

# Extreme IO Case

Ziv J Haskal, MD

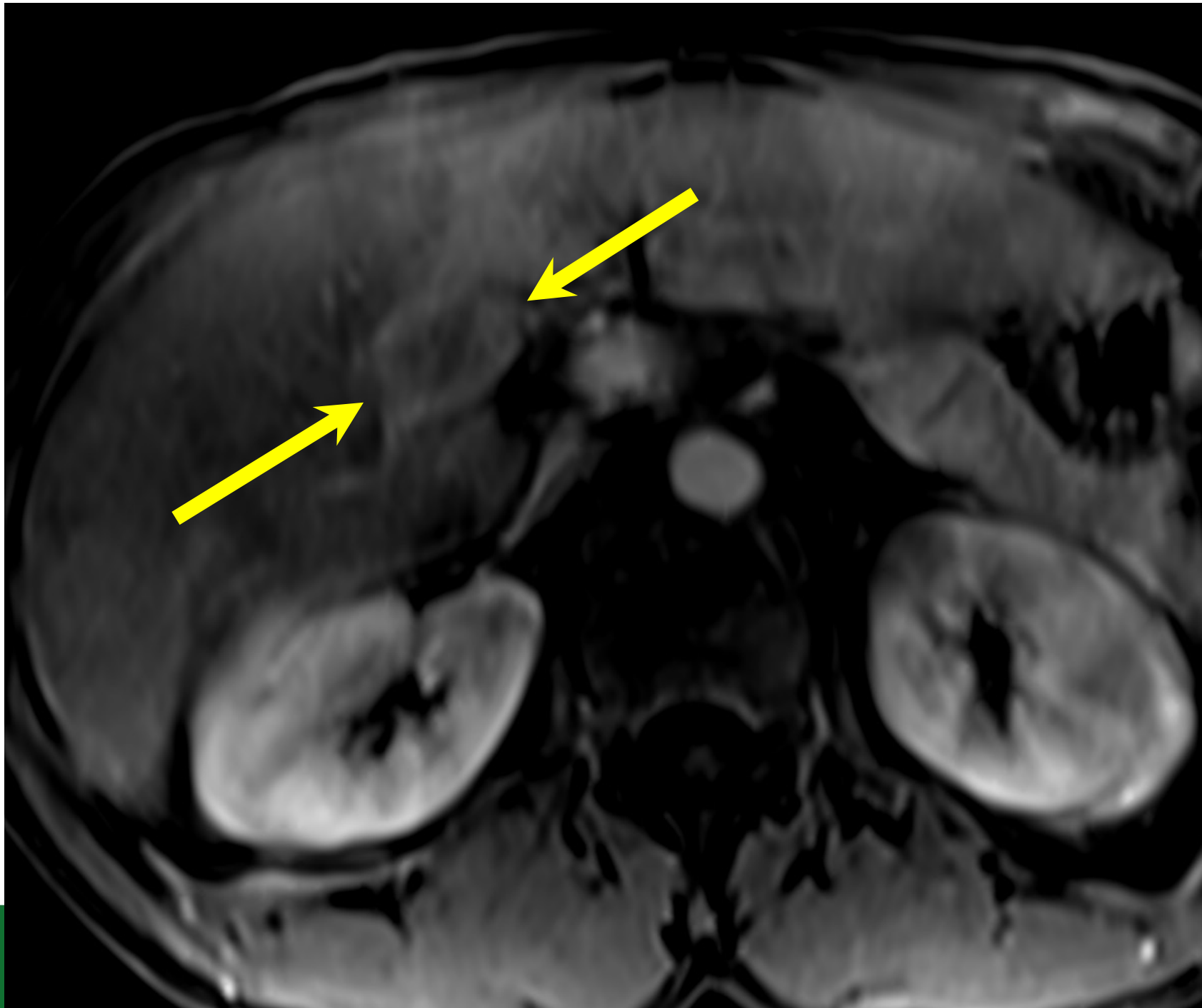
Dylan Suttle, MD

University of Virginia

# Disclosures

- Boston Scientific, SIRTEX, WL Gore, Becton Dickinson, BlackSwan Vascular

Brand names are included in this presentation for participant clarification purposes only. No product promotion should be inferred.

