RF ablation of the Liver: “state of the art”

Séance organisée par la Deutsche Röntgen Gesellschaft DRG

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Objectifs pédagogiques
Indications et limites de la radiofréquence hépatique. Intérêt du guidage IRM. Potentialités du cyberknife.

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LIVER RFA: WHAT ARE THE INDICATIONS AT PRESENT?
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Objectifs : To know the present indications of RF ablation in liver tumour.
To know the possible evolutions of these indications.
To understand the therapeutic schemes using RF ablation in liver.

Messages à retenir : In hepatocellular carcinoma (HCC) RF Ablation is a curative treatment.
In HCC RF ablation is an alternative to surgery.
In metastasis RF ablation is a complement to surgery.
RF ablation is an oncological treatment that must be decided in multidisciplinary committees.

Résumé : Radiofrequency ablation (RFA) is now a well established treatment for liver tumours. In multidisciplinary committees it must be chosen among the different oncological tools and used in a standardised way. Two main indications can be individualised (hepatocellular carcinoma and metastasis) corresponding to 2 different ways of using the RF tool. Firstly in case of HCC; RFA is clearly considered as a curative treatment and takes place in substitution to surgical resection. This is currently a fact for small tumours, but following the technical evolution of the RF devices (especially multipolar technique) this could become true for larger tumours too. The different treatments (Chemoembolisation, chemotherapy, surgical treatment, transplantation) will be used in association or alternatively with the therapeutic scheme following the HCC evolution. Secondly in case of metastasis: In this situation RFA could be an isolated treatment, but it is an exception. For the metastatic lesions surgery remains in most cases the reference and RFA should be used in association with surgery. The goal of this association is to make a carcinologic resection (i.e. to be able to resect all liver metastasis), when complete resection could not be possible using surgery alone. This leads to combined procedures; for the best in one time during the surgical intervention or in 2 times if we choose to proceed to per cutaneous RF treatment. In other hepatic tumours, like benign tumour or cholangiocarcinoma, there is no standardised attitude and RFA is used in particular case always after a collegial decision during a multidisciplinary committee.

Mots clés : Foie, tumeur - Radiofréquence, radiologie interventionnelle

16 h 30  Durée : 20 minutes

LIVER RFA: WHAT ARE THE LIMITS OF THE TREATMENT?
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Objectifs : To know the limit of tumor staging for RFA attempted as “curative” treatment.
To know the limit of tumor staging for RFA attempted as “palliative” or “down staging” treatment.

Messages à retenir : Up to 2 cm diameter RFA allows complete ablation of almost all malignant liver tumors. Up to 5 cm diameter, on condition to use proper technology (e.g. multipolar), RFA is able to achieve local tumor control similar to partial liver resection.
For intermediate tumor stages (T2-T3 in TNM) RFA has the right profile of an effective palliative or down staging treatment.

Résumé : Up to 5 cm of tumor diameter, RFA has far from partial tumor RFA should be regarded as first line therapeutic option. On condition to improve tissue destruction capacity of RFA (e.g. multipolar mode), same results can be obtained in patient with medium size tumor.

Mots clés : Foie, tumeur - Radiofréquence, radiologie interventionnelle

17 h 10  Durée : 20 minutes