBD remains the final resort in patients with failed endoscopic therapy in addition to its proven role as an initial approach for biliary decompression.

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To Compare the Efficacy and Complications of 16 Gauge and 18 Gauge Trucut Biopsy Needle in Ultrasound Guided Percutaneous Liver Biopsies

Sadia Rashid, Junaid Iqbal

*Dow University of Health Sciences, Karachi, Pakistan.
E-mail: dr_sadiarashid@yahoo.com*

Background: Ultrasound guided percutaneous liver biopsy is the gold standard for characterization of liver lesions and determination of diffuse liver disease and liver fibrosis. It is an easy but invasive method which sometimes may cause severe complications. **Methods:** This is a prospective study conducted from January 2016 to December 2016. A total of 426 patients were included in the study, out of which 244 (57.3%) were males while 182 (42.7%) were females. Mean age of the patients was 54.62 ± 13.25 years. 202 (47.41%) patients underwent liver biopsy by 16 gauge trucut biopsy needle while 224 (52.58%) patients had biopsies using 18 gauge needle. **Results:** Overall, mild pain was found in 86 (20.2%) patients, severe pain in 36 (8.5%) patients, vasovagal in 13 (3.1%) patients, local hematoma in 12 (2.8%), severe hemorrhage in 3 (0.7%), pneumothorax in 2 (0.5%) patients while 20 (4.7%) samples were inadequate. Comparison of complications in both groups showed that except inadequate specimen and severe pain, insignificant association of complications was observed in both group. Number of inadequate specimen was significantly higher in patients who underwent biopsy by 18 gauge trucut needle as compared to the patients who underwent biopsy by 16 gauge needle (P value 0.001). Severe pain was significantly higher in patients who underwent biopsy by 16 gauge needle as compared to 18 gauge needle (P value 0.016). **Conclusions:** Ultrasound guided percutaneous liver biopsy using either 16 or 18 gauge trucut needle is safe and effective method to characterize liver lesions with very low rate of complications. However 16 gauge needle should be preferred as the inadequacy of specimen in our study was higher for 18 gauge needle.

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Percutaneous Cryoablation of Symptomatic Abdominal Wall Endometriosis: Mid-Term Outcomes and Comparison with Surgery Alone in a Single Institution

Francois H. Cornelis, Julie Maillot¹, Jean Luc Brun¹, Nicolas Grenier¹

*Tenon Hospital, Paris, ¹Pellegrin Hospital, Bordeaux, France.
E-mail: francoiscornelis@hotmail.com*

Background: To compare the outcomes of percutaneous image-guided cryoablation of symptomatic abdominal wall endometriosis (AWE) versus surgery alone. **Methods:** From 2004 to 2016, cryoablation or surgery alone was performed for AWE in a single institution in 7 (mean age: 36.1 y) and 13 (mean age: 31.9 y) patients, respectively. Fifteen lesions were treated by cryoablation (mean size: 2.3 cm; range 0.5-7 cm) and 16 by surgery (2.5 cm; 1.1-3.4 cm). Tolerance, efficacy and patient and procedural characteristics were compared. **Results:** Median follow-up was 22.5 (range: 6-42) months after cryoablation and 54 (14-149) after surgery. The median procedure and hospitalization durations were 41.5 minutes (24-66) and 0.8 days (0-1) after cryoablation, and 73.5 minutes (35-160) and 2.8 days (1-12 days) after surgery (both $P = 0.01$). Fifteen patients had general and 5 had local anesthesia (3 cryoablations and 2 surgery). Three patients (23.1%) had severe complications and 9 esthetic sequels (69.2%) after surgery, none after cryoablation ($P = 0.05$). The median 12 and 24-month symptom free-survival rates were 100% and 66.7% [95%CI: 5.4; 94.5] after cryoablation and 92% [55.3; 98.9] after surgery at both time points ($P = 0.45$). **Conclusions:** Cryoablation presents similar effectiveness to surgery alone for local control of AWE while reducing hospitalization duration and complications.

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Efficacy of Trans-arterial Chemoembolization in Combination with Percutaneous Ethanol Injection for Hepatocellular Carcinoma

Muhammad Shozab Ahmed, Atif Rana, Maham Jehangir

*Shifa International Hospital, Islamabad, Pakistan.
E-mail: muhammedshozab@gmail.com*

Background: To evaluate combined efficacy of trans-arterial chemoembolization (TACE) using drug eluting beads, Hepasphere (Merit medical, USA), with percutaneous ethanol injection (PEI) for hepatocellular carcinoma (HCC) a retrospective review was conducted. **Methods:** During January 2015 to January 2017, 34 patients with hepatocellular carcinoma underwent combined therapies (TACE + PEI). Out of these two patient's were excluded because lipid was used. The tumour response at 3 months, 6 months, 12 months and 24 months was evaluated using a pre-defined criterion. **Results:** Most of the tumours were located in right lobe. The tumour size ranged from 1-10 cm with mean size of 4.2 cm. The average amount of alcohol used was 12 ml. The tumour response rates in the combined TACE + PEI showed more than 90% reduction in arterialisation at 3 and