Artificial Ascites Failed Carcinoma Adjacent to Gastrointestinal Tract when Alternative for Percutaneous Ablation of Hepatocellular Selective Regional Feeding Vessel Occlusion: A New initial biopsy fails. High tumor conspicuity showed a significant correlation in 57 of 60 lesions (95.0%). The therapeutic plan was influenced by CEUS guided biopsies findings in the majority of patients (98.3%).

Conclusions: Percutaneous CEUS guided biopsy is an efficient, minimally invasive, accurate and safe method in the diagnosis of undetermined abdominal lesions. The combination of CEUS guided biopsy and MDT decision making approach is useful in the diagnostic work-up and therapeutic management.

OPT12-019
Utility and Safety of Repeat Ultrasound-Guided Core Needle Biopsy of Focal Liver Masses
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Objectives: To evaluate the accuracy and safety of repeat ultrasonographically-guided core needle biopsy (CNB) for hepatic focal lesions and to assess the predicting factors of success of repeated CNB.

Methods: For five years, 3085 CNBs were performed for focal hepatic lesions using an automated biopsy gun with an 18-G needle. Seventy-eight patients underwent repeat CNB due to pathologically inconclusive or unexpected results. Twelve patients were excluded due to unavailable additional tissue or follow-up imaging by radiofrequency ablation (n = 5), repeat CNB more than three months after the first CNB (n = 5), and insufficient follow-up time (n = 2). Sixty-six patients were finally enrolled after applying the exclusion criteria. We retrospectively evaluated tumor necrosis, tumor size, the number of passes, lesion site, depth, tumor conspicuity, and complications. Continuous data and the total scores of the grading system were analyzed using the t-test and categorical data, and each category was analyzed using Fisher’s exact test.

Results: The repeat CNB rate was 2.5% (78/3085). The diagnostic accuracy of the repeated biopsies was 83.3% (55/66). Size, depth, necrosis, lesion site, and number of passes, didn’t have a statistically significant difference. Tumor conspicuity was a significant factor for predicting successful repeat biopsy (p<0.001). The cumulative complications rate was 10.6% (7/66) with only minor complications.

Conclusions: Repeat CNB is an accurate and safe procedure for obtaining the histologic diagnosis of hepatic focal lesions when if the initial biopsy fails. High tumor conspicuity showed a significant correlation with successful repeat CNB.

OPT12-020
Selective Regional Feeding Vessel Occlusion: A New Alternative for Percutaneous Ablation of Hepatocellular Carcinoma Adjacent to Gastrointestinal Tract when Artificial Ascites Failed
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Objectives: Conventional percutaneous radiofrequency ablation for peripheral hepatocellular carcinoma (HCC) has a high risk of injuring adjacent gastrointestinal tract. The aim of this study was to evaluate the efficacy and safety of selectively regional feeding vessel occlusion as a new alternative for treating HCC adjacent to gastrointestinal tract when artificial ascites failed.

Methods: From June 2014 to January 2016, 9 patients with 9 hypervascular target HCCs (mean, 3.0±0.7 cm) were included in this study. The target tumors were located at the hepatic marginal angle (segment 2/3/6) and adjacent to gastrointestinal tract. Structure of feeding vessels were identified with multimodal ultrasound technologies including color doppler ultrasound, 2-dimensional and 4-dimensional contrast-enhanced ultrasound. A unipolar Cool-tip electrode was used to selectively occlude the feeding vessel of a subsegmental and tumor-burden region. Initial complete response (ICR), local tumor progression (LTP), intrahepatic distant recurrence (IDR) and complications were observed.

Results: Successful occlusions were achieved in 7/9 (77.8%) of the tumors. ICR was achieved in 7/7 (100%) of the tumors in 1-month evaluation. After a mean follow-up period of 12.4±8.5 months. LTP was observed in 1/7 (14.3%) of the tumors after a delay of 4.7 months. IDR was observed in 5/7 (71.4%) of the tumors after a mean delay of 8.0±5.7 months. Minor complication occurred in 2/7 (28.6%) of the patients. No major complication occurred.

Conclusions: Selective regional feeding vessel occlusion assisted by multimodal ultrasound has the potential to serve as an effective and safe alternative to treat HCC adjacent to gastrointestinal tract when artificial ascites failed.

Poster Session

PPT12-001
Abdominal Tuberculosis with Splenomegaly and Hemolytic Anemia
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Objectives: To describe ultrasound finding of abdomen tuberculosis with splenomegaly and hemolytic anemia.

Methods: This descriptive study was conducted at a private clinic in Bandung, Indonesia. A female, 36y, pale, weak, headache since a month and (Hb 3.3– 5.9 g%), Leucocyte 2200-3500, Thrombocyte 96,000-102,000, Lympcytosis 42 and Basal Erythrocyte Sedimentation was very high 136). Hemoglobin couldn’t be increased although blood transfusion was given several time. Direct and indirect Coomb test were strong positive, Total bilirubin was 5.6 – 6.64 mg%, and Indirect bilirubin was 5.25- 4.8 mg% according to hemolytic anemia. She had history of recurrent colic abdomen and mild fever since several months. Physical examination were anemia, icteric, moderate spleen enlargement; and doughy abdomen as well as ‘dam board phenomenon’ according to peritoneal tuberculosis. Abdominal ultrasound using ALOKA SSD was performed on June 2, 2013.

Results: Ultrasound examination showed spleen enlargement. Hypo-peristaltic, irregular thickening heterogenic hypo-echoic of the small bowel wall, loss differentiation of the wall layers, irregular margin in addition to several round nodular structures (patchy hyper-echoic non-shadowing with an irregular rim of lower echodensity) within the wall and narrowing of the lumen were examined on the dullness pain area. No ascites. During treatment of methyl prednisolone and anti tuberculosis drug for 9 months she only need once blood transfusion, Blood counts were raise gradually. After treatment: all complaints disappear, spleen and blood count normal.

Conclusions: Ultrasound very usefully to know the whole disease progression and proper treatment as in this peritoneal tuberculosis with splenomegaly and hemolytic anemia.