

Percutaneous Urtrasound-Guided Radiofrequency Ablation for Extrahepatic Neoplasms

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Back Ground

- Radiofrequency ablation (RFA) is a minimally invasive treatment widely performed for the liver neoplasms.
- Recently, resulting of long prognosis has made by surgery, ablation and chemotherapy, extrahepatic neoplasms have found out in the clinical practice.

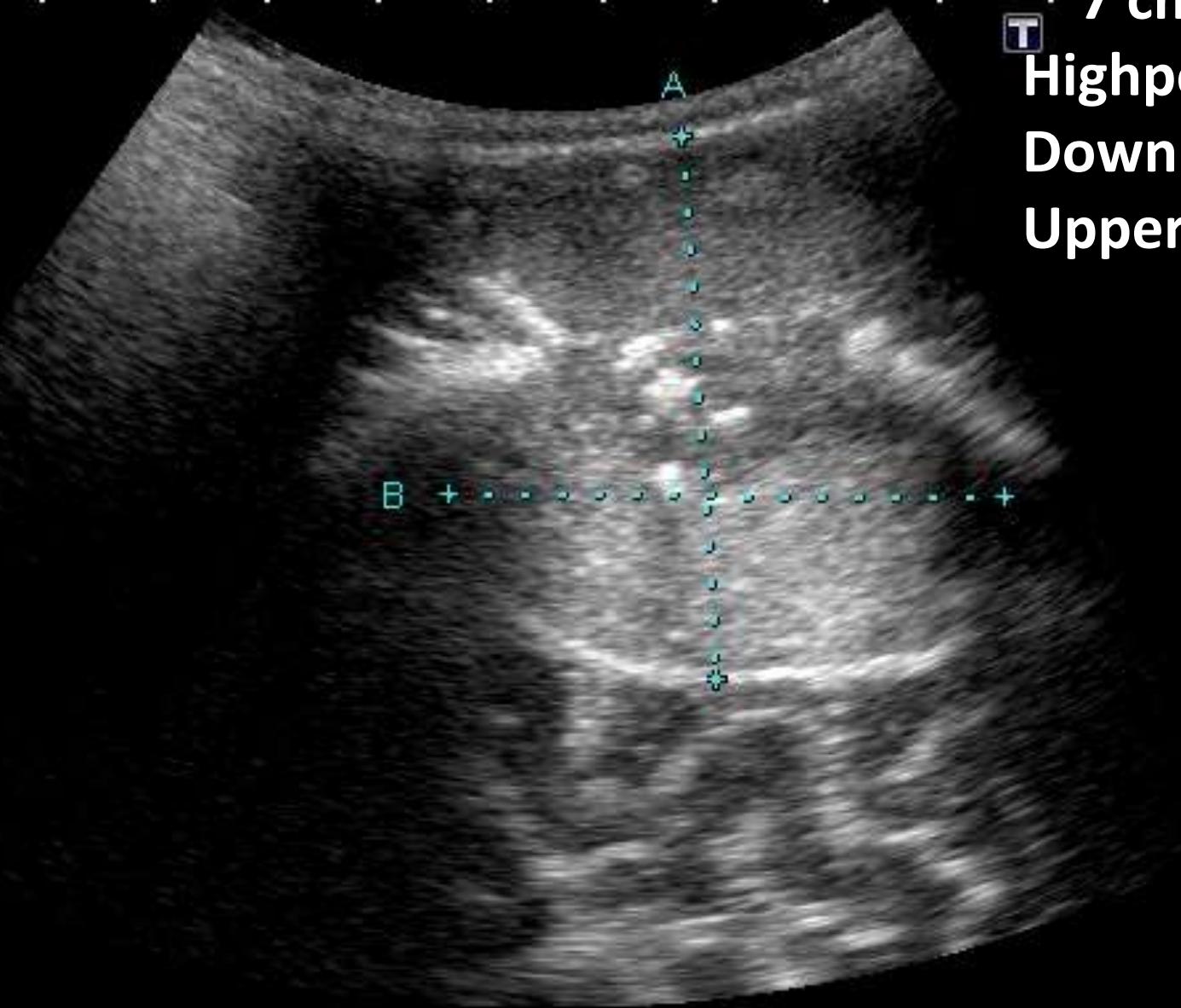
Painless RFA using anethtegia



Objective

The aim of this study was to describe our experience with percutaneous ultrasound-guided RFA of extrahepatic neoplasms.





QPure

7 cm
T
Highper vascular
Down side; Brain
Upper side; skin

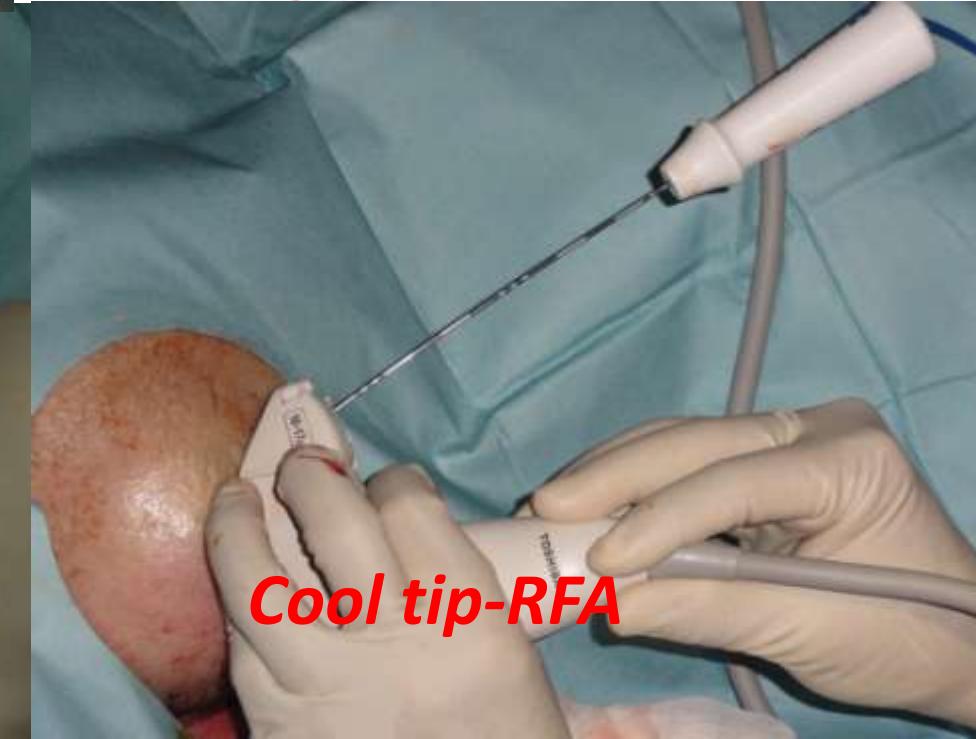
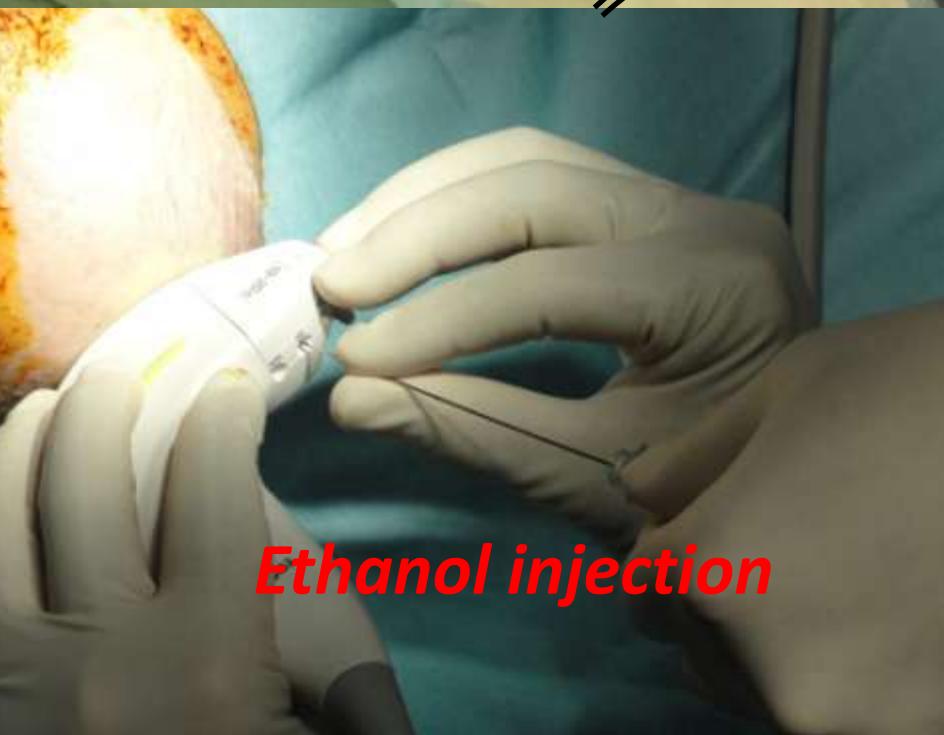
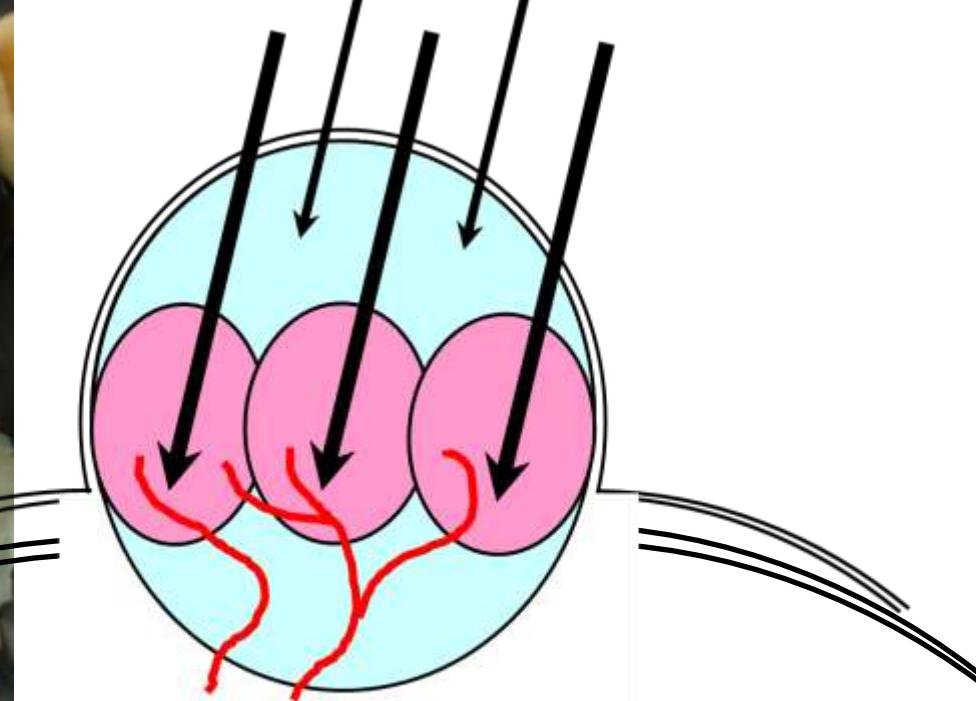
MI:(1.5)

