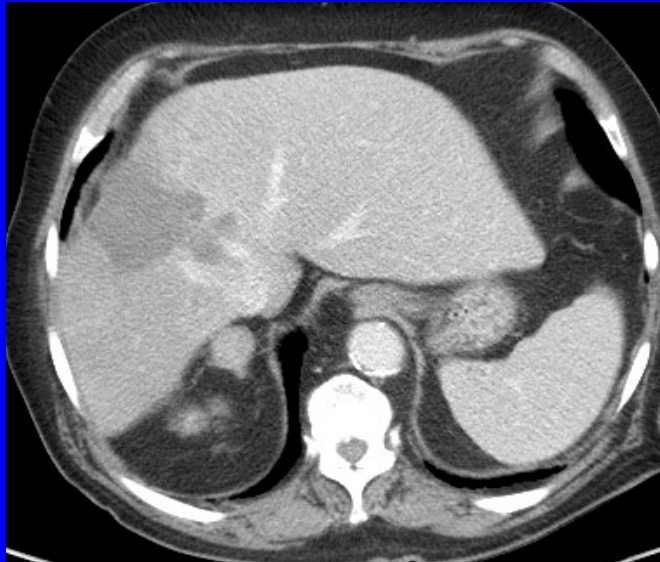


# Non-vaskuläre Intervention

## *Der komplexe Fall*



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***Zentralinstitut für Radiologie & Neuroradiologie***

# Fall 1: Hämangioperizytom

46 jähriger Patient, sportlich aktiv  
abdominelles Hämangioperizytom

diverse abdominelle Operationen

komplizierter Verlauf → in 4/2008

3 Metastasen  $\leq$  3 cm: M. iliacus re

M. psoas li. & linker Oberschenkel

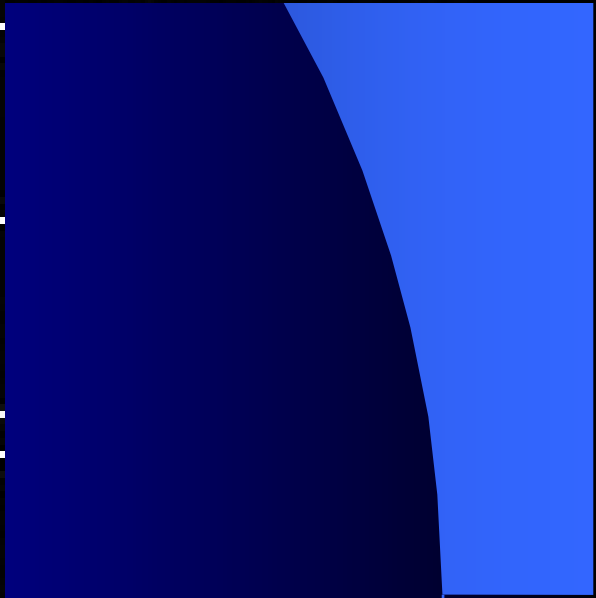
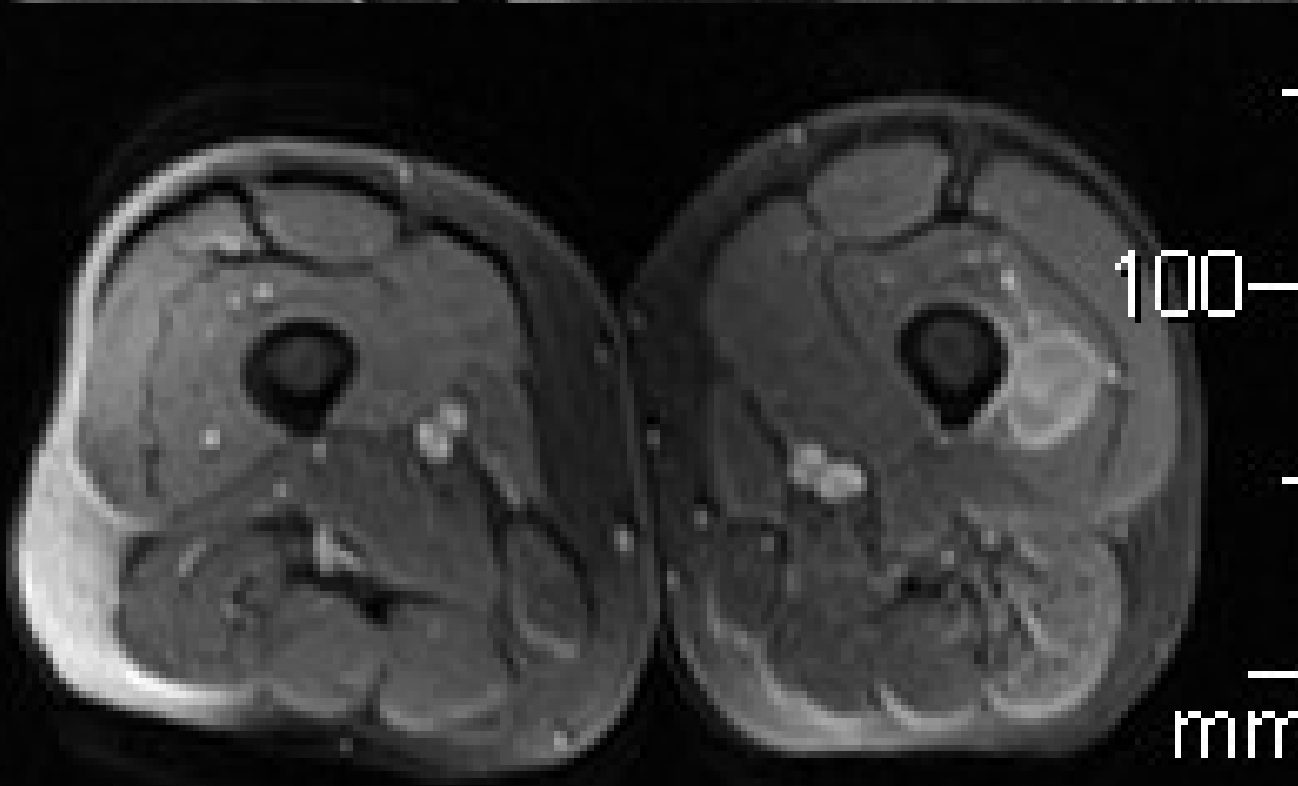
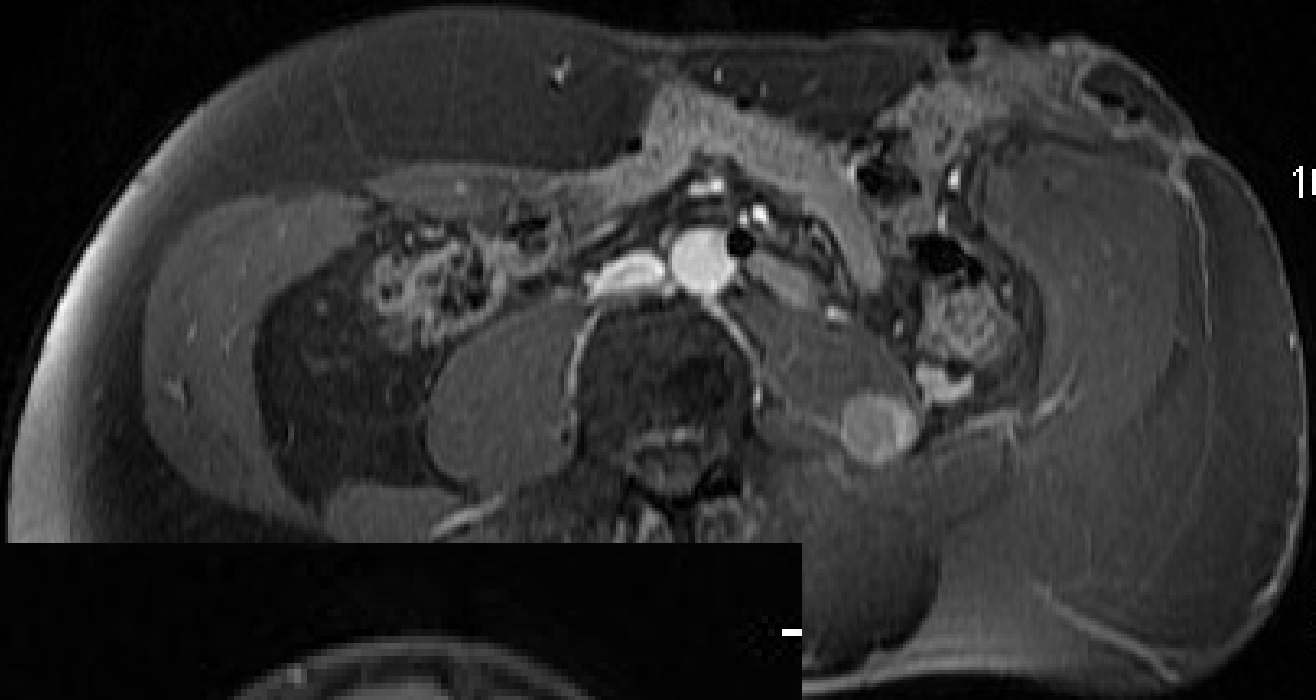
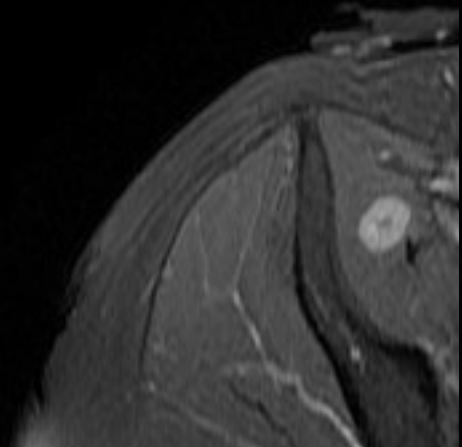
# Fall 1: Hämangioperizytom