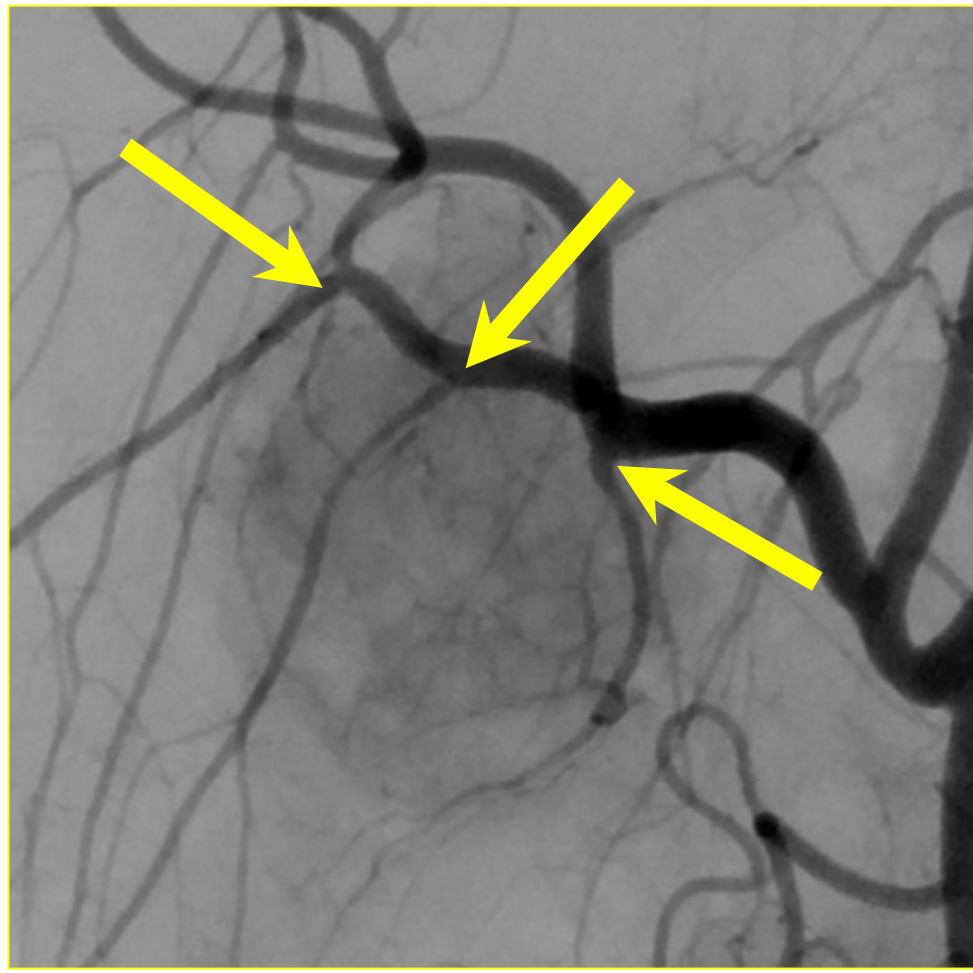
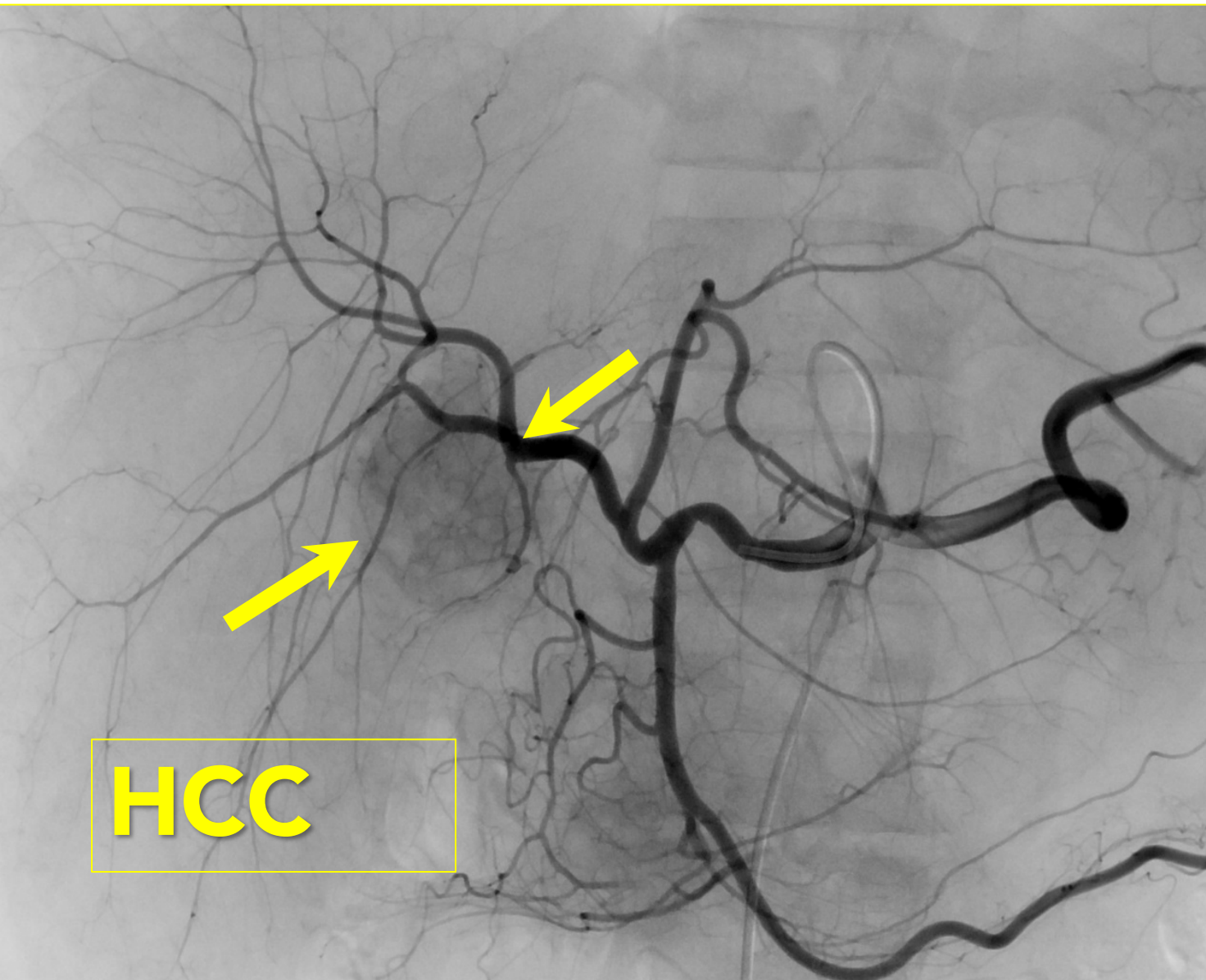


