tions to CO_2-facilitated pneumothorax are few and relative including pleural adhesions and air leak requiring tube drainage.[6,7]

CONCLUSION

CO_2 pneumothorax creation may be helpful to streamline and simplify needle access to hepatic dome lesions.The CT lung window should be checked with interval needle advancements to avoid injury to the reexpanding lung. Additional CO_2 may need to be administered to maintain a satisfactory percutaneous window. If the lesion is not immediately abutting the capsule, hydrodissection may not be necessary to protect from diaphragmatic thermal injury.

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