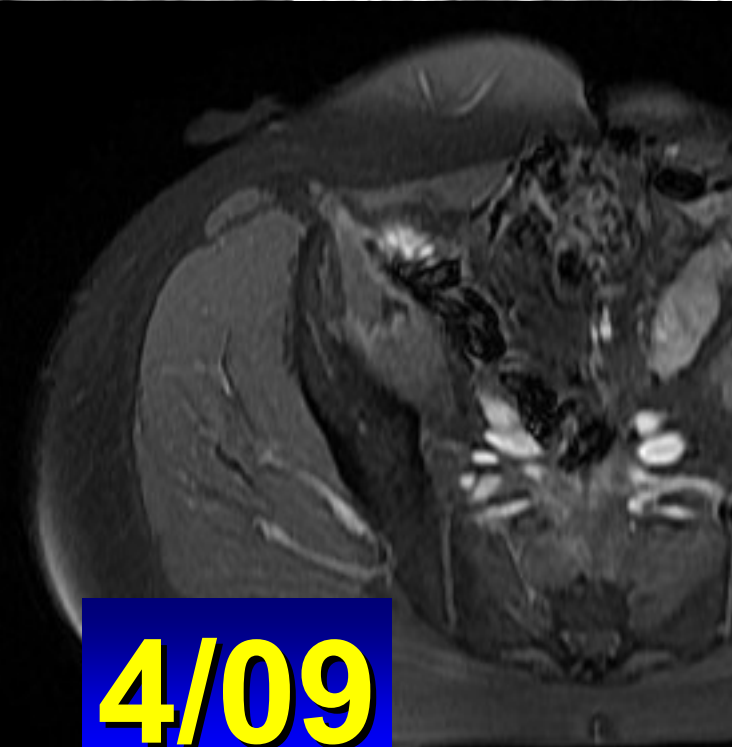
***Tumorboard:*** muskuläre Manif.;  
keine weiteren Mets; Dynamik?  
nicht operabel → Komplikationen

