4:12 PM Abstract No. 274

Does immediate peri-hepatic hematoma or contrast extravasation after hepatic tumor ablation require angiography? Q. Nguyen1, A. Justaniya2, A. Sarwar3, M. Ahmed2; 1Beth Israel Deaconess Medical Center, Boston, MA; 2N/A, Quincy, MA; 3Beth Israel Deaconess Medical Center/ Harvard, Boston, MA.

Purpose: To determine the incidence and management of clinically significant bleeding after percutaneous radiofrequency ablation (pRFA) of hepatic tumors and to evaluate the need for angiographic intervention (AI) in patients with active contrast extravasation (CE) on immediate post-ablation imaging.

Materials: In this IRB approved, HIPAA compliant study, CT and clinical data were retrospectively reviewed of consecutive patients (3/2006-9/2014) who underwent pRFA of hepatic tumors. Patients were evaluated for the need of care escalation and AI for ablation-related bleeding.

Results: 339 patients (422 tumors) treated with pRFA were included. 119 (35.1%) patients required hospitalization following ablation. 74/119 (62.1%) had a peri-hepatic hematoma (PH), and 10/119 (8.4%) had CE on immediate post RFA imaging. 9/119 (7.6%) requiring escalation of care for immediate angiography. 119 (35.1%) patients required hospitalization for immediate angiography.

Conclusions: Peri-hepatic hematoma or active contrast extravasation seen on immediate contrast-enhanced CT after hepatic tumor ablation does not necessitate escalation of care or prolonged hospital stay and can be managed conservatively in most patients. Specifically, post-ablation contrast extravasation does not equate to unstable bleeding and need for immediate angiography.

4:21 PM Abstract No. 275

Histological diagnosis for the specimen of needle biopsy immediately after lung radiofrequency ablation T. Hasegawa, Y. Sato, Y. Inaba, H. Yamaura, M. Kato, S. Murata, Y. Yatabe; Aichi Cancer Center Hospital, Nagoya, Aichi.

Purpose: To evaluate the safety of the procedure and the histological diagnosability for the specimen of needle biopsy obtained immediately after lung radiofrequency ablation (RFA).

Materials: During May 2013 to September 2015, 14 patients (8 male and 6 female; median age, 72.5 years; range, 52–88 years) underwent percutaneous needle biopsy immediately after RFA for 14 lung tumors of 0.9–2.6 cm (mean, 1.7 ± 0.5 cm) in diameter under CT fluoroscopic guidance. Eight tumors were solid and 6 were consisted dominantly of ground-glass opacity (GGO). All specimens were pathologically classified using standard hematoxylin and eosin (H&E) staining and immunostaining was added as necessary. Safety, technical success, and histological diagnosability were evaluated.

Conclusions: Histological diagnosis was possible even immediately after RFA for lung tumor. This technique contributes to relieve the distress to perform biopsy and RFA on another occasion and may reduce the risk of tumor seeding or bleeding.

Scientific Session 29

IO: Chemoembolization III

Tuesday, April 5, 2016
3:00 PM – 4:30 PM
Room: 208/209

3:00 PM Abstract No. 276

Time-varying longitudinal prognostic factors of survival in patients with hepatocellular carcinoma treated with chemoembolization E. Liapi1, M. Diener-West1, I. Kamel3, K. Hong4, C. Georgiades5, T. Wahlin6, J. Geschwind7; 1Johns Hopkins University, Baltimore, MD; 2Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; 3Johns Hopkins Hospital, Baltimore, MD; 4N/A, Woodstock, MD; 5Johns Hopkins University, Baltimore, MD; 6N/A, Baltimore, MD; 7Yale University School of Medicine, New Haven, CT.

Purpose: The aim of this study was to identify the most significant time-varying prognostic factors of overall survival in hepatocellular carcinoma (HCC) patients treated with chemoembolization (TACE), taking into account baseline