

**OC2.7****Ultrasound Guided Management of Ectopic Pregnancy: Two Cases Presentation Medina, Saudi Arabia**

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**Background:** Cervical and cesarean section (CS) scar ectopic pregnancies are rare forms of ectopic pregnancies. They are one of the leading causes of maternal morbidity and mortality. Early detection and diagnosis of these entities are important for an early intervention to reduce its life-threatening complications. Medical or surgical management are depending mainly on fertility or life-saving conditions. **Method(s):** Two ladies were presented to the hospital with vaginal bleeding and cramping abdominal pain. Lab investigation and medical imaging confirm the diagnosis of 1st-trimester cervical and CS scar ectopic pregnancies for the first and second case respectively. **Result(s):** Both patients underwent an unsuccessful trial of systemic methotrexate therapy, followed by successful ultrasound-guided intra-amniotic injection of methotrexate, under standard precautions in the operative room with no immediate complications. Post-treatment period shows a progressive decline in the beta-HCG and evidence of gestational sac resolution in the follow-up imaging. **Conclusion(s):** As a minimally invasive procedure, ultrasound-guided intra-amniotic injection of methotrexate was our second line in managing and treating the ectopic pregnancy cases, it was safe and effective. Further evaluation with a larger sample is required to ensure its safety and efficiency.

**OC2.8****Angioembolization and Radiofrequency Ablation Assisted Vertebroplasty for Lytic Metastatic Tumour of Spine**

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**Background:** To determine the safety and efficacy of angioembolization and RFA assisted vertebroplasty (VP) on the basis of clinical outcome in pathological / insufficiency fracture of vertebra. The insufficiency fracture because of lytic metastasis secondary to primary malignancy, which is commonest malignancy of skeletal system. **Method(s):** Patient referred to ir department from 2008 to 2018 for malignant / pathological vertebral body fracture were assessed and distributed in two groups: (1) Multiple myeloma group. (2) Non myeloma group. For these two groups vertebroplasty assessment done and the other possibilities ruled out. Cocktail therapy was planned and given to only non myeloma group. Clinical effectiveness was assessed by cect spine and electronic medical record pre and post procedure. Pain score (VAS) were also documented pre and post procedure. **Result(s):** 31 patients were included in the study, which make 40 vp level. 6 patients were done angioembolization and rfa assisted vertebroplasty. 16 patients were done only rfa

assisted vertebroplasty. 9 patients were done only vertebroplasty. All the cases were successfully treated without any morbidity and mortality. Pain score (VAS) reduced and increase in quality of life. **Conclusion(s):** Angioembolization and rfa assisted vertebroplasty is a safe and effective treatment option for metastatic lesion with soft tissue mass. Angioembolization decreases vascularity of soft mass and thermal cavity (RFA) allows controlled cement injection without posterior or disc leak.

**OC2.9****Combined Antegrade and Retrograde Approach in Iatrogenic Ureteral Injuries: The Rendezvous Technique**

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**Background:** To evaluate feasibility and effectiveness of the rendezvous technique in case of complete iatrogenic ureteral injuries. **Method(s):** From 2012 to 2017, 21 patients were treated with the rendezvous technique for mono- or bilateral complete iatrogenic ureteral injuries. All the leak derived from the ureteral injury were previously assessed by CT-urography and antegrade pielography. The rendezvous technique was performed after a period from the main surgical intervention ranged from 8 to 67 days, by 2 interventional radiologists and urologic/gynecologic team, in order to re-establish the ureteral continuity. A nephrostomy was positioned for each side of the lesion and the procedure was completed with an antegrade and retrograde access. A double j stent was antegradely inserted and a nephrostomy tube was kept in place. No major complications were observed. A post-procedure CT-urography and a 30 days follow-up with contrast antegrade nephrostomography were performed. In absence of contrast leak, the nephrostomy tube was removed. At the time of stent removal the CT-urography was performed to confirm the restored integrity of the ureter. **Result(s):** The rendezvous technique was successful in all cases with resolution of the ureteral leak. All patients removed the nephrostomy tube after 30 days. After performing CT-urography the stent was removed permanently after 12 months. Three cases showed local post-treatment stenosis. **Conclusion(s):** The rendezvous technique is a safe and effective minimally invasive procedure that can be used to restore the continuity of the ureter avoiding open surgical.

**OC2.10****Computed Tomography Guided Pulmonary Nodule Microcoil Localization**

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**Background:** To evaluate the safety and effectiveness of CT guided micro coil localization of pulmonary nodule prior to video assisted thoracoscopy surgery (VATS). **Method(s):** From August 2015 to August 2018, 30 consecutive patients (17 men and 13 women; mean age, 56 years) underwent CT-guided micro coil