Patient: extremer Therapiewunsch

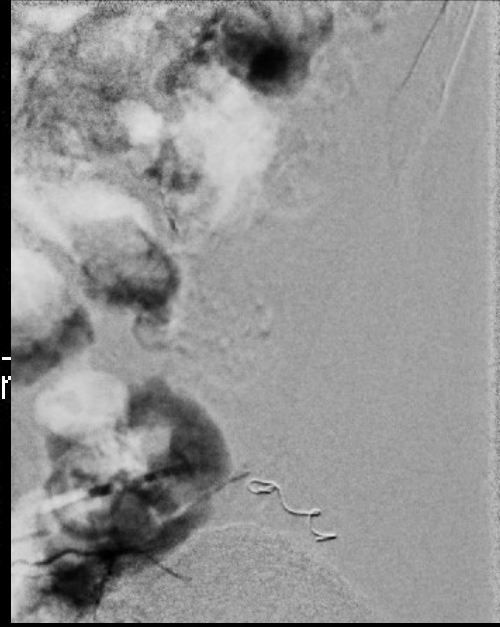
***Konzept:*** M. iliacus re. → RFA

M. psoas li. & OS → Emb & RFA



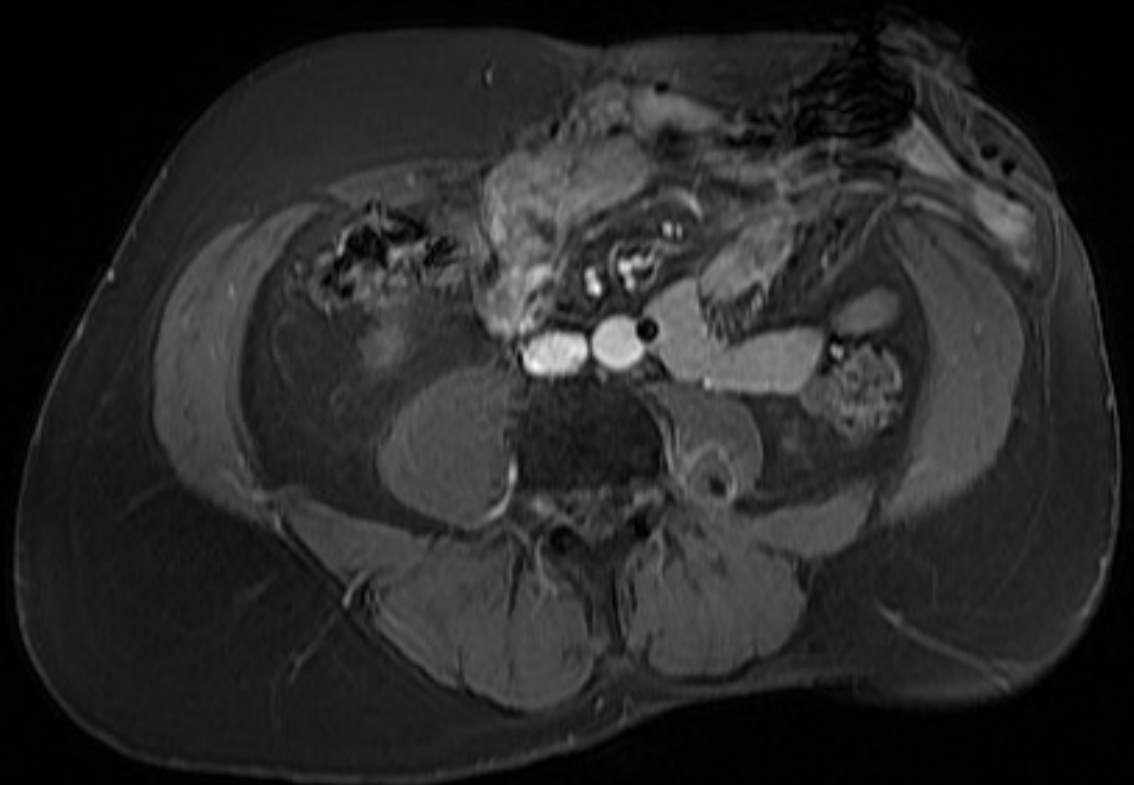


**4/09**

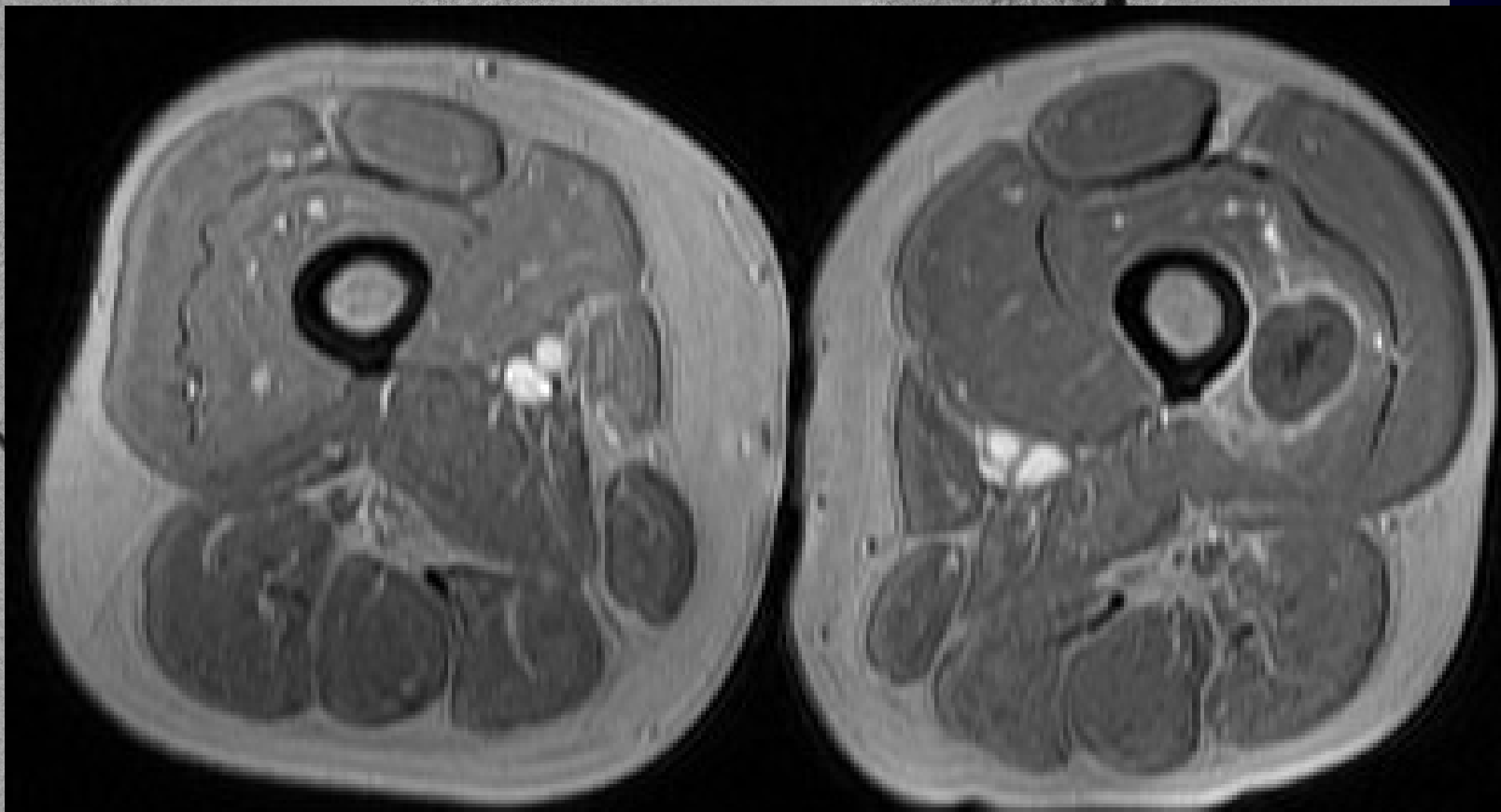
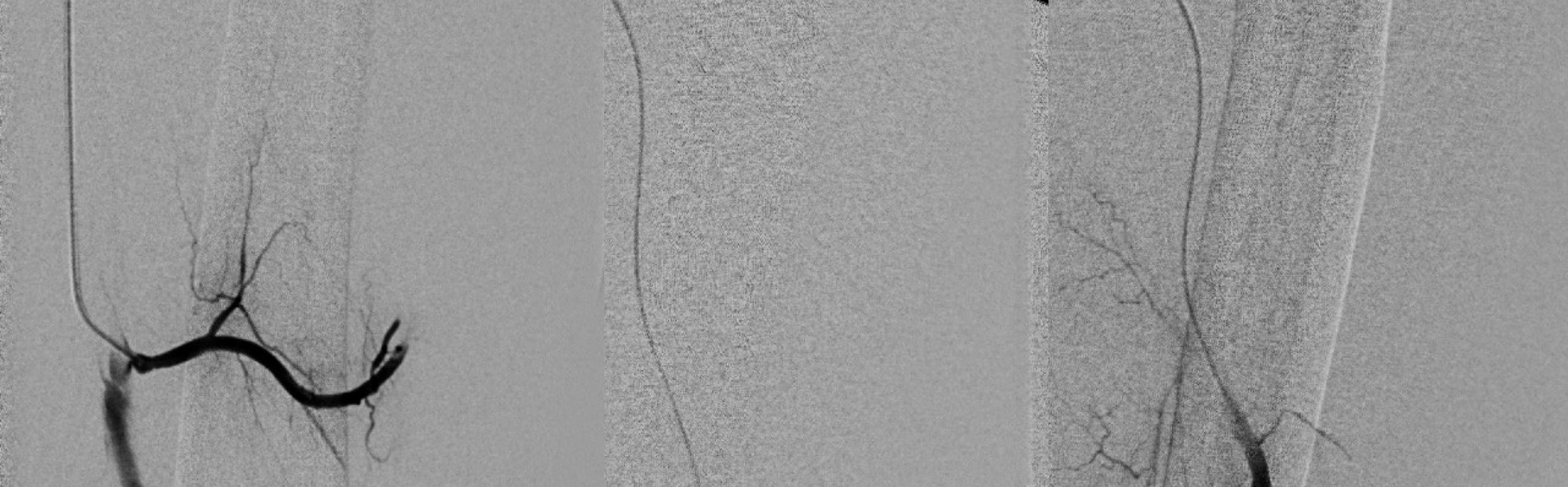


**7/08**

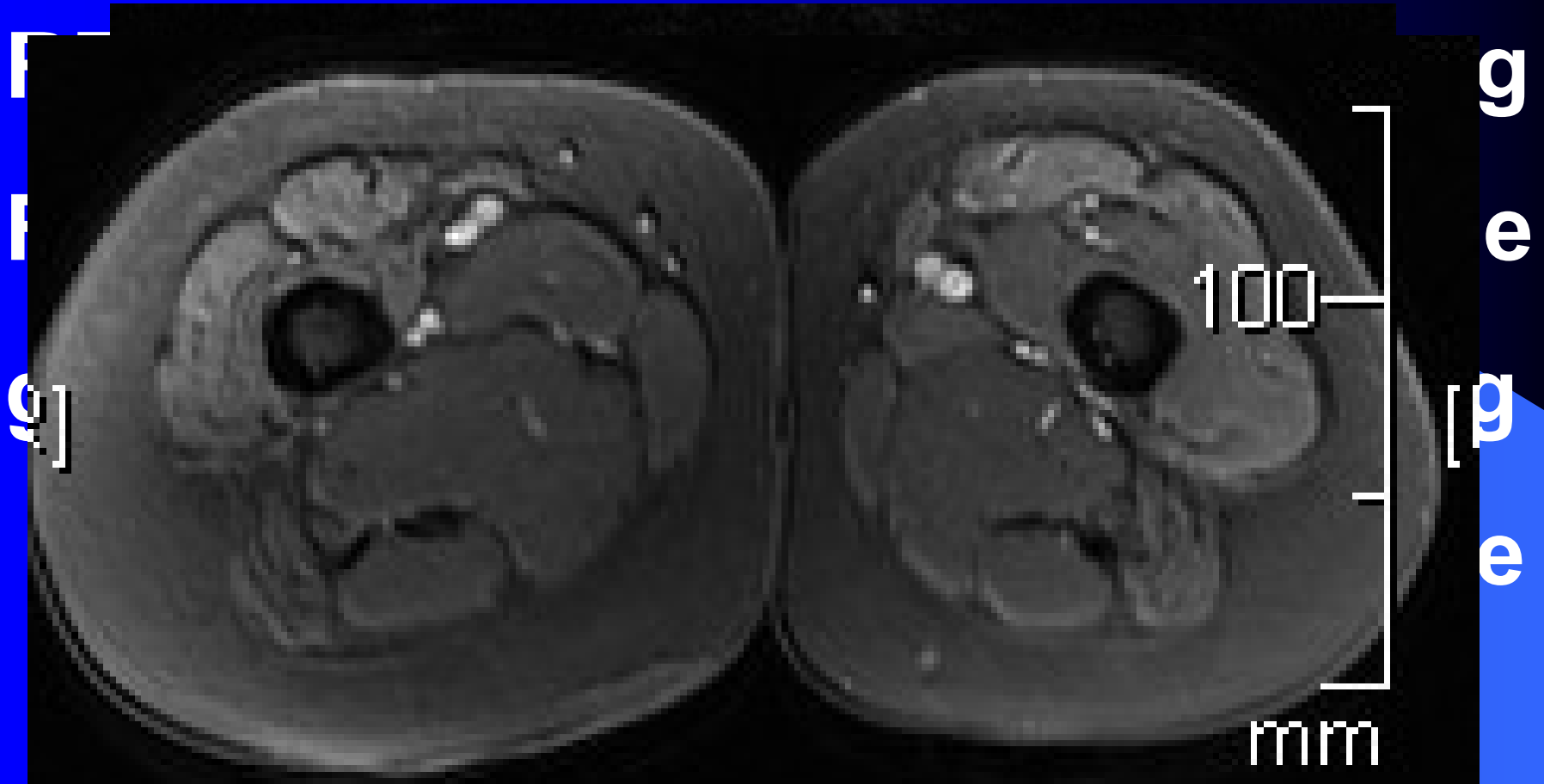
**4/09**







# Fall 1: Hämangioperizytom



Patient operation antwortwege



# Fall 1: Hämangioperizytom

Emb. & RFA M. iliacus re. → Ödem

passagere Parese → Restitutio

→ lokale Tumorkontrolle

Emb OS li → keine Komplikation

→ Rezidiv mit nachfolgender OP

→ alle 3 Herde avital, Morbidität

# Fall 1: Hämangioperizytom

8/10 → kein Lokalrezidiv

Verlauf → Neumanifestationen

2/09 pararenal li. → 4/10 OP

2/09 parakolisch li. → 4/10 OP

6/09 US L → 7/09 OP

6/09 *BWK 3* → 7/09 *Radiatio*

Study Date: 08.06.201  
Study Time: 18:24:1



# Fall 1: Hämangioperizytom

*hypervaskularisierte Tumore*

in Muskulatur = Embolisation

Embolisation → Tu-

Kontrolle?