2DG

87

DR

60



UAGV-030A 70°

QMax

T

0 •

2 •

4 •

6C1
diffT5.0

22 ips

6 •

MI:1.5

2DG

DK

DR

60

A 2 IP4

UAGV-030A 70°



T

0 •

2 •

4 •

6C1
diff5.0

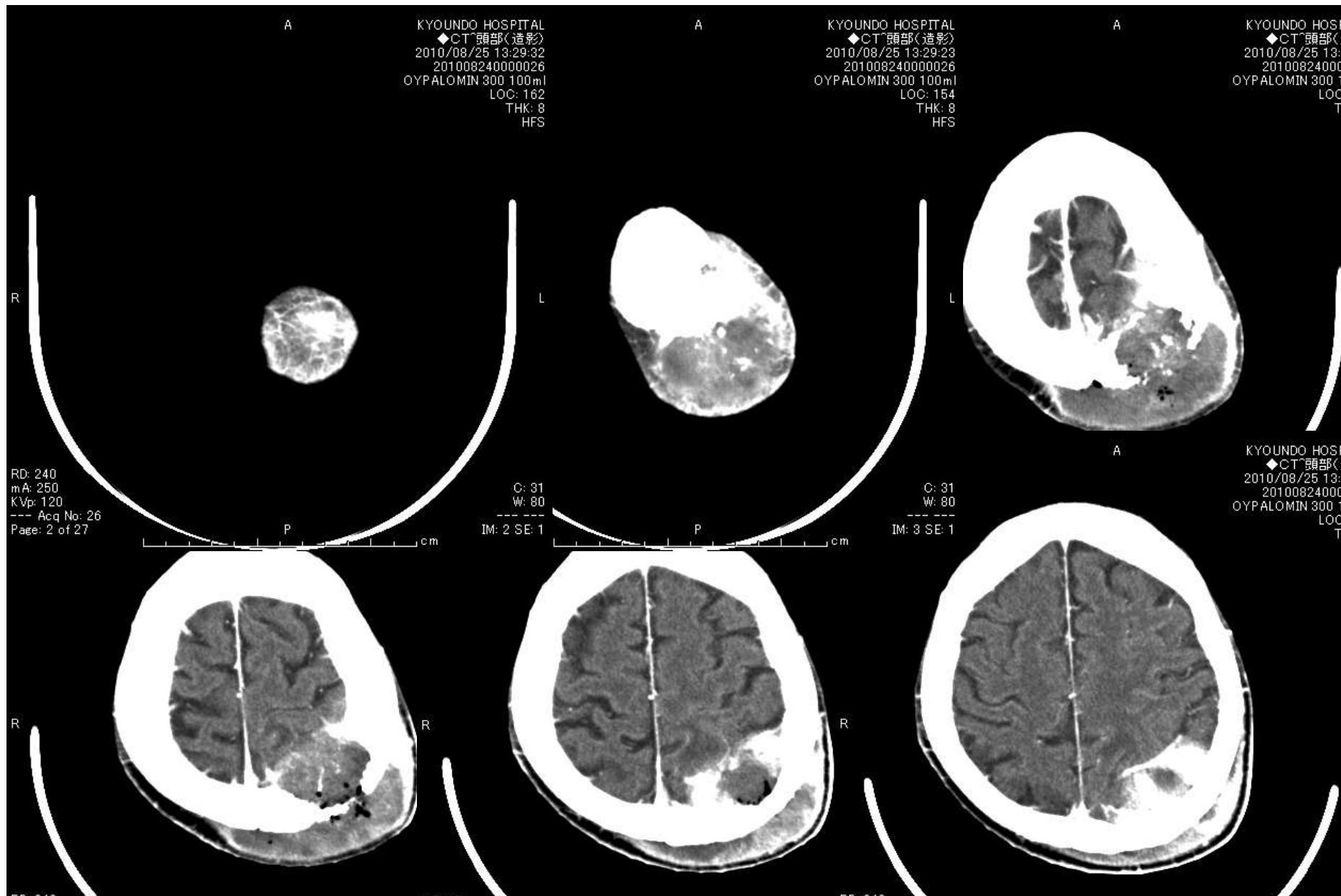