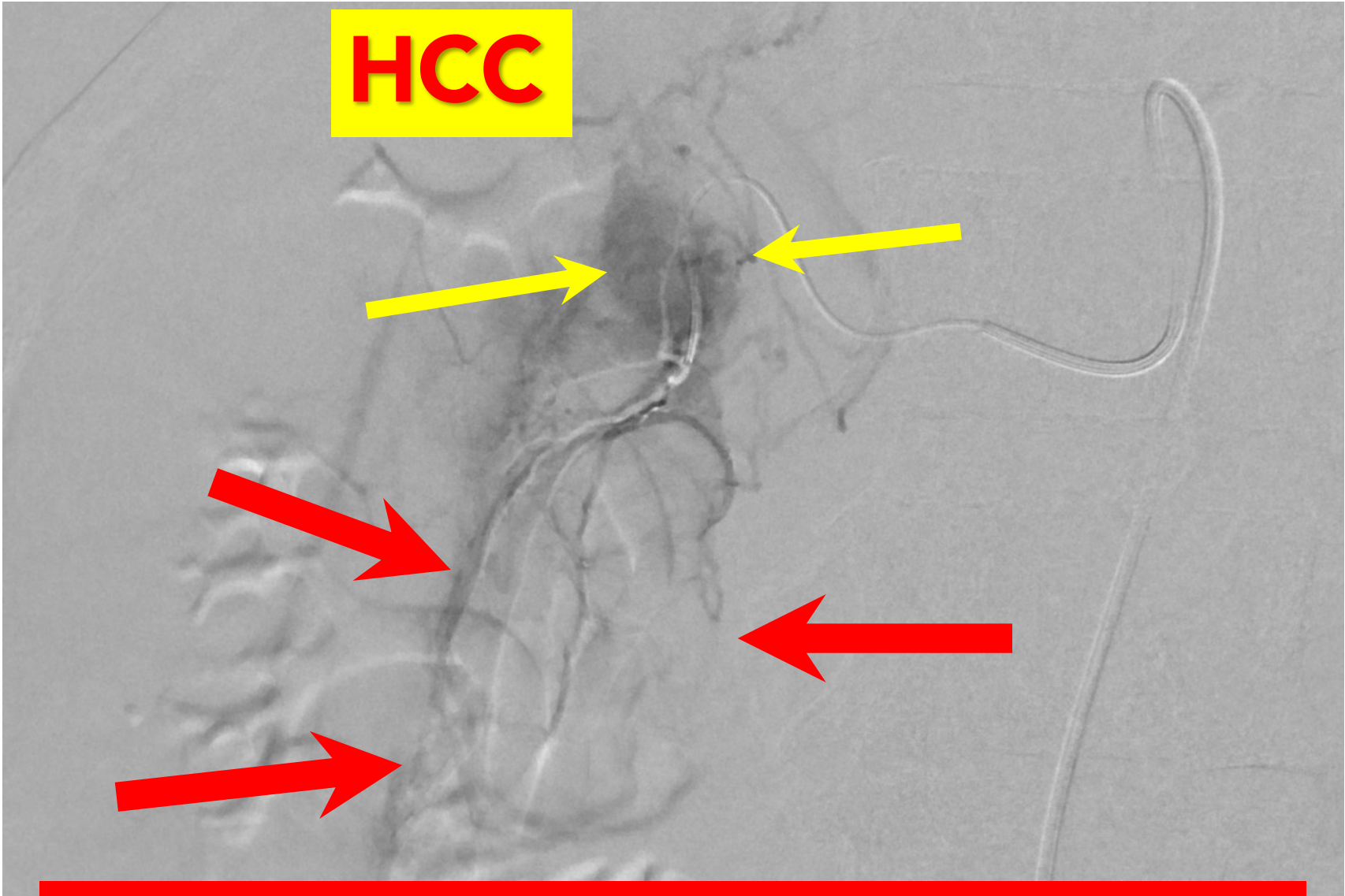
57 male  
HCV cirrhosis

3 cm HCC

MELD 11  
Childs Pugh B  
A-FP 36

Planned TACE

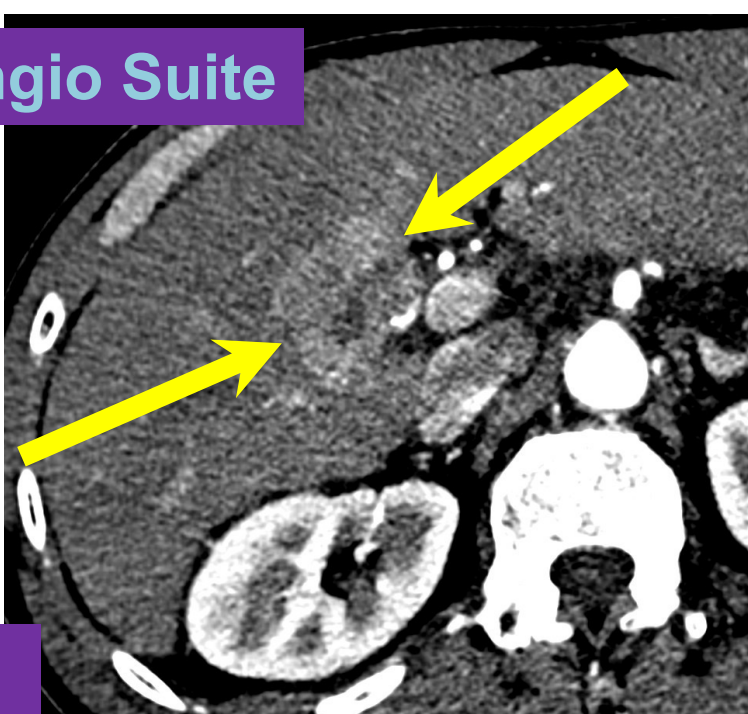




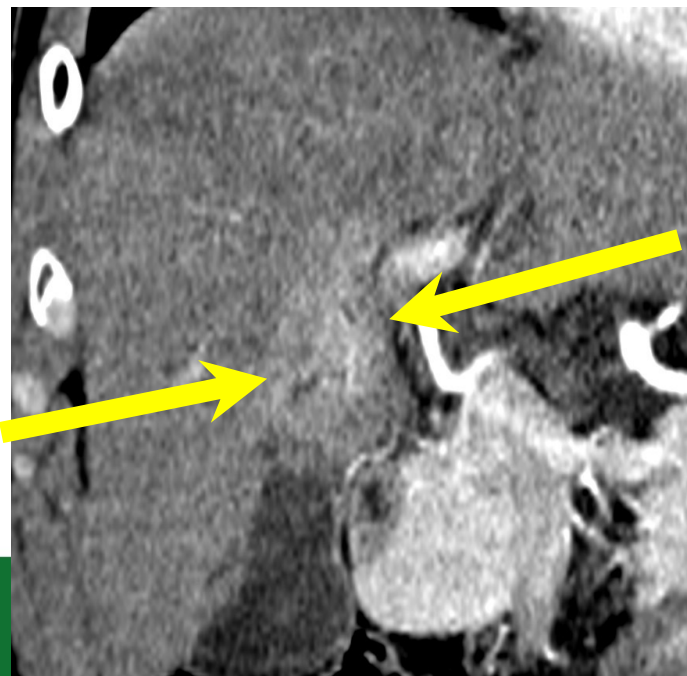