RFA = Tu-Kontrolle!

thermischer Schaden

*Embolisation & RFA*

Öl ... Blut ...

# Fall 2: multifokales HCC

**11/02** 70 J; Child B, Hep. B,  
5 cm HCC Seg 2/4a

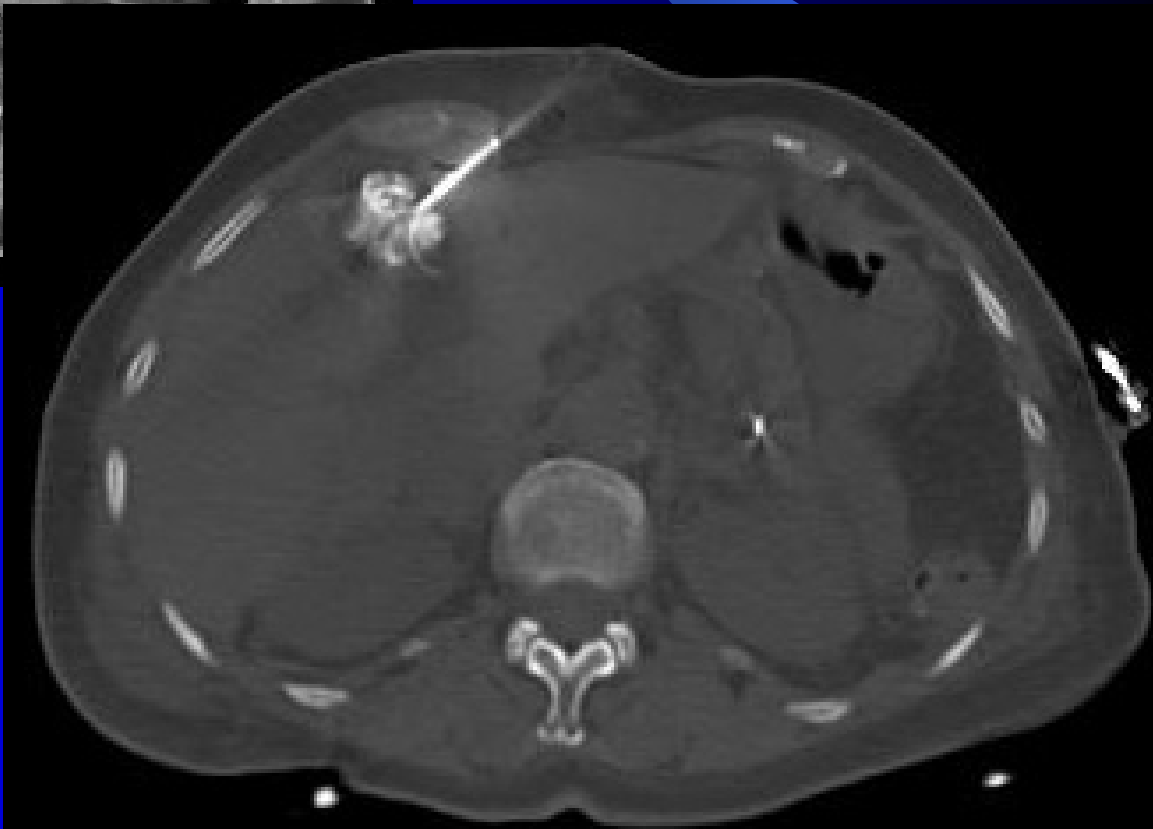
**→ TACE & RFA**

**5/04** 3,5 cm HCC Seg. 3

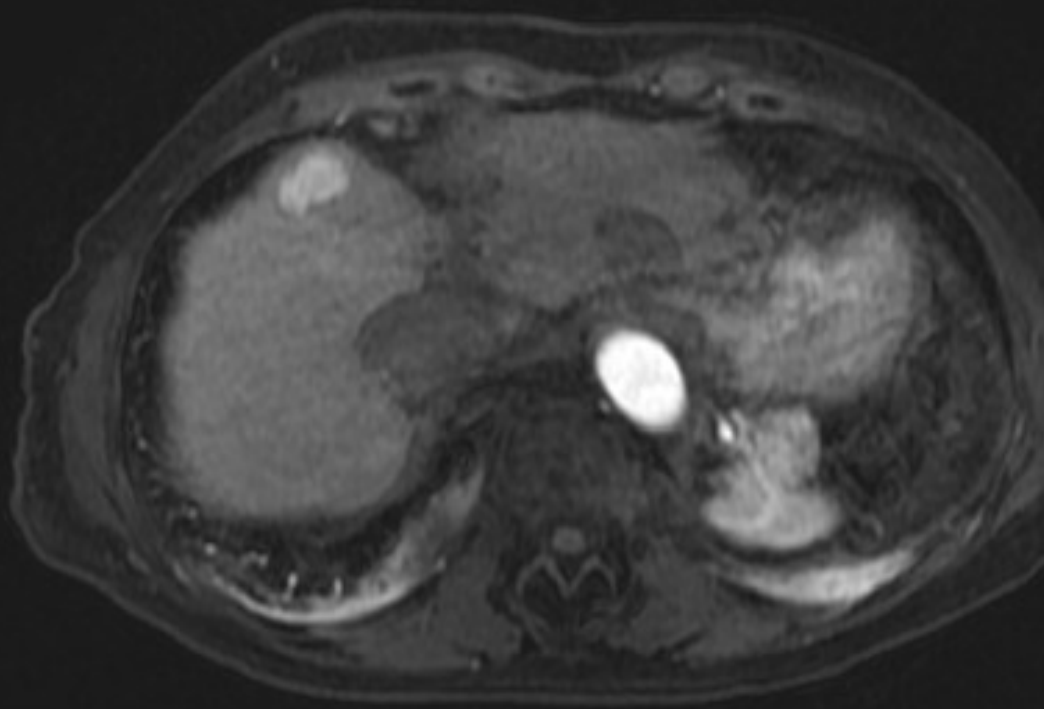
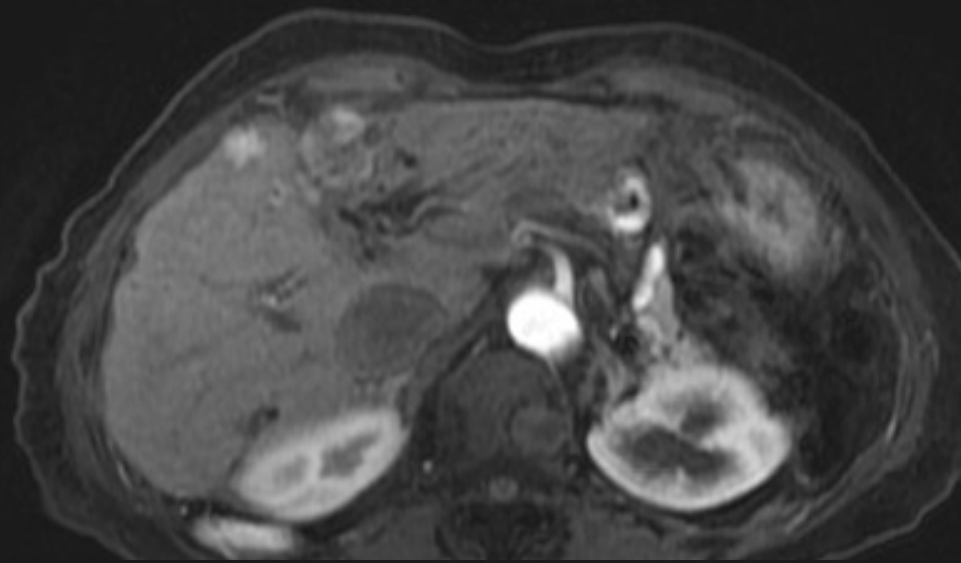
**→ TACE & RFA**