22 lps

6 •

MI:1.5
2DG
00
DR
60

A2 IP4

Treatment efficacy by Dynamic CT



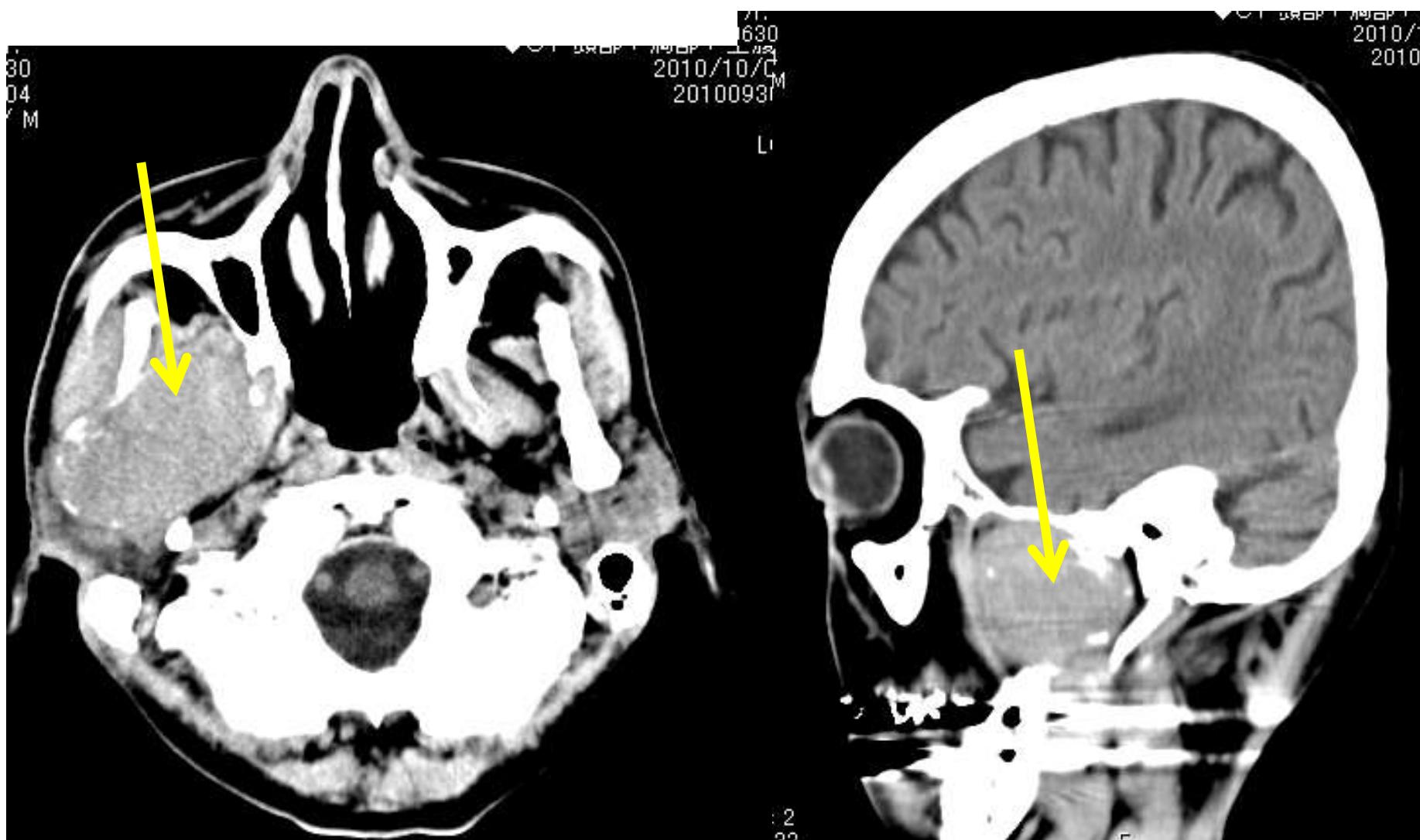


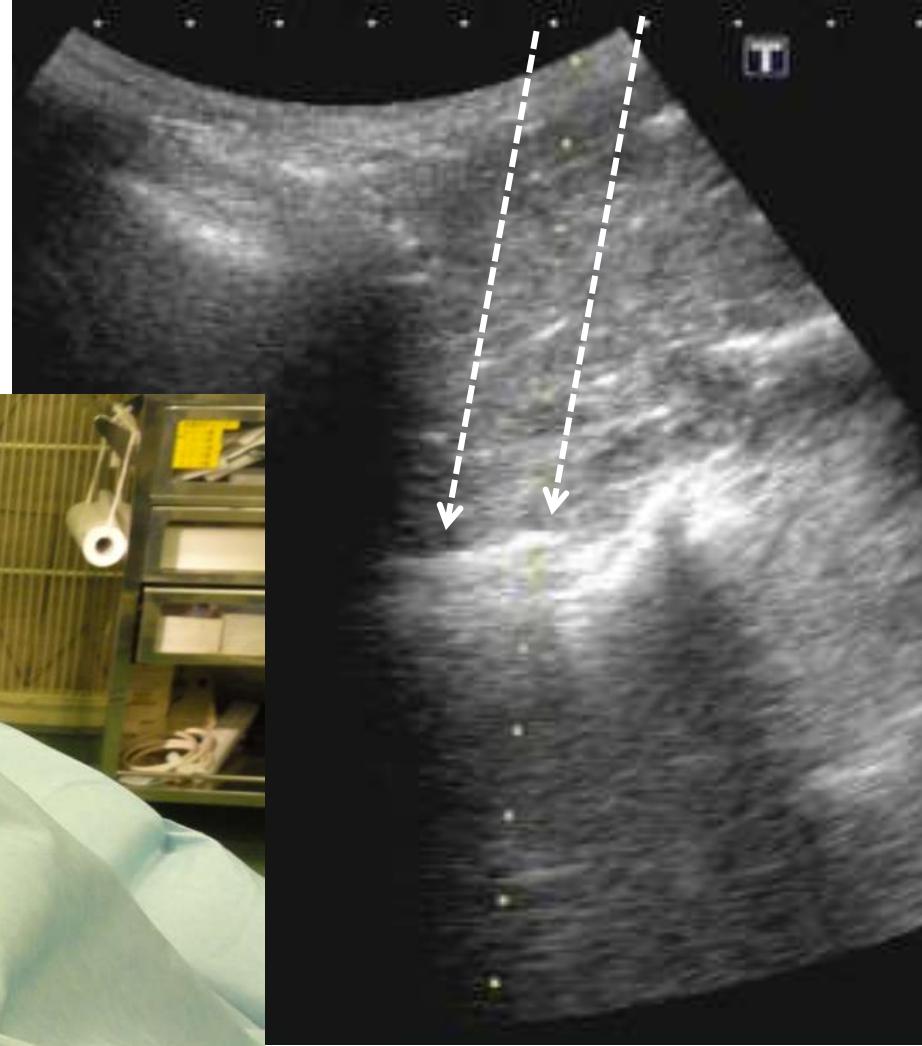
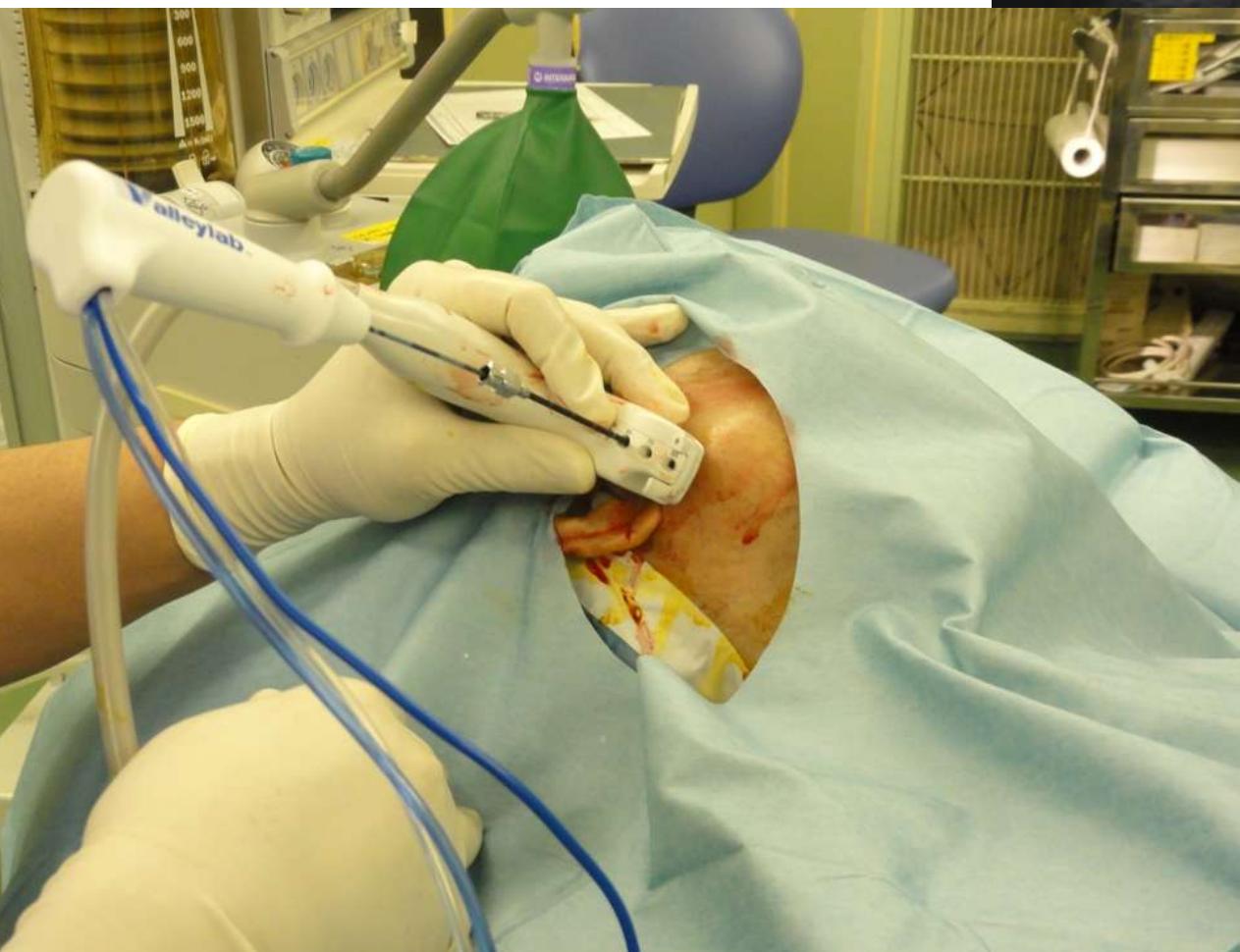
Before