**Cystic Artery/Gallbladder**

**C10**

Hybrid CT/Angio Suite



Pre-Ablation  
CT



Microwave  
65 Watts, 9 mins



Post-Ablation  
CT

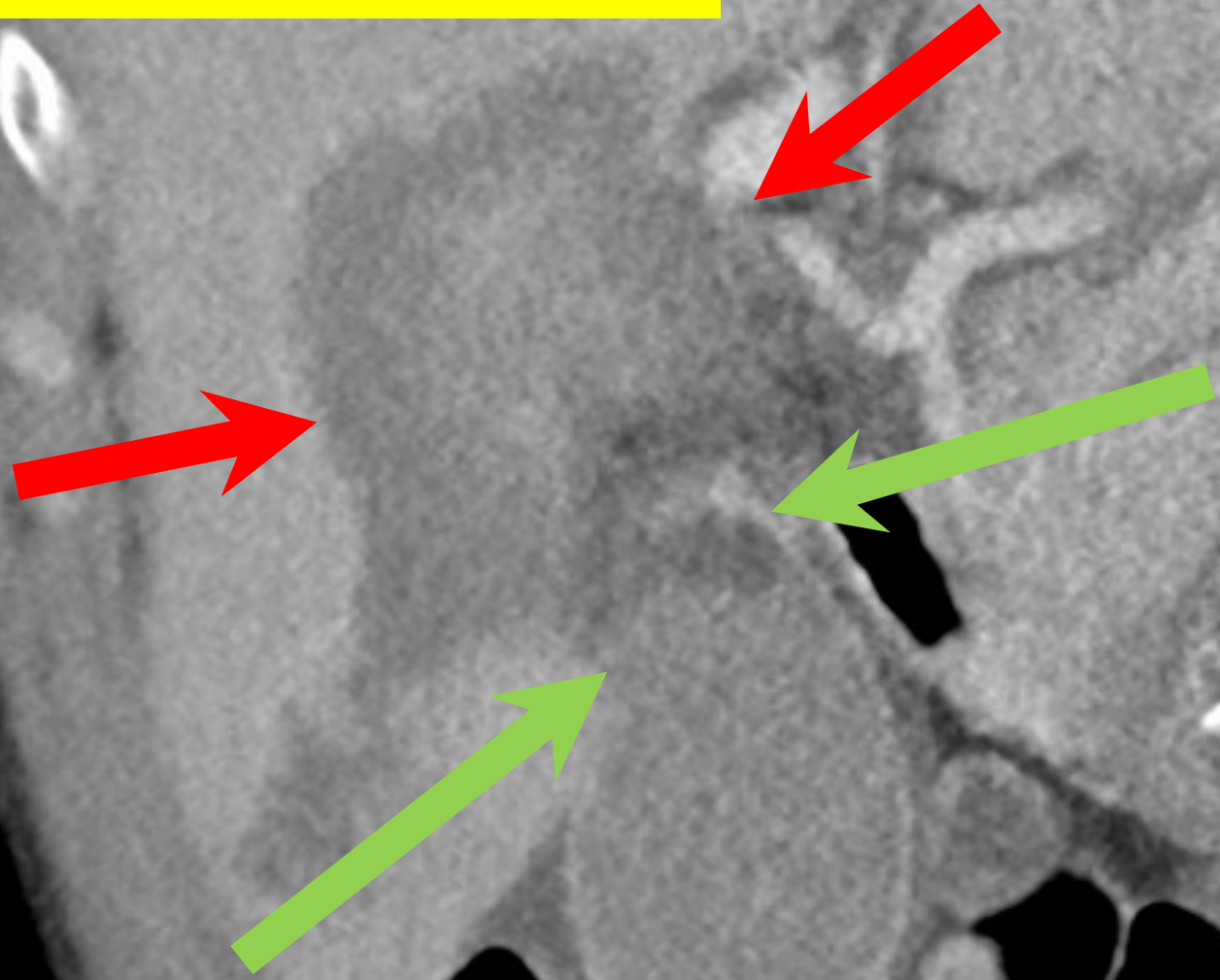
2 MWA antennae



# Ablation Zone

Day #3