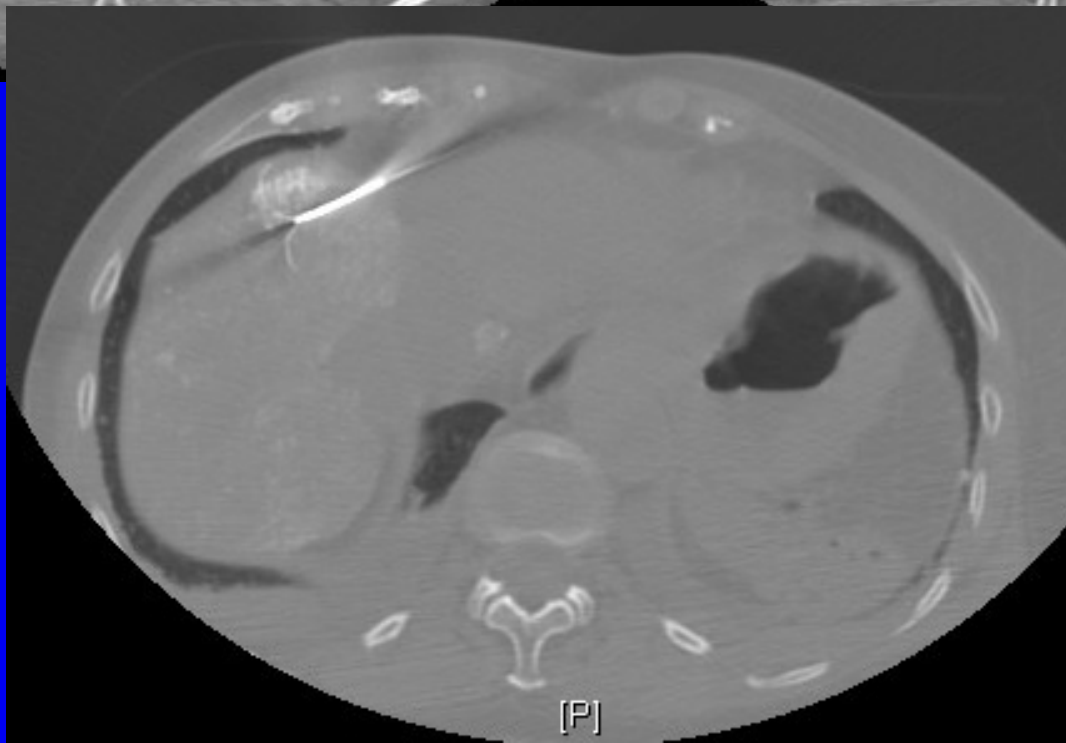
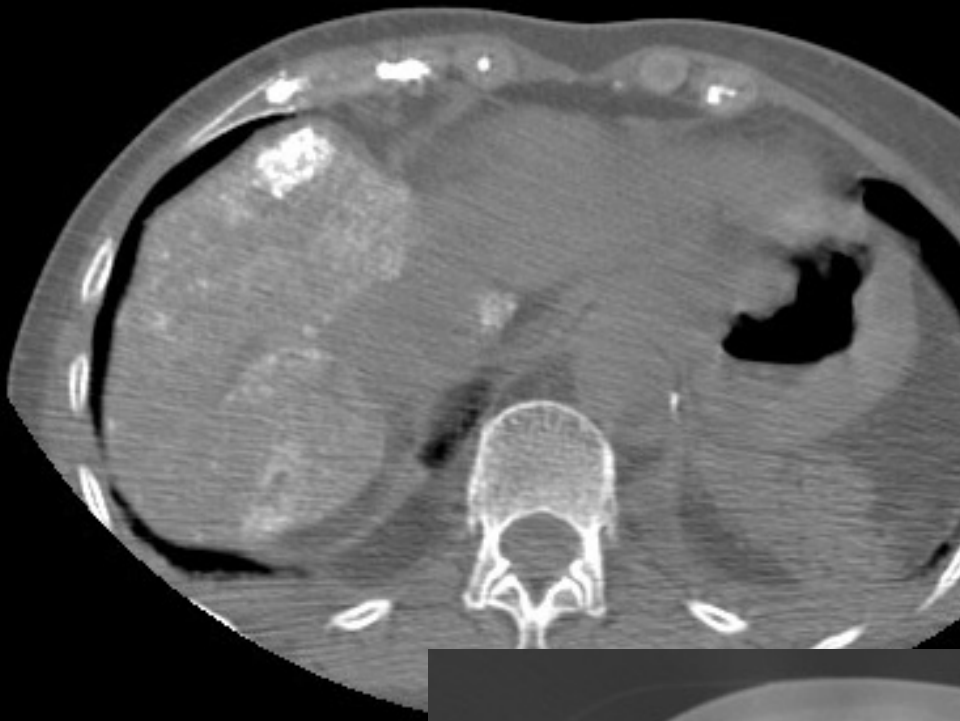
**3/07** 2 HCC Seg. 8