After 1 year

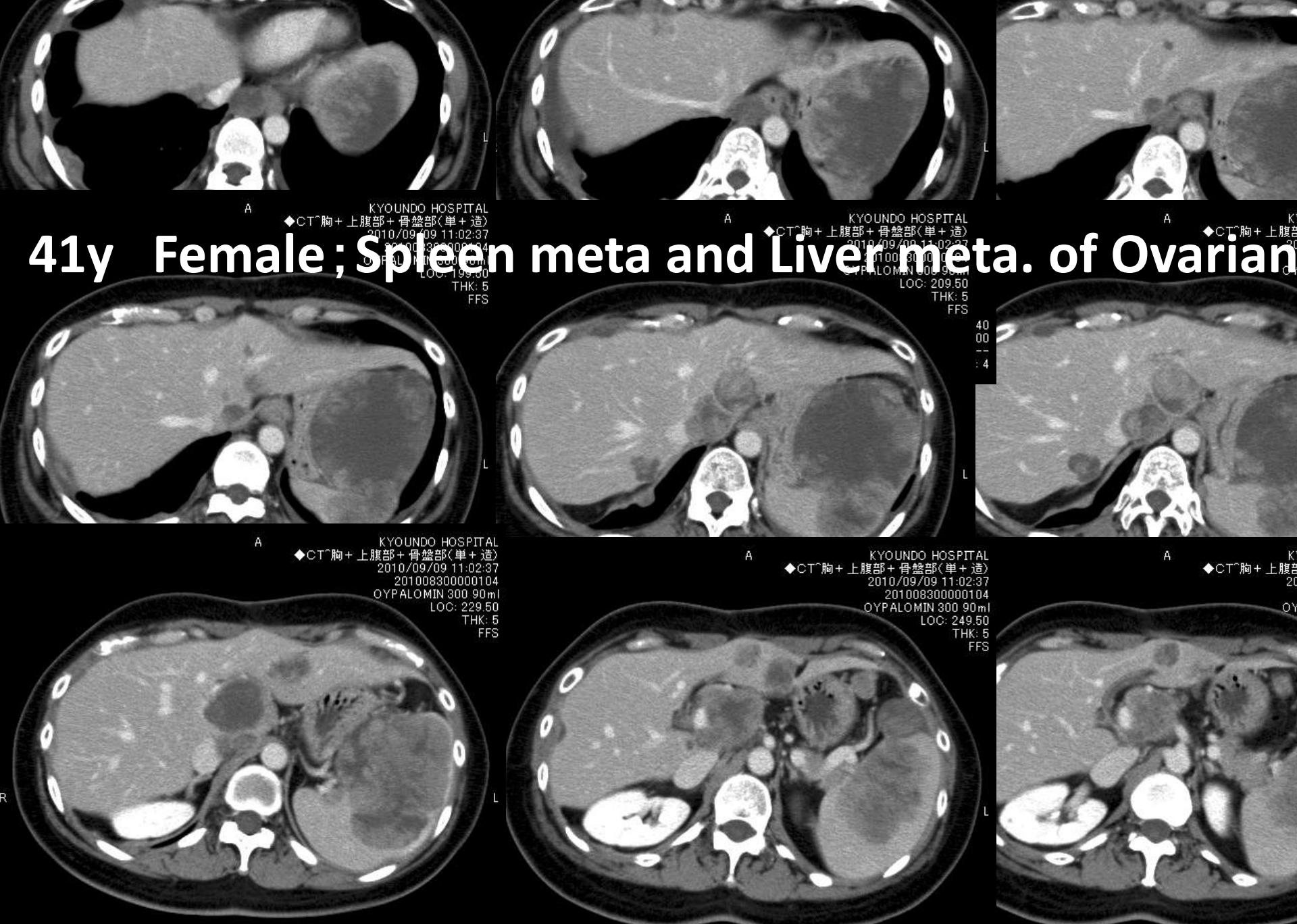
Jaw Bone Meta. of HCC



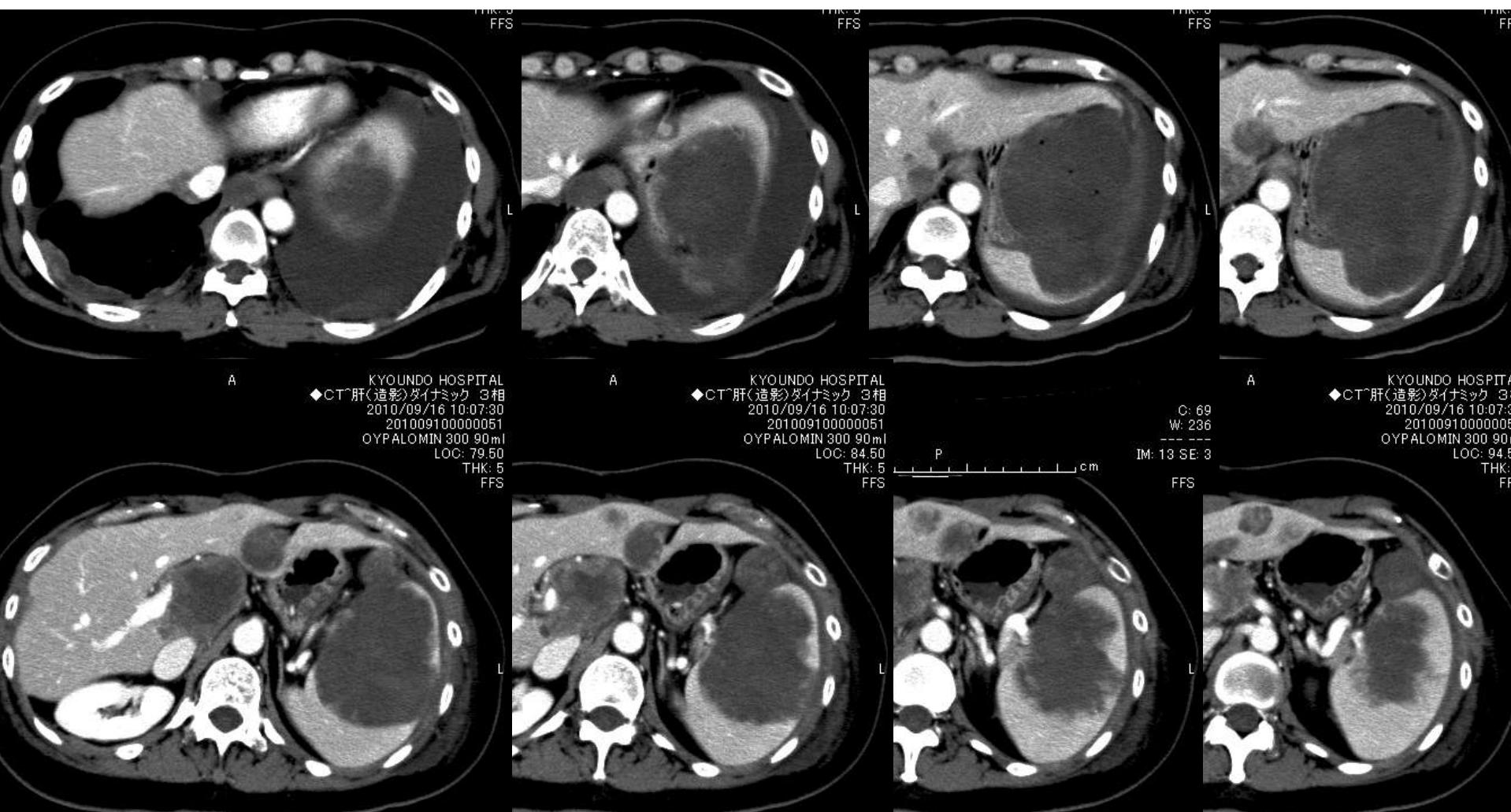




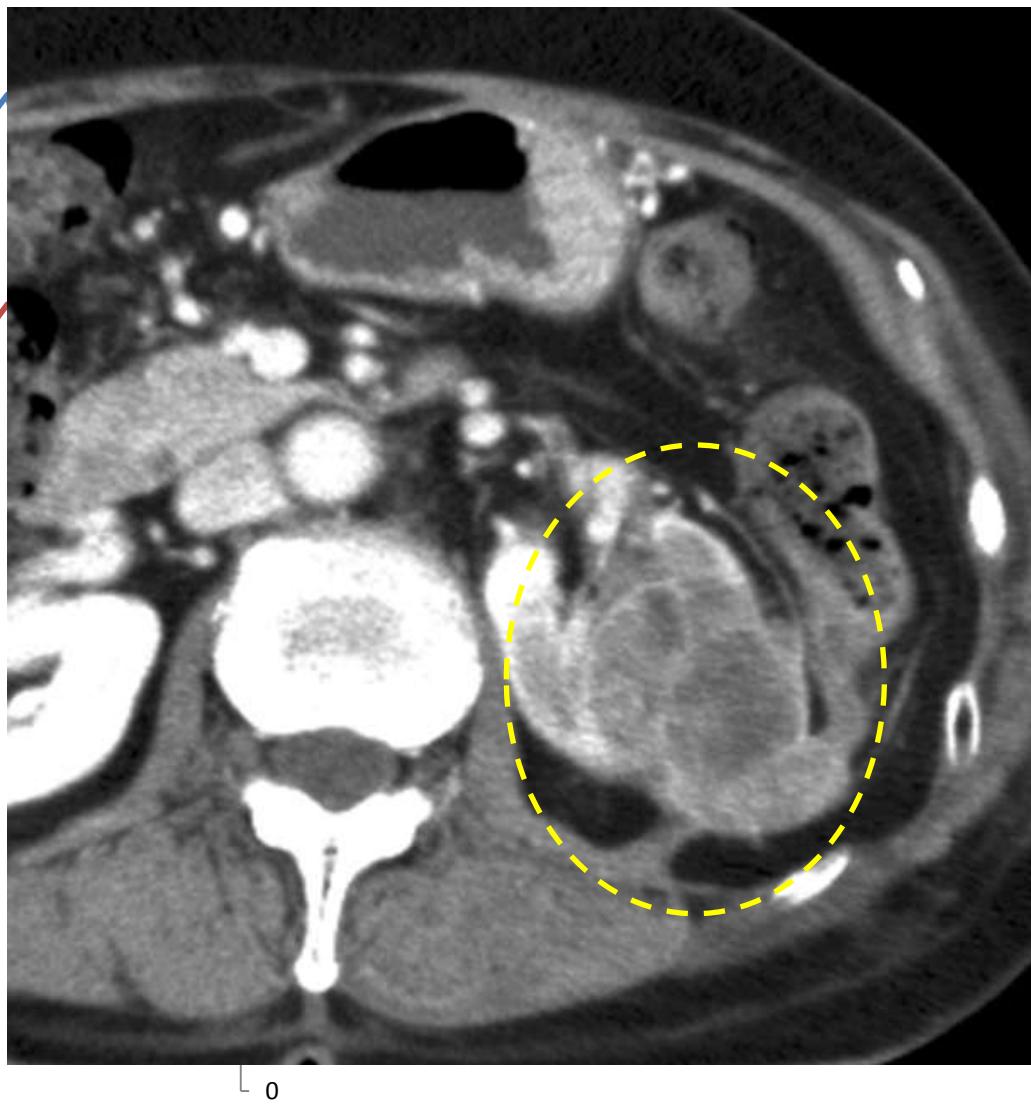
