have paradoxically prolonged OCTT excluding the role of small bowel in diarrheal symptoms

IDDF2019-ABS-0145 EFFICACY AND SAFETY OF ARTIFICIAL ASCITES EFFUSION IN THE TREATMENT OF HEPATOCELLULAR CARCINOMA TUMORS WITH PERCUTANEOUS RADIOFREQUENCY ABLATION

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Background

1. Hepatocellular carcinoma (HCC) is a common disease in the world as well as in Vietnam. Radiofrequency ablation (RFA) is a local therapy to destroy tumor tissue by heat. In cases with difficult locations near other organs, artificial ascites is a feasible and effective technique.
2. This study was to evaluate the safety and efficacy of artificial ascites technique in the treatment of HCC tumors with percutaneous RFA.

Methods

1. An interventional longitudinal study on HCC patients having RFA indications (≤ 3 tumors with each tumor size ≤ 3 cm or one tumor up to 5 cm; Cirrhosis grading Child-Pugh class A or B) and the tumor location is near diaphragm or vital organs such as kidney, gastrointestinal tract and gallbladder (with distance $< 0,5$ cm).
2. The study was conducted in the Hepatology Department of Bach Mai hospital from October 2013 to June 2017.

Results 61 patients were performed percutaneous RFA sessions with artificial ascites.

- The mean age of patients is $57,1 \pm 10,2$; the male: female ratio is 9,2/1.
- There are 54 Child-Pugh A patients (88,5%), 7 Child-Pugh B patients (11,5%). The mean tumor size is $3,1 \pm 0,9$ cm (1 – 4,9 cm). There are 49 patients with 1 tumor (80,3%), 10 patients with 2 tumors (16,4%), 2 patients with 3 tumors (3,3%).

- The mean volume of fluid for artificial ascites is $1691 \pm 535,1$ ml (500 – 2700 ml).
- The mean time to be discharged is $3,16 \pm 0,9$ days (2 – 6 days).
- Mild fever and abdominal pain occurred in 31,1% cases. After the procedure, 6 patients had right pleural effusion and 1 patient had post-peritoneal fluid, all were treated well by internal medicine.
- After 1 month, 53 patients had a complete response (86,9%), 8 patients had partial responses (13,1%) according to mRECIST criteria and 96,7% had weight gain or stable weight.
- During follow – up time ($20,6 \pm 11,8$ months): 8 patients (13,1%) died with the mean survival time being $17,8 \pm 12,6$ months; 19 patients (31,1%) had a recurrence with the mean progression time being $7,5 \pm 5,7$ months.

Conclusions RFA with artificial effusion is a feasible and effective technique for HCC patients having tumors with difficult locations.

IDDF2019-ABS-0147 LONG-TERM OUTCOMES OF LIMITED ENDOSCOPIC SPHINCTEROTOMY PLUS LARGE-BALLOON DILATION VERSUS ENDOSCOPIC PAPILLARY LARGE-BALLOON DILATION ALONE FOR REMOVAL OF BILE DUCT STONES

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Background Limited endoscopic sphincterotomy with large balloon dilation (ES-LBD) and endoscopic papillary large balloon dilation (EPLBD) have been proven safe and effective for removal of common bile duct (CBD) stones. However, few reports exist regarding the long-term outcomes of these techniques. The aim of this study was to assess the long-term outcomes of ES-LBD compared with EPLBD for retrieval of CBD stones.

Methods Patients with EPLBD or ES-LBD referred for CBD stones removal between June 2008 and August 2015 in our center were retrospectively reviewed. The main outcomes of complete stone clearance, ERCP-related adverse events, late

Abstract IDDF2019-ABS-0147 Figure 1