

Radiofrequency ablation for liver metastases – mini invasive therapeutic option for patients with unresectable tumors

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Abstract

Radiofrequency ablations (RFA), a new therapeutic option for liver metastases, proceeded by open surgery or laparoscopic approach, provide an acceptable control of local tumor process, involved lower risks than resection surgery.

Objectives: We analyzed this procedure, for classic indication in hepatic metastatic tumors, based on four years experience, focused on perioperative complications, recurrence rate and long distant evolution.

Method: Between December 2006 and December 2010, 61 patients with liver metastases underwent RFA; 46 cases had metastatic lesions from colo-rectal cancer, 9 cases from breast cancer, 4 cases from gastric cancer and 2 cases from ovarian cancer. RFA was performed in 55 patients via open surgery and laparoscopic approach in 6 patients. Postoperative course was followed with CT scan at 1 month, and then at 3 month interval, in correlation with tumor markers level.

Results: Perioperative complications occurred in 8 cases, consist of prolonged fever, severe hepatic cytolysis, without other complications such, biliary tract injury, hemorrhage, and peritonitis; no mortality caused by RFA procedure. 10 cases had local recurrence, at 6 and 25 month after post RFA procedure.

Conclusions: Initial experience shows that RFA is a safe procedure for treatment of liver metastases, with low rate of morbidity and local recurrence, indicated for patients with unresectable lesions or high risks for surgical resection.

Key words: liver metastases, radiofrequency ablation, liver resection

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