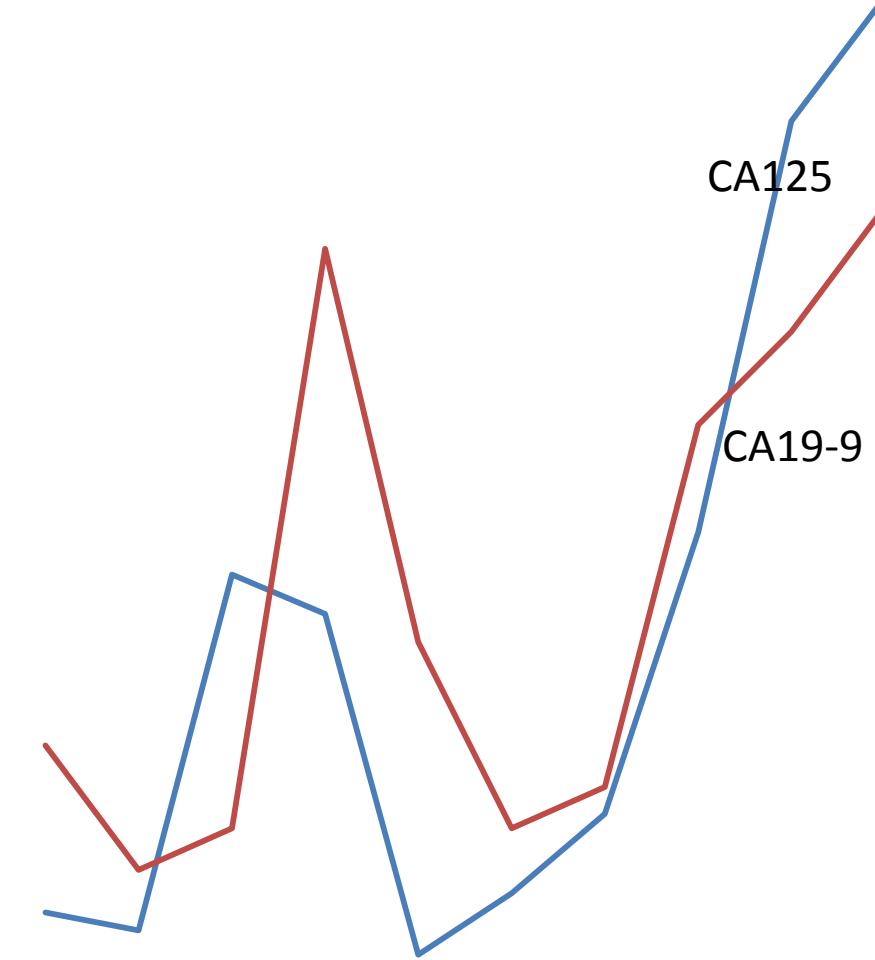
41y Female; Spleen meta and Liver meta. of Ovarian



Spleen Meta. after RFA



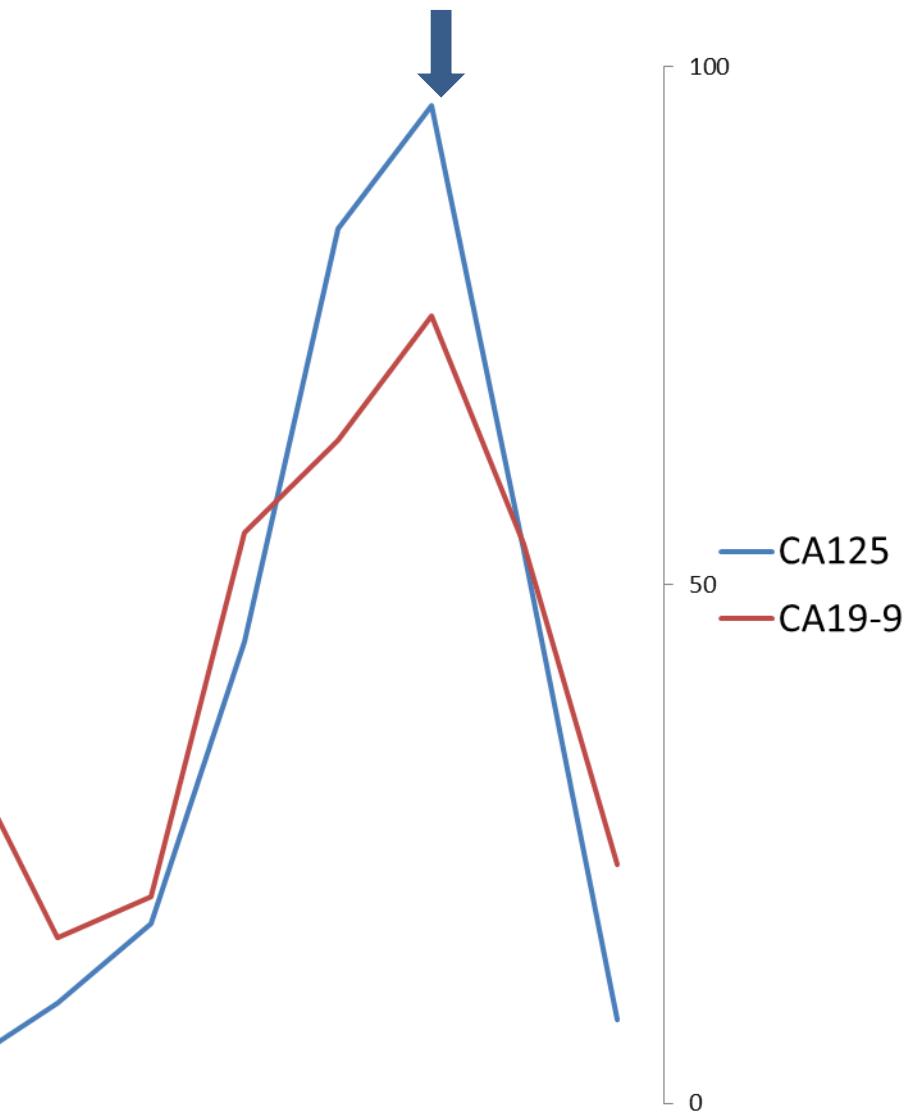
Renal meta of Uterine Ca.



