

**P408****Transvaginal Ultrasound-Guided Methotrexate and Potassium Chloride Administration for Scar Pregnancy, a Novel Treatment Option: A Case Series****Raana Kanwal, Atif Rana, Shazia Fakhar, Muhammad Shozab Ahmed, Nabia Tariq***Shifa International Hospital, Islamabad, Pakistan.  
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**Background:** Cesarean scar pregnancy is a rare type of ectopic pregnancy, which is potentially life-threatening if not diagnosed and treated timely, resulting in catastrophic complications. Early diagnosis is critical for the treatment. Transvaginal sonography has made possible early diagnosis and consequently preservation of the uterus and fertility. Intrauterine administration of methotrexate (MTX) is a conservative and nonsurgical method for ectopic pregnancy cessation. **Methods:** We describe two cases of live ectopic pregnancies managed with ultrasound-guided local injection of MTX complemented with potassium chloride (KCl). A 36-year-old woman with four previous cesarean scars, live and unruptured uterine ectopic scar pregnancy was referred to the Interventional Radiology Unit for evaluation and management. She underwent risk-benefit counseling. Under transvaginal sonographical guidance, puncture and injection of ectopic pregnancy was performed using a 22G Chiba device. Intrasacral MTX was injected, which was complemented with fetal intracardiac administration of KCl. We report another case of 34-year-old woman with 6 weeks ectopic pregnancy at the site of incision of lower-segment uterine scar pregnancy. Transducer guided 22G Chiba needle was advanced through the guide into gestational sac, approximately 1 ml of KCl was injected slowly. Afterward, 25 mg (1 ml) MTX was injected into the gestational sac. **Results:** Immediate cessation of fetal cardiac activity was noted. Weekly follow-up ultrasounds for a month remained uneventful with progressive resolution of gestational sac remnant. **Conclusion:** Unruptured live ectopic pregnancy can be successfully managed without surgical intervention through local injection of KCl and MTX preserving uterus.

**P409****Percutaneous Radiologic Gastrostomy in Palliative Care****Azzam Khankan, Ahmed A. Alzahrani, Abdulrahman S. Baashar***King Abdulaziz Medical City, Jeddah, Saudi Arabia.  
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**Educational Poster Background:** Percutaneous gastrostomy tubes are commonly placed for palliative purposes in patients with end-stage diseases such as advanced oropharyngeal or esophageal malignancies and severe brain injuries or advanced neurodegenerative diseases. Interventional radiologists are consulted to place gastrostomy tubes using radiological technique (PRG) rather than surgical or endoscopic technique because the radiologic technique has more reliable approach to the stomach and better tolerance and safety because of using different imaging modalities for guidance and fine devices. However, although the morbidity and mortality related to PRG are low, there is no enough

evidence of benefits to those patients with poor prognosis. PRG may prolong the life and extend the suffering but never improve the quality of life. Therefore, the interventional radiologists should understand the indications and potential benefits of PRG in such patients with poor outcome and be involved in the decision-making process with the referring physicians and not merely acting as technicians for PRG and its aftercare and maintenance.

- Although PRG is commonly used for palliative purposes in patients with end-stage diseases such as advanced oropharyngeal or esophageal malignancies and severe brain injuries or advanced neurodegenerative diseases, there is no enough evidence of the assumed benefits of the tubes.
- Interventional radiologist should understand the critical nature of selected end-stage diseases to be able to participate effectively in the decision-making process. The decision should be in the favor of improving both patient's physiology and quality of life.
- Interventional radiologists and the referring physicians are responsible for the decision of PRG and its appropriateness in the context of disease prognosis and goals of care. In addition, they are responsible for ensuring that patients and families understand the risks, benefits, and outcome of the proposed PRG.

**P410****Extraction of Stuck Bone Biopsy Fragment within the Cannula Using Heat from Cautery Device****Ganesh Krishnamurthy, Anne Marie Cahill, Fernando Escobar, Abhay Srinivasan***Children's Hospital of Philadelphia, University of Pennsylvania, Philadelphia, Pennsylvania, United States.  
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**Educational Poster Background:** Image-guided bone biopsy is a commonly performed intervention. Most bone biopsy instruments contain a guiding trocar and an inner biopsy cannula. Sample core getting stuck within the biopsy cannula is a known complication, and it may be impossible to extrude the fragment, rendering the procedure futile. Furthermore, in children, target may be small and repeat biopsy may be difficult. Therefore, extruding the stuck fragment becomes essential. The risk of tight lodging of the core increases when the core length is longer than 1 cm and when target bone is sclerotic. Some authors have described a "biopsy-the-biopsy" technique, but this technique fragments the sample and works only for large biopsy cannula. We describe a technique to extrude the stuck fragment utilizing a battery-operated disposable cautery device wherein the heated tip is brought in contact with the distal end of the biopsy cannula. The heat causes expansion of the metallic biopsy cannula and thus facilitates easy extrusion of the bony fragment. We have used this technique in five cases and have successfully recovered the biopsied fragment in all. In two cases, we noted slight charring of the margins, but this did not impede the diagnosis by pathology. We have not determined whether this technique affects culture yield. In conclusion, a stuck core can be easily recovered using a cautery device to cause metallic cannula expansion. This easy remedy can obviate the need for additional sampling or salvage a futile procedure; this technique may not impede the pathological diagnosis. Stuck bone biopsy core within the cannula can be removed by applying heat to the cannula, which causes metal expansion and thus facilitates extrusion of the fragment. This technique is simple and can prevent additional sampling or additional new device usage.