

PERCUTANEOUS CT-FLUOROSCOPIC-GUIDED RADIOFREQUENCY (RF) ABLATION OF A SINGLE PANCREAS METASTASIS: A CASE REPORT

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Purpose: To describe a case of percutaneous RF ablation of a single metastasis from renal adenocarcinoma localized at body-tail portion of pancreas.

Methods and materials: a 77 years old male, with a history of left nephrectomy for renal adenocarcinoma 2 years before, came to our attention for ultrasound and computed tomography finding of a 2 cm pancreatic nodule suggestive for secondary lesion. As the patient refused surgical intervention, a percutaneous RF ablation treatment was proposed. Informed consent was obtained, and the protocol was approved by the institutional review board. An intermittent CT-fluoroscopic technique (CT Aquilion Toshiba 64 slices; 120 kVp, 10–40 mA) was used for placement and deployment of a 19 G needle electrode (Invatec Miras RC®). This model generates up to a 3-cm-diameter zone of necrosis. The patient was treated during monitored anesthesia care.

Results: No peri-procedural complications occurred. After the procedure the patient complained of diffuse abdominal pain and a slight increase in amylases serum level was observed (300 UI/l). The patient was discharged after 3 days. A CT scan performed at 1 month showed complete lesion ablation with a little fluid asymptomatic peripancreatic collection. Amylases serum level was normal.

Conclusions: RF ablation under CT-fluoroscopic guidance is a feasible technique in the treatment of small pancreatic lesions.