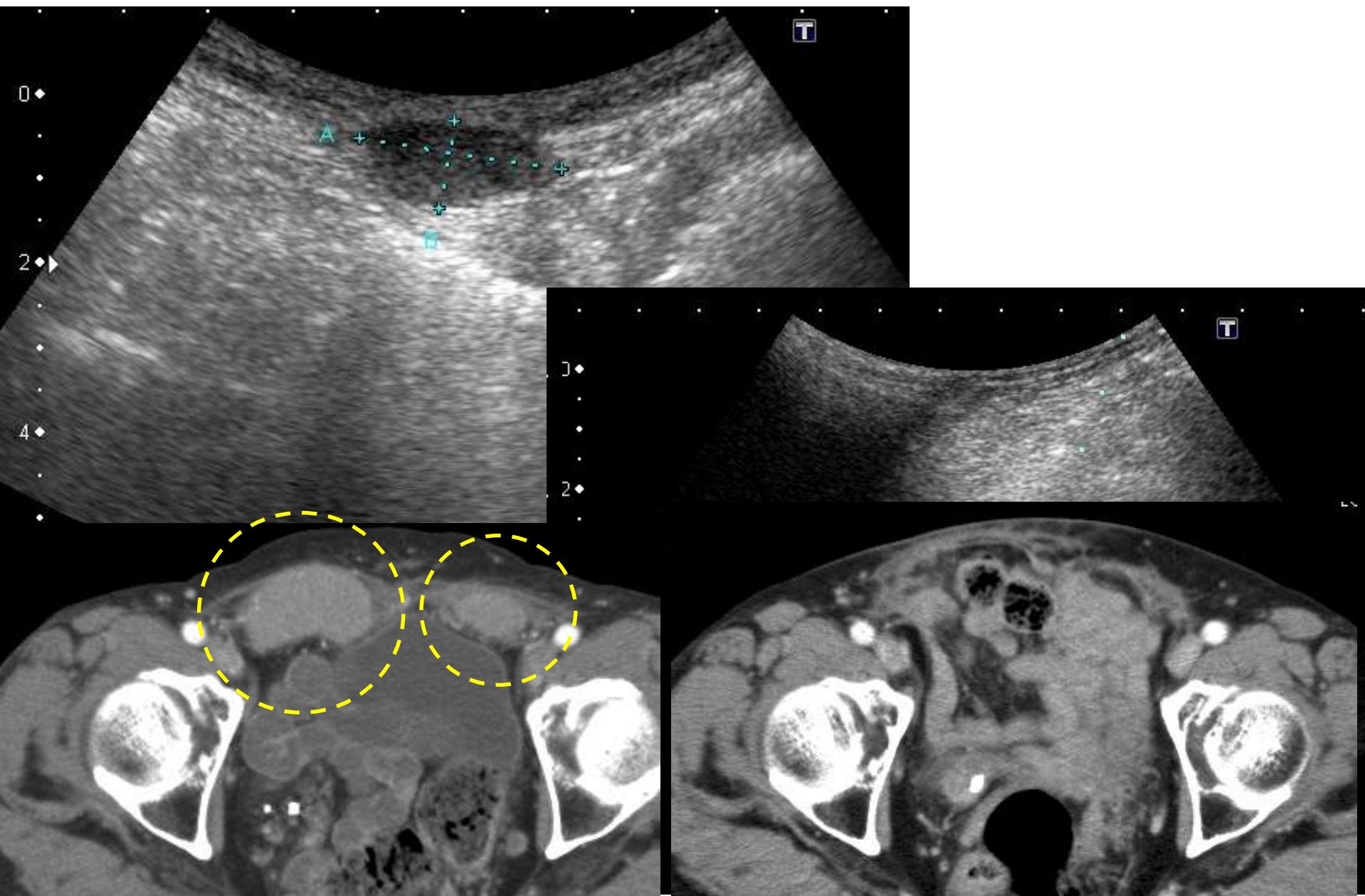
RFA under prone position



RFA

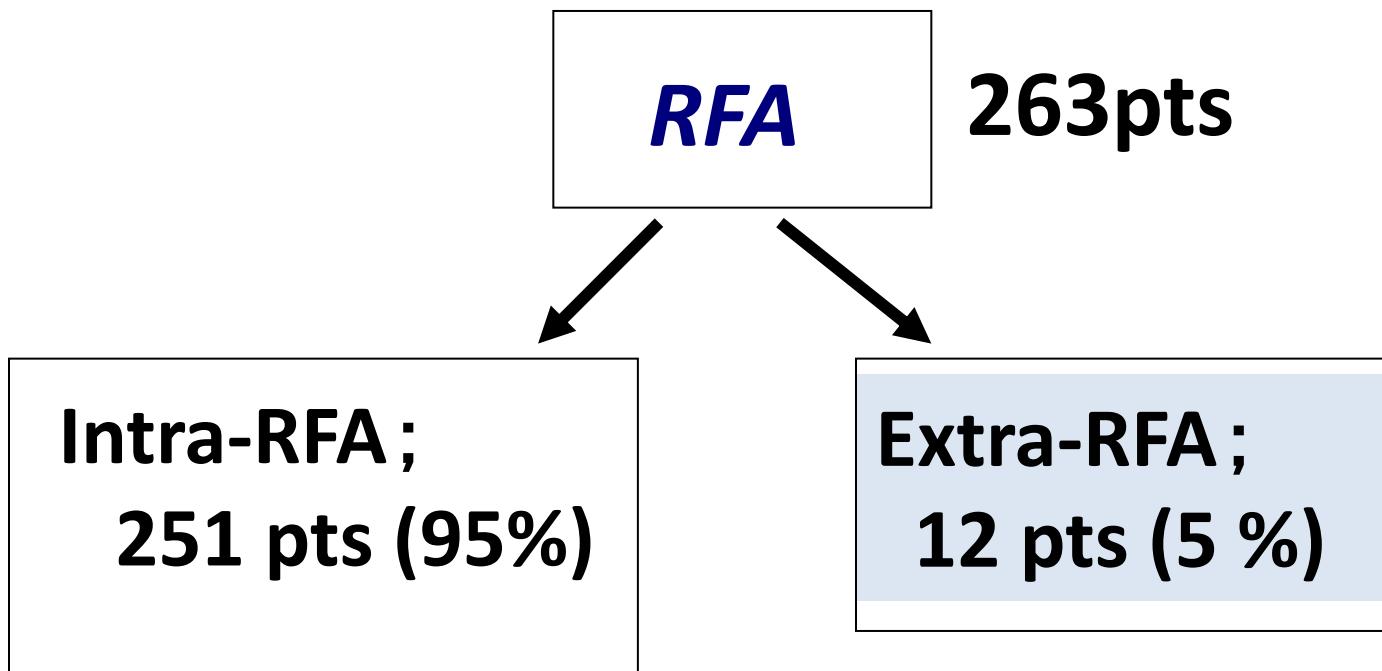


RFA for Abdominal Seeding



2008 - 2013

Kyoundo Hospital

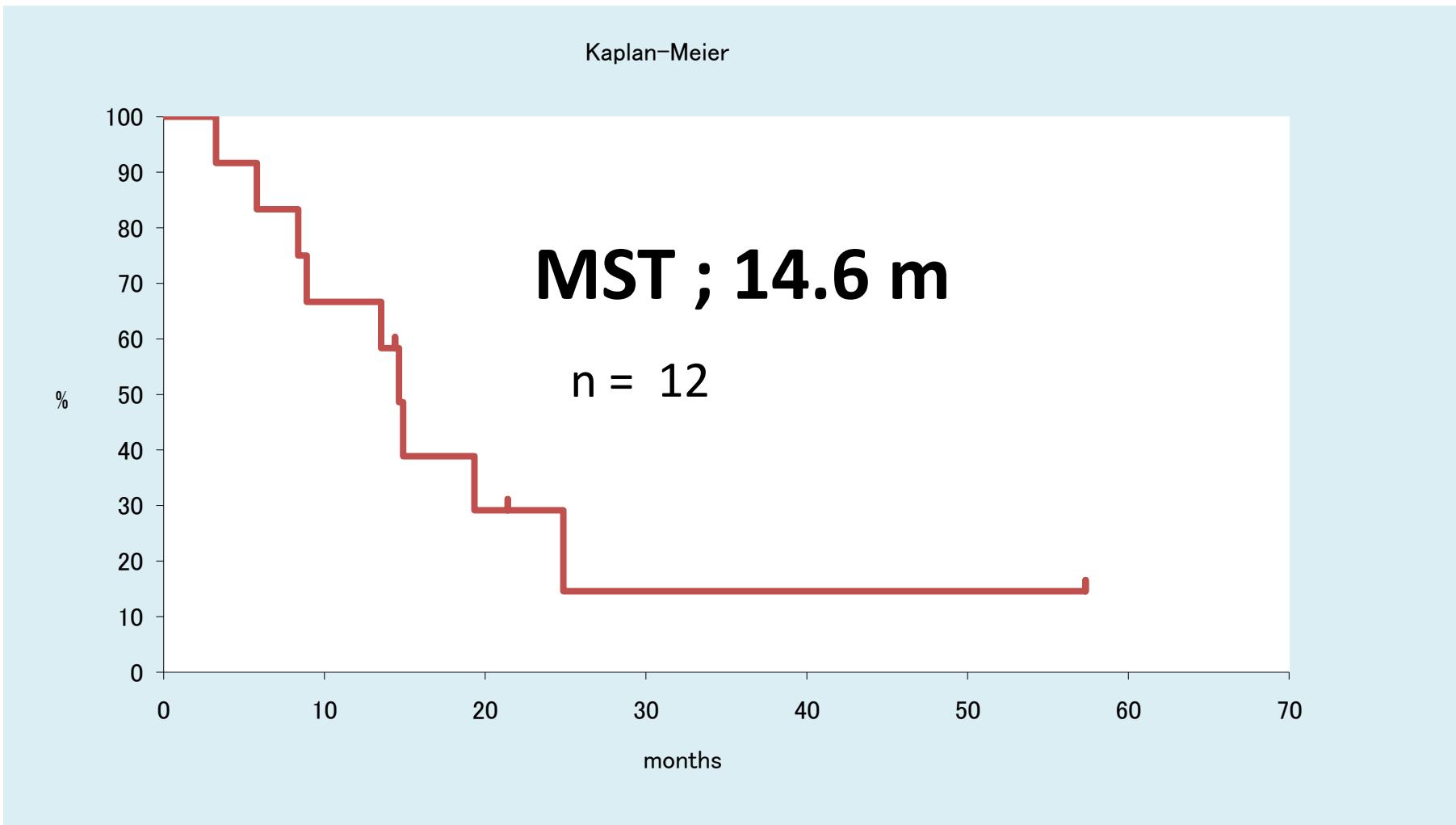


Extrahepatic Meta.

