

peri-nephritic hemorrhage, one superficial wound abscess, two urinary tract infections, and six episodes of post-op gross hematuria. All complications resolved without sequela; 3-year results demonstrate minimal procedural morbidity with excellent disease specific survival. Analysis of treatment success/failure rates confirm that large tumor size, or tumor abutting the renal vessels or collecting system, is associated with residual tumor and thus are poor candidates for this procedure as it currently exists. This limitation might be overcome with pre-cryo tumor embolization. Long-term follow-up will further define treatment success/failure rates.

RAD-11. MRI Description of Knee Medial Collateral Ligament Abnormalities in the Absence of Trauma: Edema Related to Osteoarthritis and Medial Meniscal Tears.

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Edema in and around the medial collateral ligament (MCL) is often seen on MRI of the knee as a result of injury. However, similar findings are occasionally seen on MRI in patients without known history of trauma which is not well described in the literature. We performed a retrospective review of 18 adult knee MRIs with abnormalities of the MCL, some with a traumatic history and some without. The MRIs were reviewed for the extent of edema in and around the MCL, as well as other associated findings. Edema of the MCL on MRI can be found in three distinct categories of patients: (1) those with trauma to the MCL; (2) those without trauma but with medial compartment osteoarthritis; and (3) those without trauma but with degenerative medial meniscal tears. Atraumatic MCL edema may serve as a marker for medial knee compartment osteoarthritis or a degenerative medial meniscal tear and should not be confused with traumatically induced MCL injuries.

RAD-12. Nodular Dactylaria Pneumonia.

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A 48-year-old African American male presented with a mild nonproductive cough. He was afebrile and clinical exam was unremarkable. Significant past medical history consisted of a cadaveric renal transplant in 1992, which subsequently underwent chronic rejection requiring transplant nephrectomy 5 years later. He was maintained on hemodialysis and received a second cadaveric transplant in October 2000. Two years later the patient developed hemoptysis with persistent cough and a chest radiograph revealed multiple nodular opacities in both lungs. Subsequent CT demonstrated multiple focal nodules with associated confluent airspace consolidation. Bronchial alveolar lavage fluid grew *Dactylaria gallopava*. *D gallopava* is a dematiaceous, nematophagic fungus found in the soil in the Southeastern United States. Since the first case in 1986 only 9 documented cases of human infection with *D gallopava* have been reported, 3 of which have been in the state of South Carolina. In all reported cases, the host was immunocompromised, usually due to transplant. To our knowledge, this is the first reported case of widespread pulmonary nodular masses due to *D gallopava* in a renal transplant patient. In this case report we describe the radiographic differential diagnosis, clinical implications, and treatment options for a newly emerging pathogen, *D gallopavum*, in the immunocompromised patient.

RAD-13. Percutaneous Cryosurgery for Uterine Fibroids with Interventional Magnetic Resonance Guidance and Monitoring.

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Uterine fibroids affect approximately 65% of women over age 45. They are a large source of morbidity in the United States and throughout the world. The predominant treatment is hysterectomy. About 600,000 hysterectomies are performed annually in the United States. Our goal was to define and develop a minimally invasive procedure to treat large symptomatic uterine fibroids. After establishing an Investigational Review Board protocol, women are selected on the basis of symptoms related to large uterine fibroids (bleeding, uterine pain, bladder compression, stress incontinence and pelvic congestion). To date, 14 women have been enrolled. All women denied any desire for future child bearing. Physical examination was performed followed by diagnostic MRI to determine the anatomy of the uterus and the amount of fibroid burden. Patients were treated via a percutaneous approach using an Argon gas cryo system (Galil USA). A Signa LS Interventional vertical donut open IMRI (GE, USA) was used to monitor probe position and to monitor the development of the ice ball. A follow-up MRI was obtained at 8 to 10 weeks to determine the volume reduction of the lesion. Clinical evaluation was used to assess reduction of clinical symptoms and detect subacute complications. Clinical evaluation post-cryo revealed a mild syndrome of pain that required non-steroidal anti-inflammatory drugs but no narcotics. The pain typically began between 5 and 14 days after the procedure. On imaging studies, reduction of volume ranged between 33 and 88% with a mean of 60%. Two major complications were noted (1) a small bowel perforation was discovered and repaired during exploratory laparotomy at post op day 4, and (2) mild left foot drop from probe overpenetration, which largely resolved with time. Preliminary results suggest that this procedure is highly effective at accomplishing a large volume reduction of symptomatic uterine fibroids.

RAD-14. Percutaneous CT Guided Radiofrequency Ablation of Very Large Liver Tumors.

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We will discuss tumor evolution and complications encountered during treatment of very large (>6 cm) hepatic tumors. Four patients with good performance status and very large secondary hepatic tumors as identified on diagnostic CT were treated with percutaneous CT guided radiofrequency ablation (RFA) under general endotracheal anesthesia. The ablation time was 3–8 hours, with a mean of 6 hours. Length of hospitalization was 3–6 days. The treatment was complex in one patient with breast carcinoma due to the presence of a cardiac pacemaker. The treatment of a second patient with renal cell carcinoma was augmented with pre-ablation arterial tumor embolization. The remaining two patients had primary colon adenocarcinoma. Seven tumors were treated. The mean tumor size was 10 centimeters (range 6–12cm). One patient developed a biliary to bronchial fistula that was successfully treated with an internal/external and subsequently an internal biliary drain. He survived for 15 months but eventually died from sepsis. The other three patients are alive with no evidence of viable tumor on follow-up CT Interventional Magnetic Resonance Imaging. One patient required a second RFA for residual tumor. Other complications included large