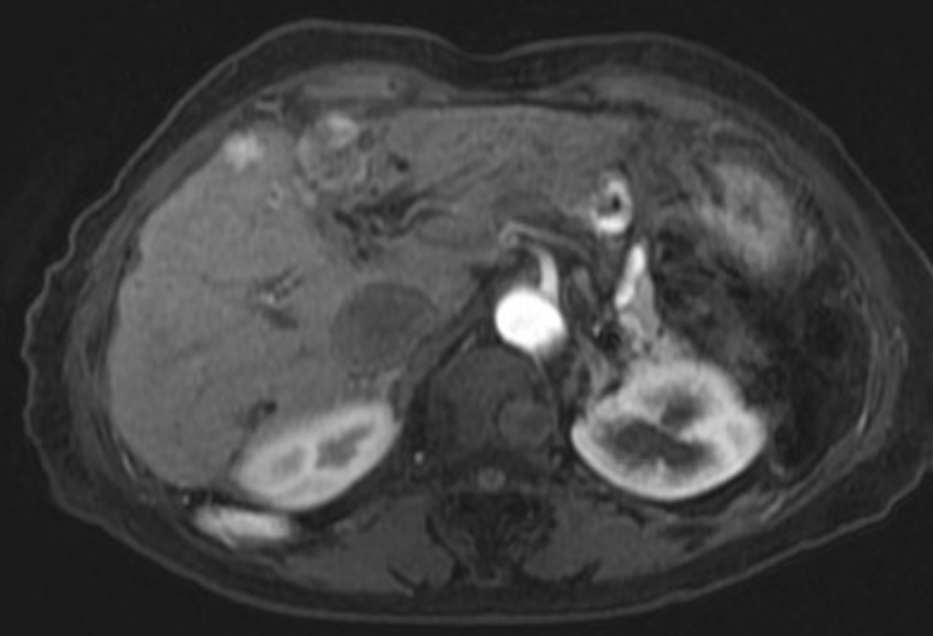
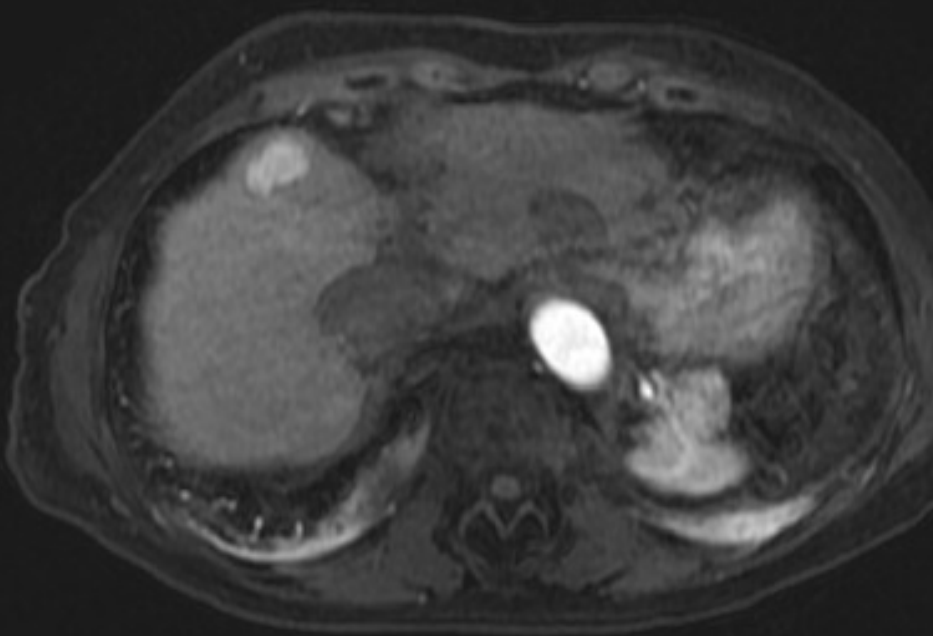
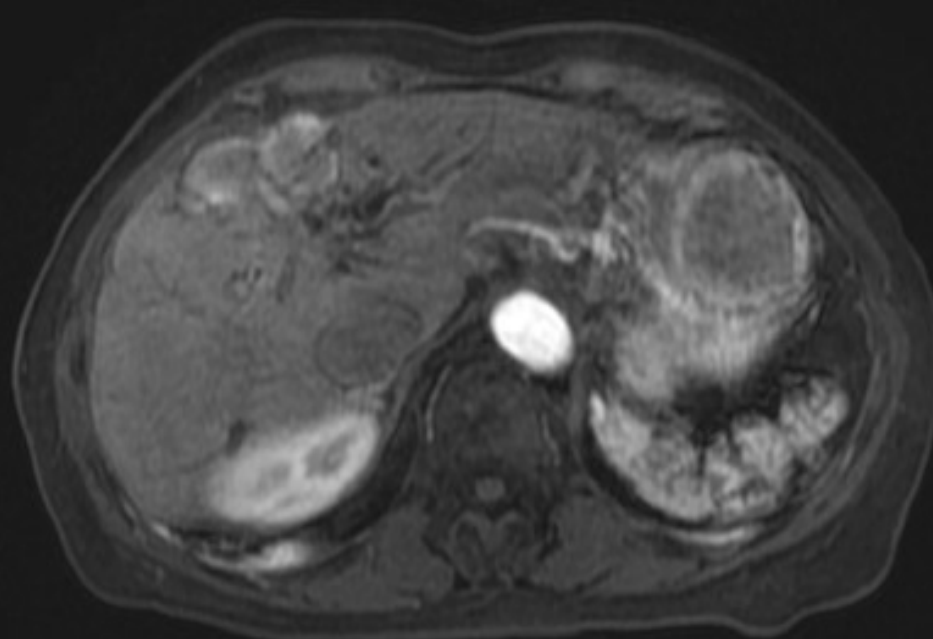
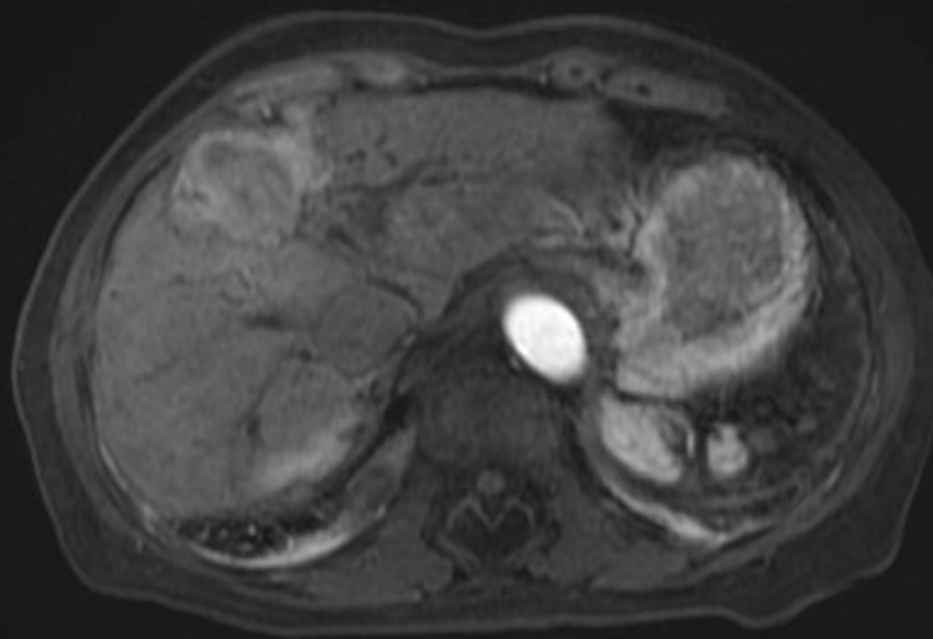
**→ TACE & RFA**





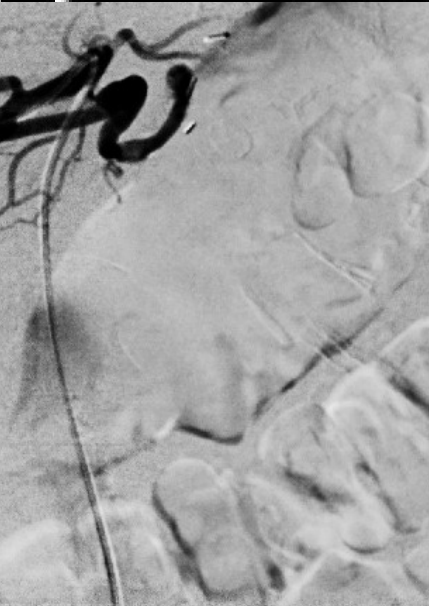
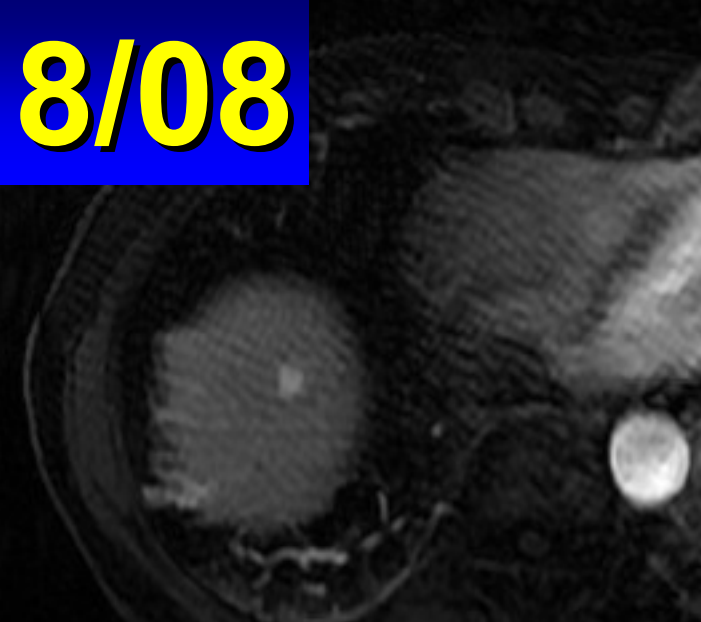