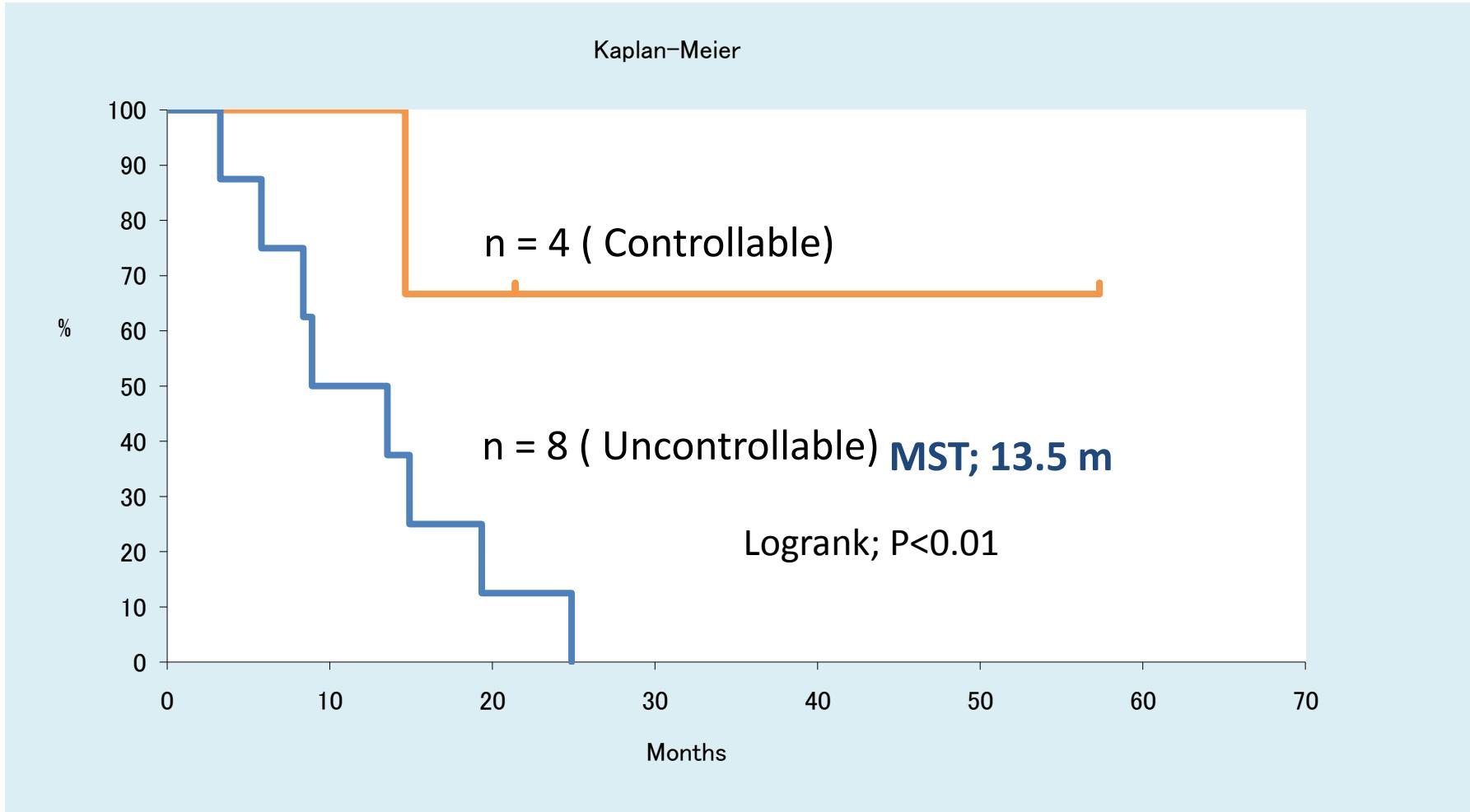
12Pts / 5y

Metastasis	Number of Pts
Adrenal Grand	4
Bone	3
All cases were successfully treated by RFA	
Seeding	2
renal	1

Extra-RFA



Extra-RFA stratifying under controlled/not in the liver



Complication, Efficacy by CT

	Extra-RFA N = 12	Hepatic- RFA N = 251
Complication	0	4 (1.6%)
Efficacy by CT	95%	100%

Conclusion

RFA of extrahepatic neoplasms is a promising alternative treatment which could be considered for patients who are not suitable for surgery.

Results

- ; The average follow up was 12 months. In 12 tumors (100%), total absence of contrast enhancement was obtained after initial RFA. All the patients were done with successful. There were no complications. Local recurrence was observed in 3 lesions (25%) out of 12 lesions.
- Median survival time was 9 months after RFA. The cause of death was liver failure due to progression of hepatic neoplasms, not progression of extrahepatic neoplasms

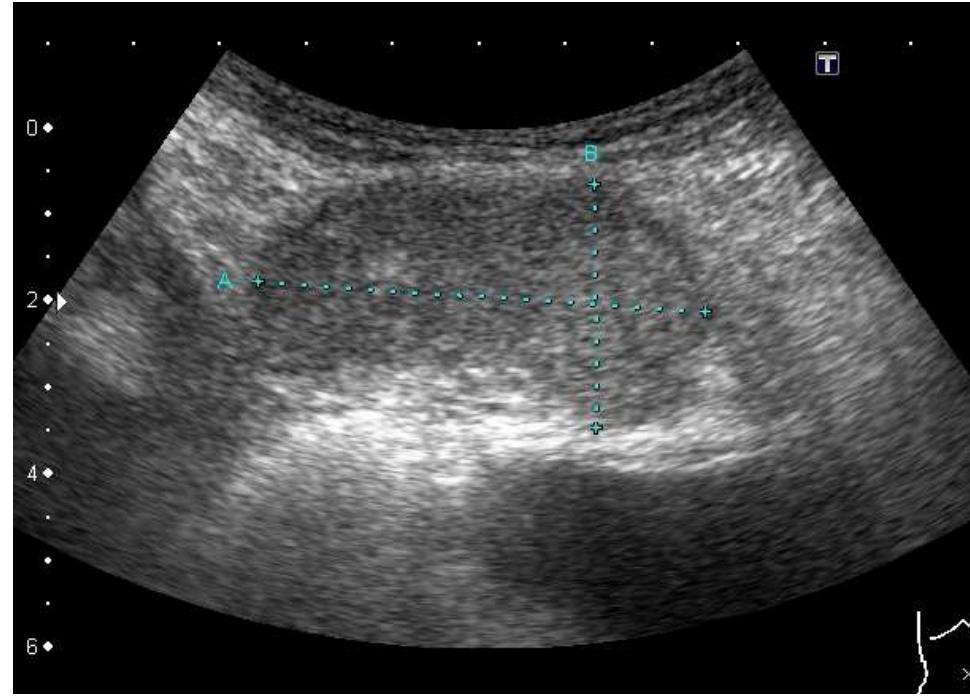


結語

- ・高度進行肝細胞癌に合併した頭蓋骨、顎骨転移に対してRFAを施行し、良好な経過を得た症例を経験した。
- ・放射線治療難治の骨転移に対しては頭蓋骨、顎骨などの危険な部位にあってもRFAは施行できうると考えられた。

結語

- ・ 麻酔に伴う合併症はなかった。全例RFA時の苦痛を訴えることはなく、目的の治療を完遂できた。術後もRFA時の記憶はなかった。循環動態も安定しており、気管内挿管に切り替えることもなかった。術後の合併症もなく、5段階評価アンケートによる被検者の苦痛度、術者側のストレスも極めて良好であった。
- ・ 特に大型肝癌、多発病変、肝外病変の治療の際に、Sedation 下のRFAは極めて安全、有用である。



66歳 男性

主訴：頭重感、頭部圧迫感

現病歴：

- 07 5月 初発B-HCC。東大でRFA 2回。
- 08 3月 より多発再発で当院でTAE 3回
- 08 11月 TAE failureでIFN/5FU開始。5kurでSD維持。
- 10 2 骨盤内骨転移に東大でRTx。
 - 3 左頭頂骨転移にRTX 40Gy。
 - 4 ネクサバール400mg開始。
 - 8 上記 主訴出現し、左頭頂骨転移の増大あり RFA目的入院。



