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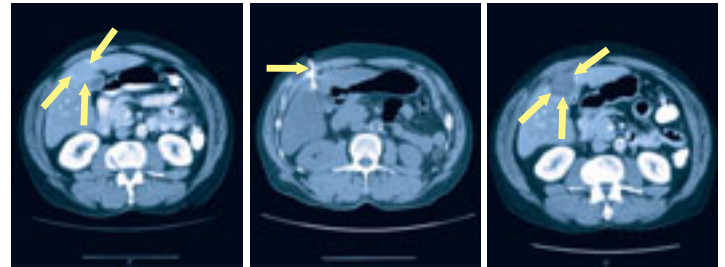
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Case of the Month: Radiofrequency Ablation Of Hepatoma

Clinical Presentation: 60 year old male with history of hepatitis C and cirrhosis who had an enlarging and enhancing 4cm liver mass (image 1). This mass had previously undergone CT-guided biopsy and was found to be hepatocellular carcinoma. Due to multiple other smaller lesions and the patient's medical condition, radiofrequency ablation of this lesion was favored over surgery.



RF Probe

Intervention: Radiofrequency ablation of the mass was performed under CT guidance (image 2). The probe has multiple metallic tynes that are deployed to cover the extent of the lesion. The probe is carefully positioned to avoid injury to the adjacent structures, in this case, the gallbladder and bowel. A primary and subsequently, a "confirmation" ablation are performed to ensure cell death.

Follow-up: Follow-up CT 1 month later reveals the mass to be now necrotic tissue without any enhancement, consistent with tissue death and lack of any viable tumor (image 3).

Discussion: Radiofrequency ablation (RFA) is a minimally invasive method of treating

malignancies. It is typically used in patients who are poor surgical candidates for tumor resection. While most frequently used in the liver, it has also been used to treat cancers in the kidneys, lungs, adrenals, breasts and bone. It involves the insertion of a radiofrequency electrode probe under precision imaging guidance, most commonly CT. Once the probe is positioned, electromagnetic waves are administered via an electrical current through the tynes. These waves cause molecules to have increased motion, which produces heat. This heat causes immediate cell death. A spherical volume of tissue around the tips of the tyned electrodes is ablated (or "cooked"), leaving healthy tissue intact. After the procedure, patients may have complaints of pain and nausea, which usually rapidly improve overnight. Most patients are symptom-free and discharged by the next day.



Meet Dr. Ayar

Dr. Ayar interpreted the case of the month. He is an interventional radiologist and completed his medical degree and radiology residency at the University of Alabama

at Birmingham, AL. He completed a fellowship in Vascular and Interventional Radiology at Vanderbilt University, in Nashville, TN. He is a member of the Society of Interventional

Radiology, the American College of Radiology and the Radiological Society of North America. He is a diplomate of the American Board of Radiology with a Certificate of Added Qualification in Vascular and Interventional Radiology. Dr. Ayar has been with Radiology and Imaging of South Texas since 2000.

Aside from extracurricular interests such as traveling and hiking, Dr. Ayar is enjoying fatherhood as his first child was born this past March.



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RADIOLOGY & IMAGING
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Funny Bones

Three nurses arrive at the pearly gates. St. Peter asks the first why he should admit her. She replies that she has been an emergency room nurse and has saved thousands and thousands of lives. "OK", he says, "Come on in!" The second reports that he has been an ICU nurse and he too, has saved thousands and thousands of lives. St. Peter lets him in too. St. Peter asks the third nurse the same question. She replies that she has been a managed care nurse and has saved thousands and thousands of dollars for the insurance company. St. Peter replies, "OK. Come on in. But you can only stay three days."



PET/CT: Cervical Cancer

History

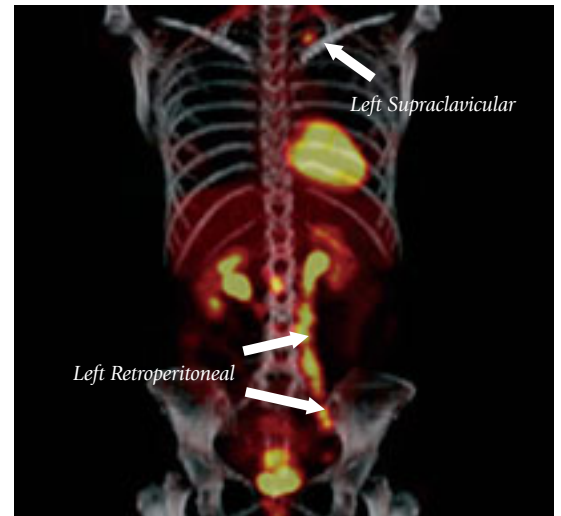
43-year-old female with moderately differentiated invasive squamous cell carcinoma of the cervix. Compared with CT of abdomen and pelvis from approximately 2 months earlier.

PET/CT Findings

The patient has retroperitoneal and left supraclavicular fossa lymph nodes, which are both hypermetabolic suspicious for distant metastatic disease. There are multiple foci of nodular uptake along the course of the left ureter. They represent extensive left retroperitoneal lymphadenopathy with significant fluorodeoxyglucose activity. Findings are highly suspicious for metastatic retroperitoneal lymph nodes along the course of the left ureter. Some of these lymph nodes

were present on the CT. However, some of the lymph nodes are new, suggesting aggressive disease.

Courtesy of Thompson Cancer Survival Center



Relay For Life

Radiology & Imaging of South Texas, LLP is the proud Educational Sponsor for the American Cancer Society's RELAY FOR LIFE. Please consider joining in the fun of the Downtown Relay to be held on Friday, July 28, 2006 at "Whataburger Field." For more information you can call the American Cancer Society at 857-0134, or call one of us directly for more information.

Lisa Stringer.....853-4503 ext 16 Vicki Rodriguez.....853-4503 ext 55
Mariann Quintanilla.....853-4503 ext 59

Remember, there is no finish line until a cure is found!