

P163

A STUDY OF ANATOMICAL VARIANTS AND CONGENITAL ANOMALIES OF THE BILIARY TREE IN A CARIBBEAN POPULATION

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Objective: To familiarize the viewer with normal biliary anatomy and to analyze the variants of the biliary anatomy within a Caribbean population.

Methods: A review of all MRCP procedures done at a large tertiary institution from April 31st, 2013 to March 31st, 2014.

Results: Of 82 examinations analyzed, 59 (72%) demonstrated type A (normal) biliary anatomy. 18% demonstrated type B (trifurcation/ triple confluence of the ducts) anatomy. 6% demonstrated the C (RP drains directly into the left hepatic duct) and 4% demonstrated type D (RA drains directly into left hepatic duct).

Conclusion: Despite a wide variety of ethnic groups in Trinidad and Tobago the majority of patients demonstrate normal biliary anatomy. However a significant proportion (18%) demonstrate triple confluence/trifurcation variant of their biliary anatomy.

P164

AN ANATOMIC STUDY OF ACCESSORY SULCI ON THE VISCERAL SURFACE OF THE LIVER

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Objective: To provide an overview of the anatomical variations that exist on the inferior surface of the liver in Caribbean populations.

Methods: Two investigators independently observed 69 cadaveric dissections over five years and described the variations in surface anatomy.

Results: In this population 88% of cadaveric livers had conventional hepatic surface anatomy. However 12% had accessory sulk present on the visceral surface of the liver, with a 7: 1 male preponderance. When present, there was 100% correlation between the presence of Rouviere's sulcus and the right branch of portal pedicle.

Conclusion: Abnormal surface anatomy is present in 12% of unselected specimens in this Caribbean population. Interventional radiologists and hepatobiliary surgeons practicing in the Caribbean must be cognizant of these differences in order to minimize morbidity during invasive procedures.

P165

ENDOSCOPIC OR PERCUTANEOUS PALLIATIVE TREATMENT IN MALIGNANT OBSTRUCTION OF BILIARY DUCT

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Objective: $\bar{y}_c^{1/4}$ To describe the indication, type of palliative treatment and overall survival in malignant bile duct obstruction.

Methods: Retrospective cohort study of patients undergoing palliative treatment for malignant bile duct obstruction between 2009 and 2016 in Clinica Alemana de Temuco. Biodemographic variables, morbidity and overall survival were measured. Descriptive statistics were used measures of central tendency and dispersion.

Results: Total of 41 patients, 60.9% (n = 25) were male. Mean of age 70.6 ± 12.4 years. Diagnosis: 12 patients with gallbladder cancer, 12 patients with biliary tract cancer, 14 patients with pancreatic cancer and 3 patients with papillary tumors. Type of intervention performed: 35 patients underwent endoscopic stent installation. Six patients required percutaneous external biliary drainage. Of these 6 patients, 3 patients required internal/external biliary drainage. Morbidity: 2 patients developed acute pancreatitis after endoscopic cholangiography, and 1 patient developed an hepatic subcapsular hematoma after installation of a percutaneous stent. Mean of follow-up of 24 ± 20.5 months, 26 patients died during the follow-up period.

Conclusion: We founded similar results as international literature in terms of morbidity and mortality.

P166

SURGICAL MANAGEMENT FOR NON-INVASIVE MUCINOUS NEOPLASIA: CASE-REPORT

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Objective: To present the case of a total resection for Non-Invasive mucinous neoplasia previously treated as a simple hepatic cyst.

Methods: 65-year-old woman who is incidentally diagnosed with a simple hepatic cyst in the IV liver segment of 7.7×7.3 cm. Two previous years she presents epigastric abdominal pain and hyporexia. Two percutaneous liver cyst are performed with clinical recurrence of the cyst and symptoms. A laparoscopic unroofing and lavage of the cyst is performed. Postoperative examination of the cyst demonstrated a Non-Invasive mucinous neoplasia and a reintervention is performed. The surgery is initiated by laparoscopy but it presents adhesions that lead to conversion of it. The lesion is enucleated without complications. The final pathology report confirms the diagnosis.

Results: The patient shows no clinical or radiologic recurrence one year after surgery.

Conclusion: Cystic tumors of the liver are presented in 5–10% of population. Non-Invasive Mucinous Neoplasia previously known as cystadenoma represents 5%. The main associated symptoms are abdominal pain, hyporexia, and abdominal mass. Surgical complete excision is mandatory for the malignant potential.

Radiology advances for studying hepatic lesions are highly important for the appropriate initial diagnosis for cystic lesions and determining the initial management according to clinical suspicion. The surgical treatment for Non-Invasive Mucinous neoplasia are feasible with a laparoscopic approach with low morbidity rates. Surgical complete excision or enucleation are mandatory, and have