UAGV-030A 85°

Pulse

0 •

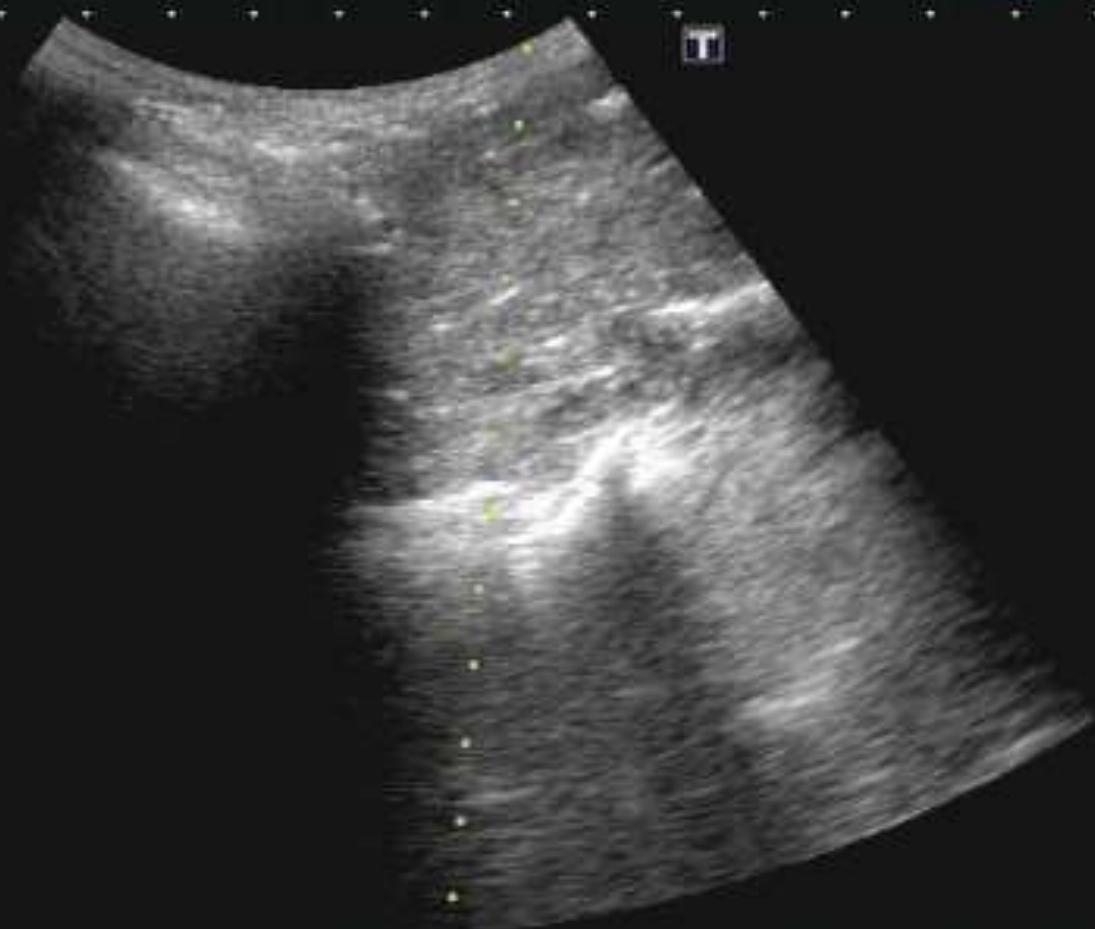
5 •

6C1
diffT5.0

22 fps

10 •

T

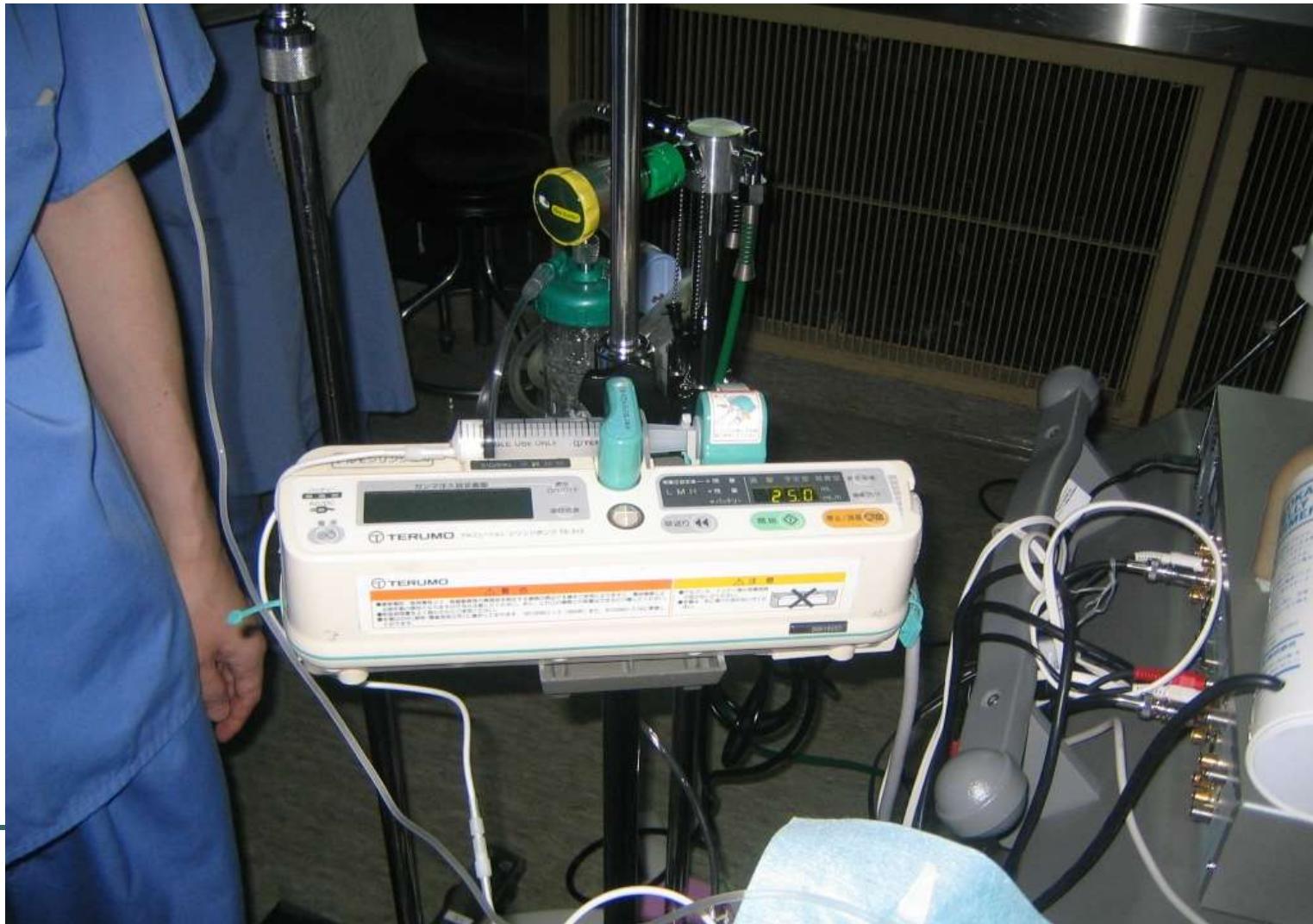


A2

HDD:21% Free

Raw Memory #0(0%)

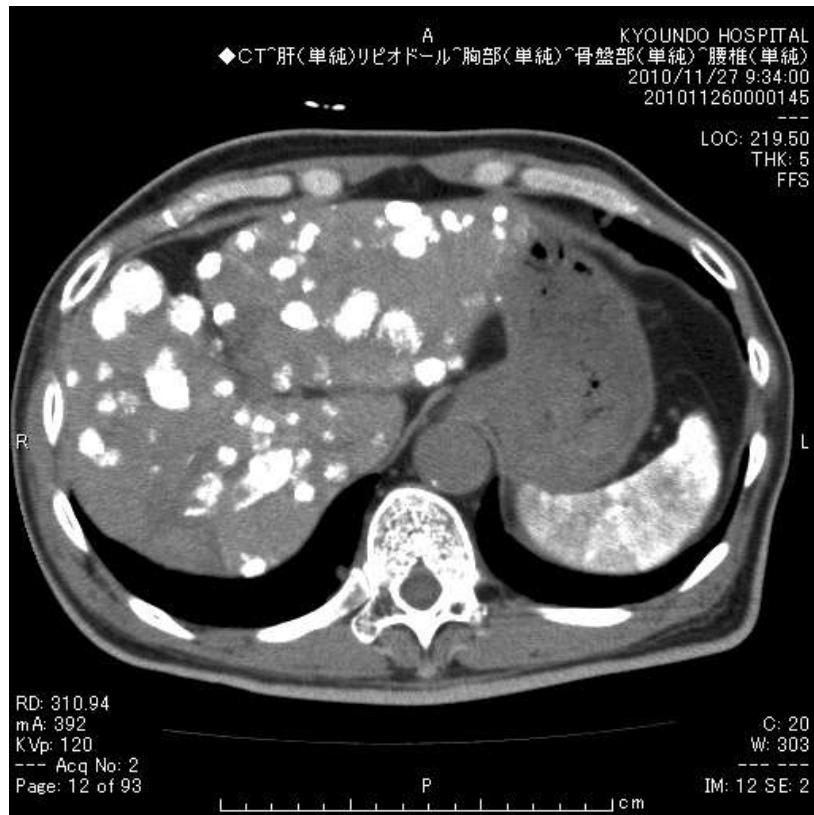
Propofol intravenous injection



T-Bil	0.7 mg/dl
AST	49 IU/L
ALT	40 IU/L
γGTP	124 IU/L
ALB	4.3 g/dl

AFP	5.9
L3(%)	0.5
DCP	70400
Plt	$17.4 \times 10^4 \mu/l$
PT	92%

HBs Ag (+)
HCV Ab (-)



RFA for Extrahepatic Meta.

12Pts / 5y

Metastasis	Number of Pts
Adrenal Grand	4
Bone	3
Spleen	2
Seeding	2
renal	1

Feasibility of RFA for bone Meta

	Curability	Painless	cost	Hospital days
Radiation	△	○	\$ 2,500	28 d
RFA	○	○	\$4,000 (insurance -)	7 d

Methods

- From 2010 to 2012, 12 radiofrequency ablation(RFA) in 10 selected patients with extrahepatic neoplasms were performed.
- Extrahepatic neoplasms were adrenal gland metastases in 2 patients, abdominal seeding in 2 patients, splenic metastases in 2 patients, bone metastases in 3 patients
- renal metastases in 1 patients.
- The patients had contraindications to surgery. The average tumor size was 2.5 cm in diameter with mean age of 68 years.
- RFA were performed based on percutaneous under ultrasound guidance with monopolar Cool-tip RFA needle.
- The procedure was performed under sedation using propofol or general anesthesia. The absence of contrast enhanced CT was considered to be a successful treatment.



0

2

4

6C1

h3.5

15 lps

6

8



T

MI:0.25

2DG

00

DR

50

F:40

I100

00:23

AP 2%

Replenish mode

IP4

UAGV-030A 70°

QMax

T

0 •

2 •

4 •

6C1
diffT5.0

22 ips

6 •

MI:1.5

2DG

DK

DR

60

A 2 IP4