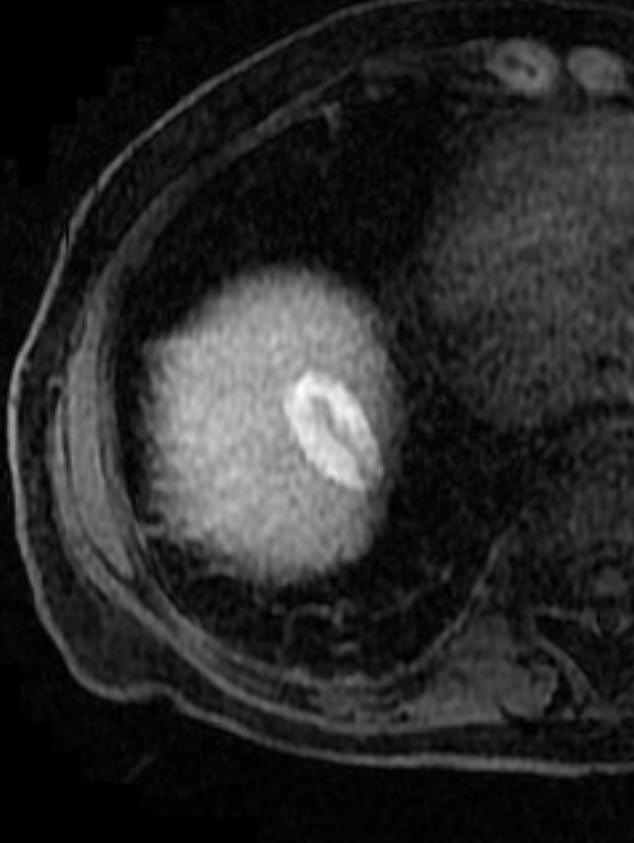
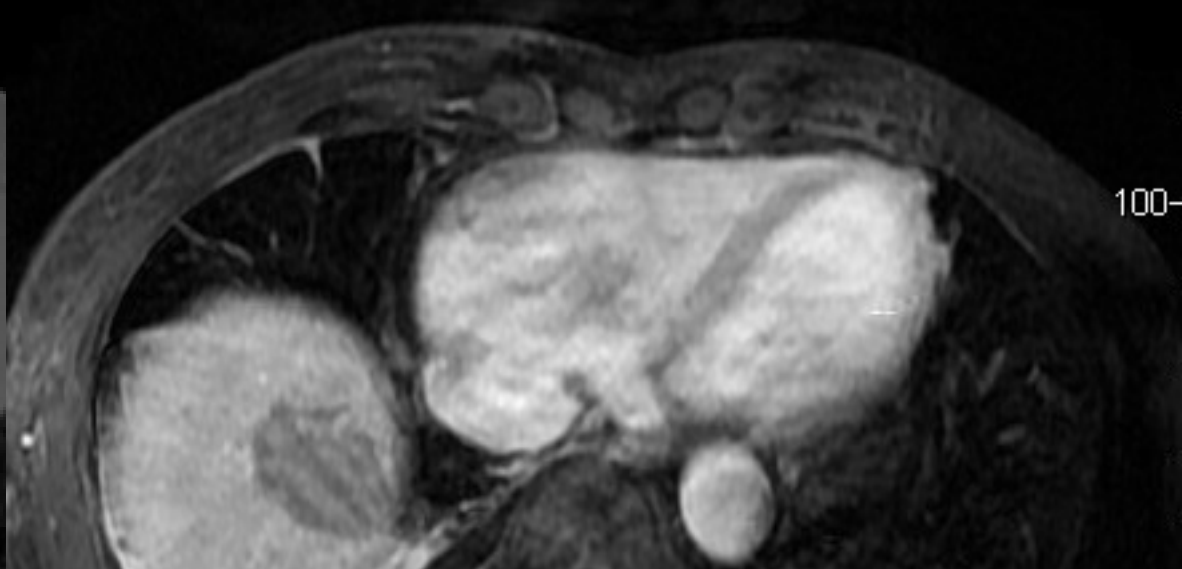
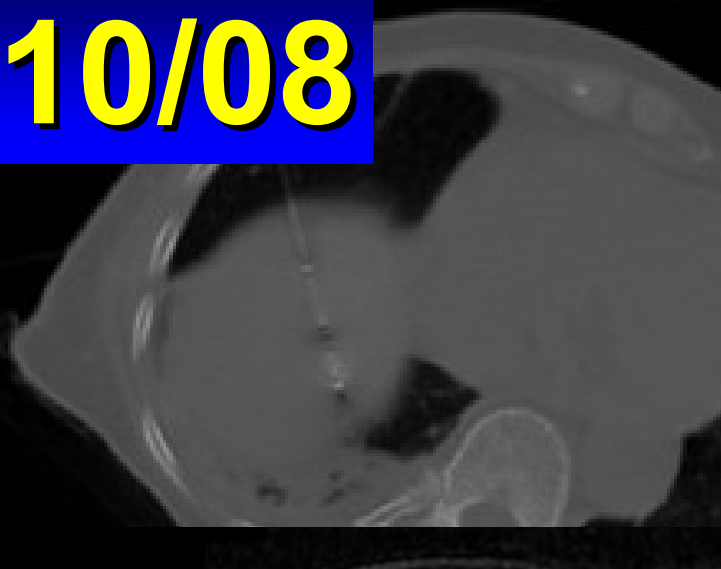




8/08



10/08



# Fall 2: multifokales HCC

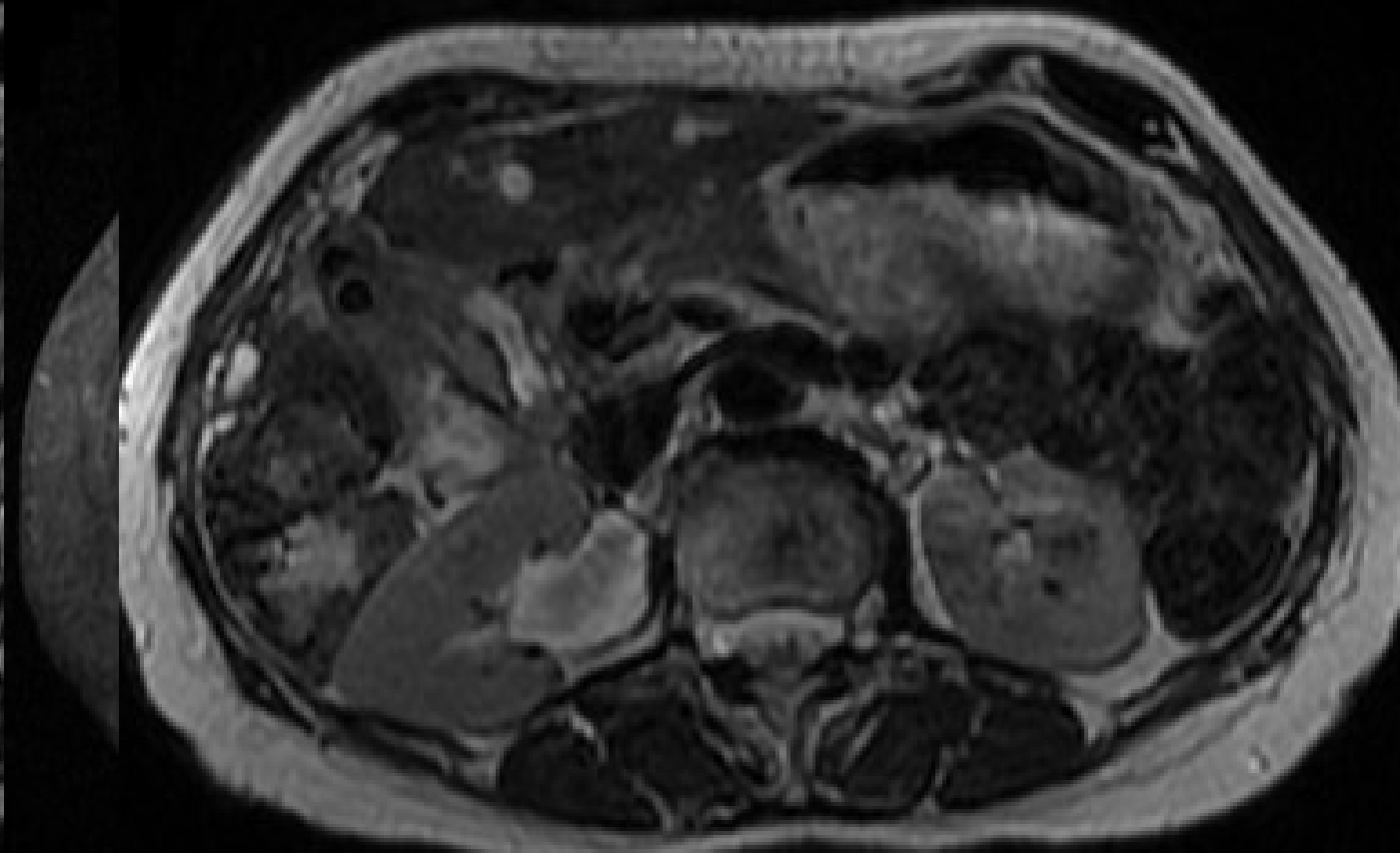
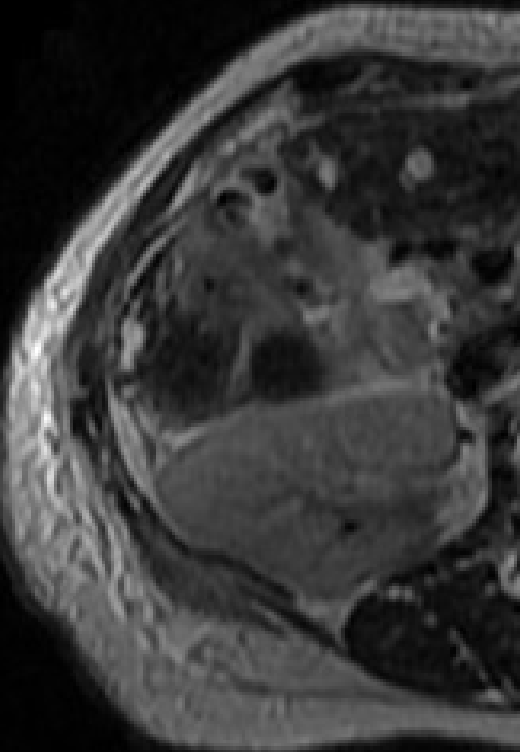
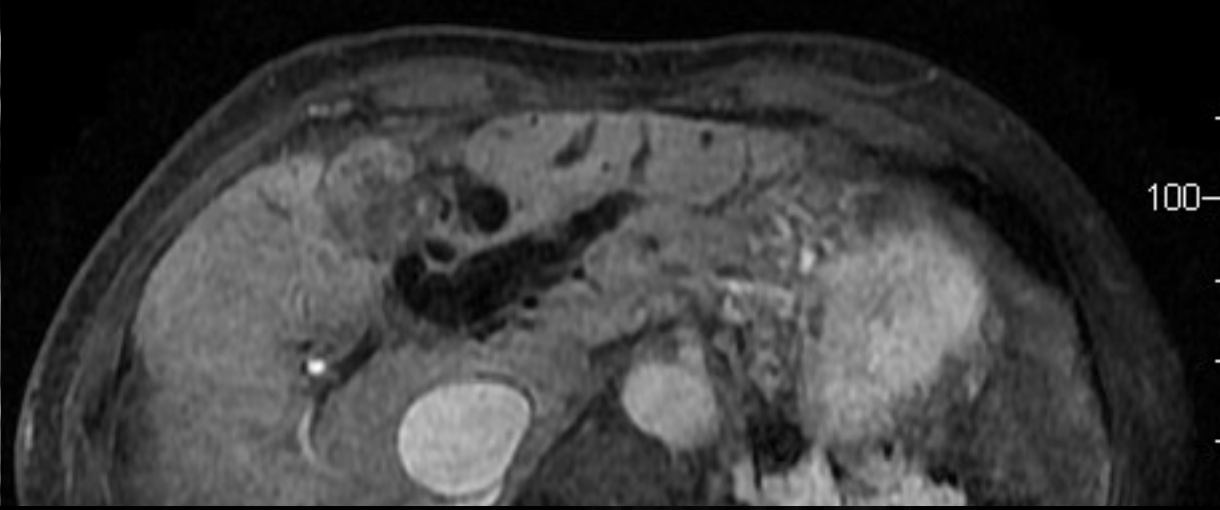
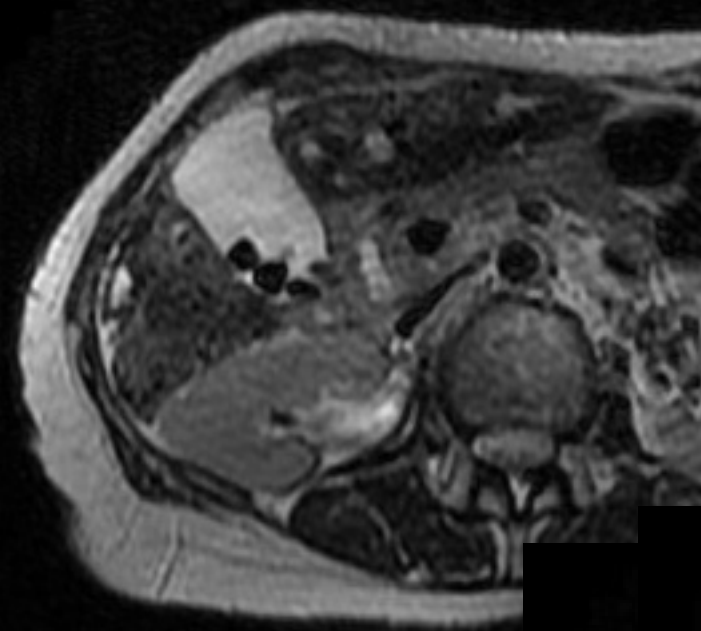
*chemische Cholezystitis*