- fever
- leukocytosis
- vomiting
- ↑LFTs



# Gallbladder Injury

# Chronology

## Day #3

- fever
- leukocytosis
- vomiting
- ↑LFTs

- Antibiotics
- Perc chole

## Day #5

- improved
- discharged home with continued antibiotics

## 1, 2, and 3 months

- chole check/changes
- external GB drainage output change

**bilious** → **serous**

## 4 months

- check/change
- fistula seen into ablation cavity

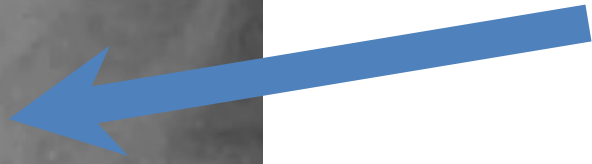


**Ablation Cavity**



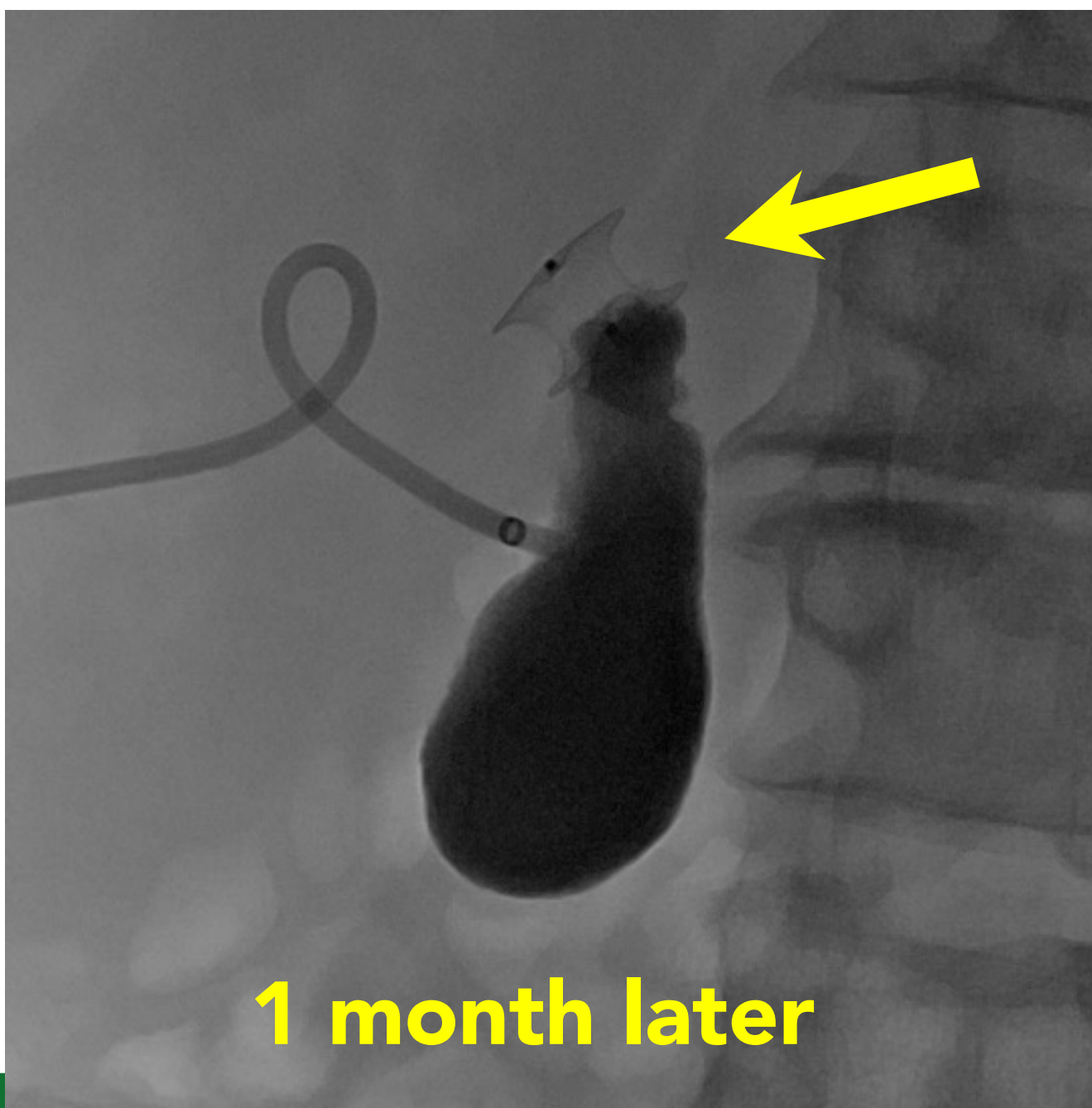
**No Cystic Duct**

~~SURGERY~~



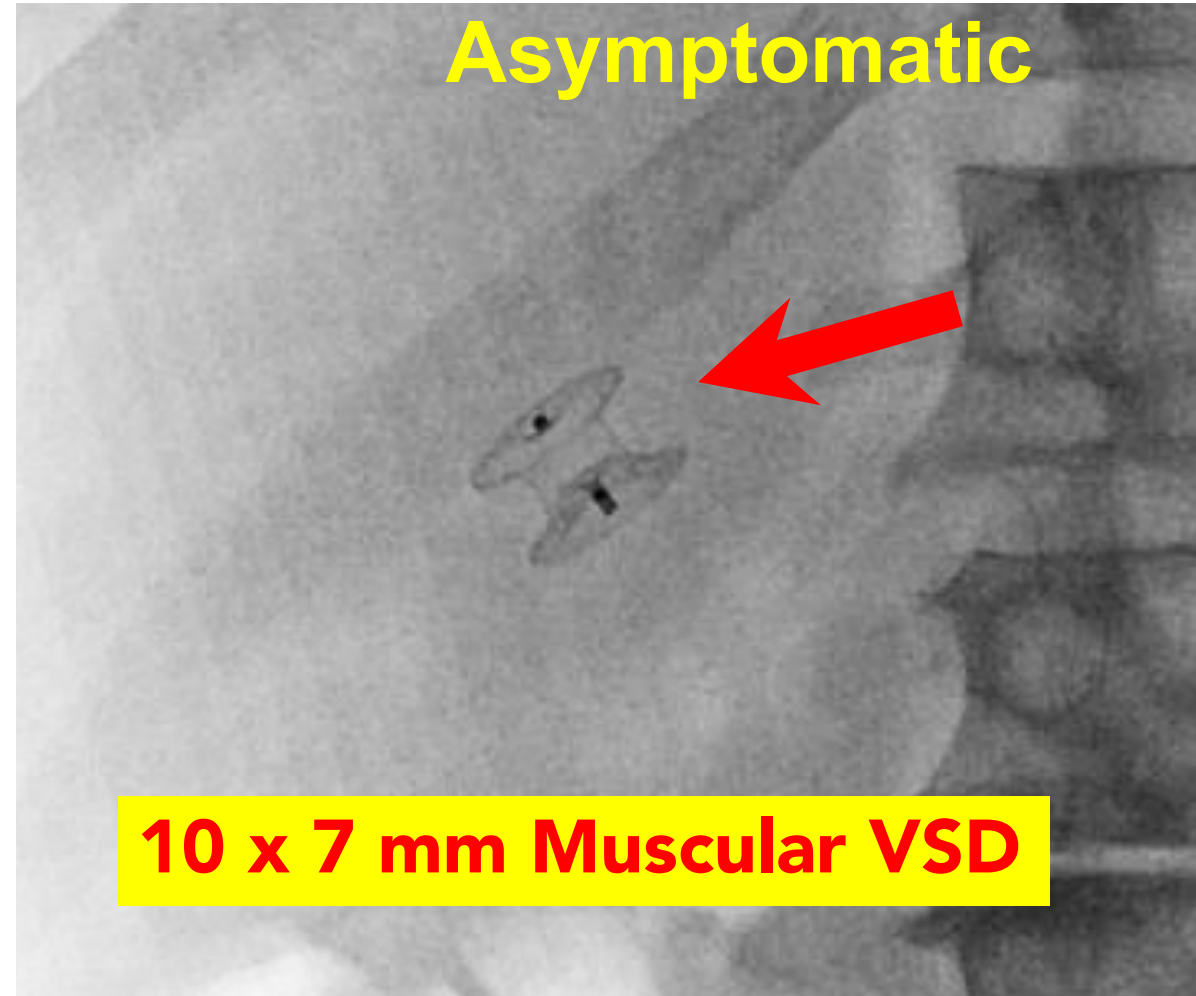
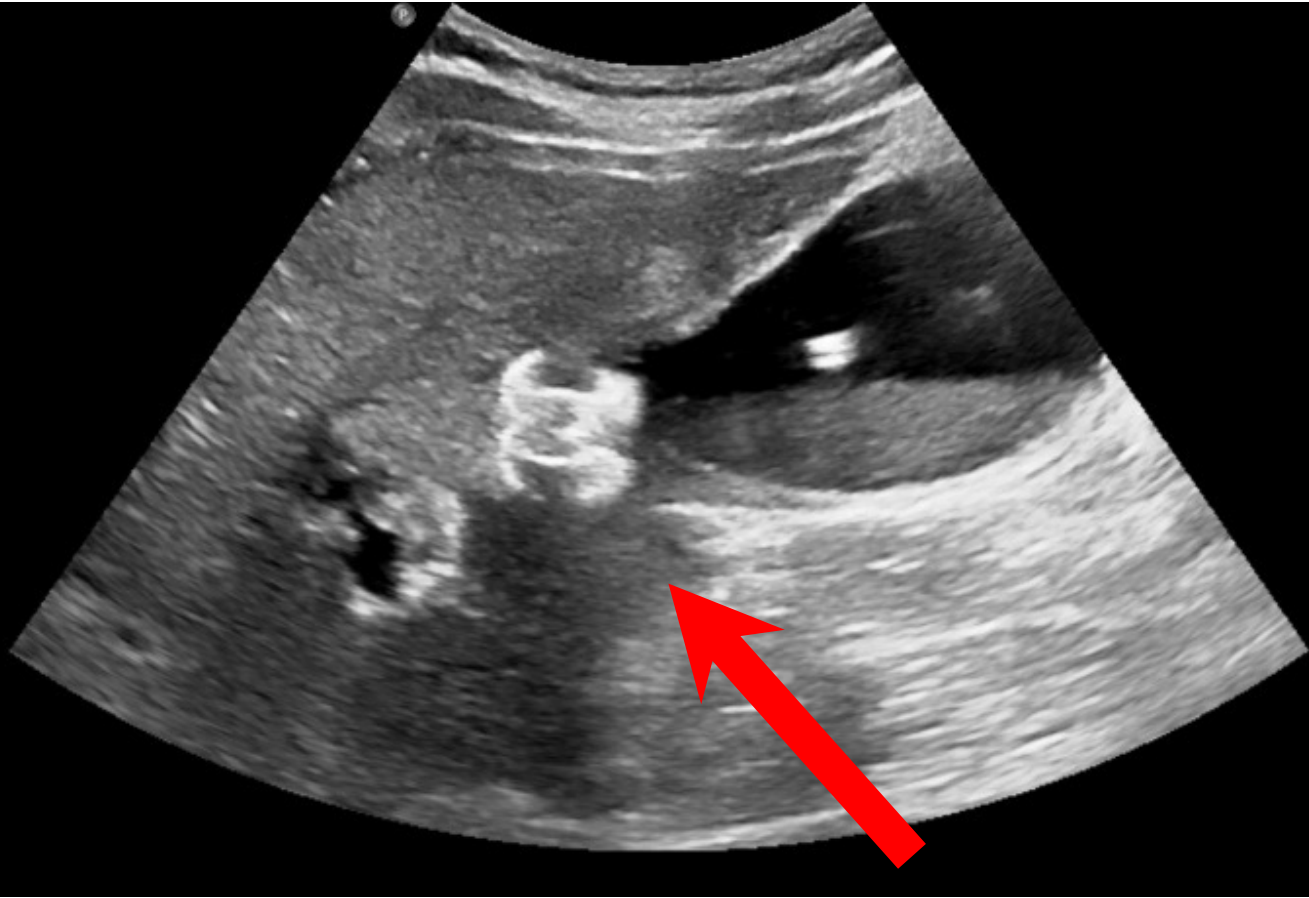


**IF THE SHOE  
FITS...**



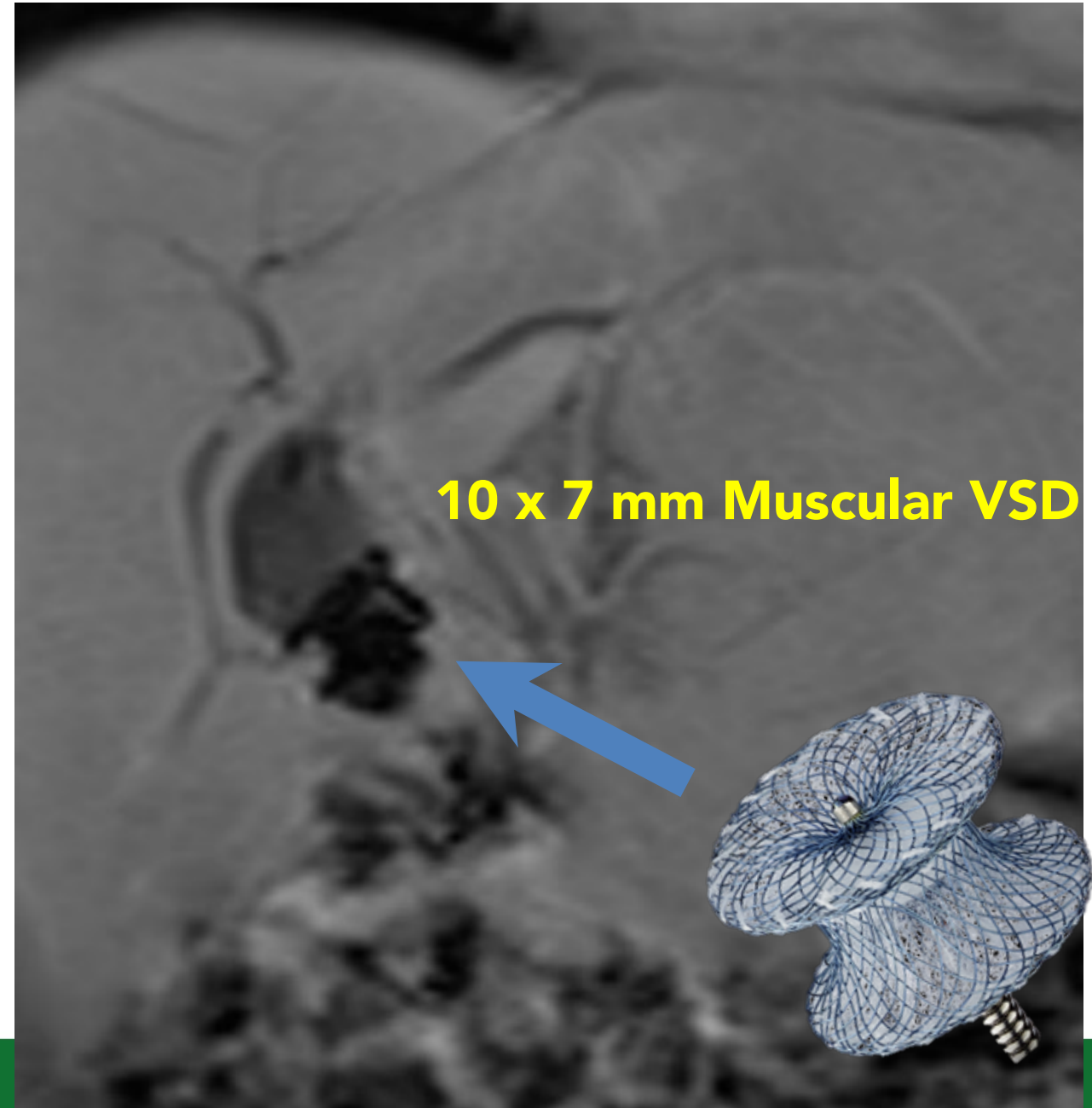
**1 month later**

# Tube Capped, then Removed; 2 Months Later



# 12-Month Follow-Up

- Asymptomatic
- LIRADS TR-nonviable
- aFP 36→9



# Conclusions / Comments

- Unpredictability of thermal ablation zones
- Safe Juxta-GB ablation has been described, esp cryo
- Extraordinary 1<sup>st</sup> use of a cardiologic device for non-vascular IR application
- .....?