Vollbild einer akuten Cholezystitis  
konservatives Vorgehen!

*Pneu nach transpulmonaler MWA*

Bülau-Drainage    Anlegen d. Lunge  
chronisches Vorhofflimmern  
Durchfälle, 2 kg Gewichtsverlust  
exokrine Pankreasinsuffizienz

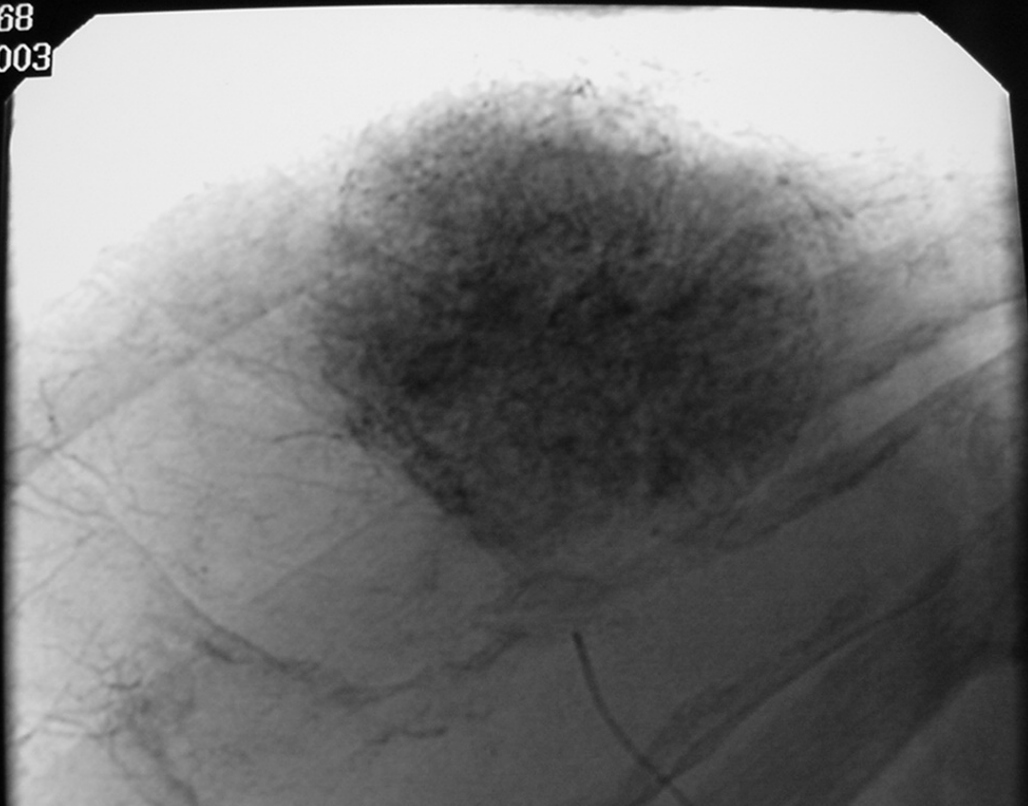




# Fall 2: multifokales HCC

HCC → TACE & RFA/MWA  
Nekrose → kein lokales Rezidiv  
seit 2002 → HCC 4 x rezidiert  
Ablation → 9/10 = tumorfrei  
Leberzirrhose / Leberreserve  
78 J. → Therapien komplexer  
Morbidität steigt

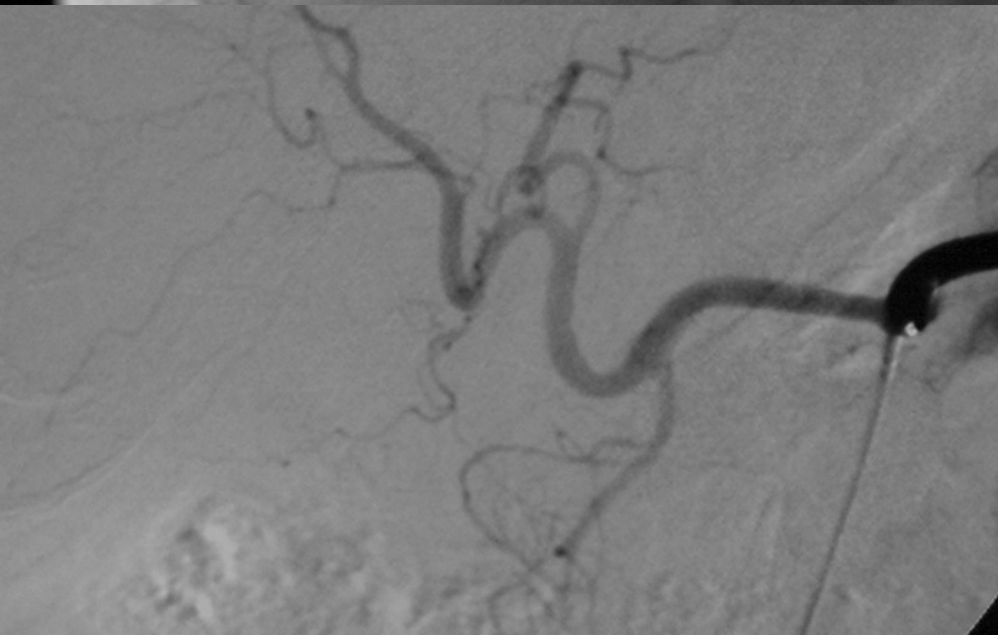
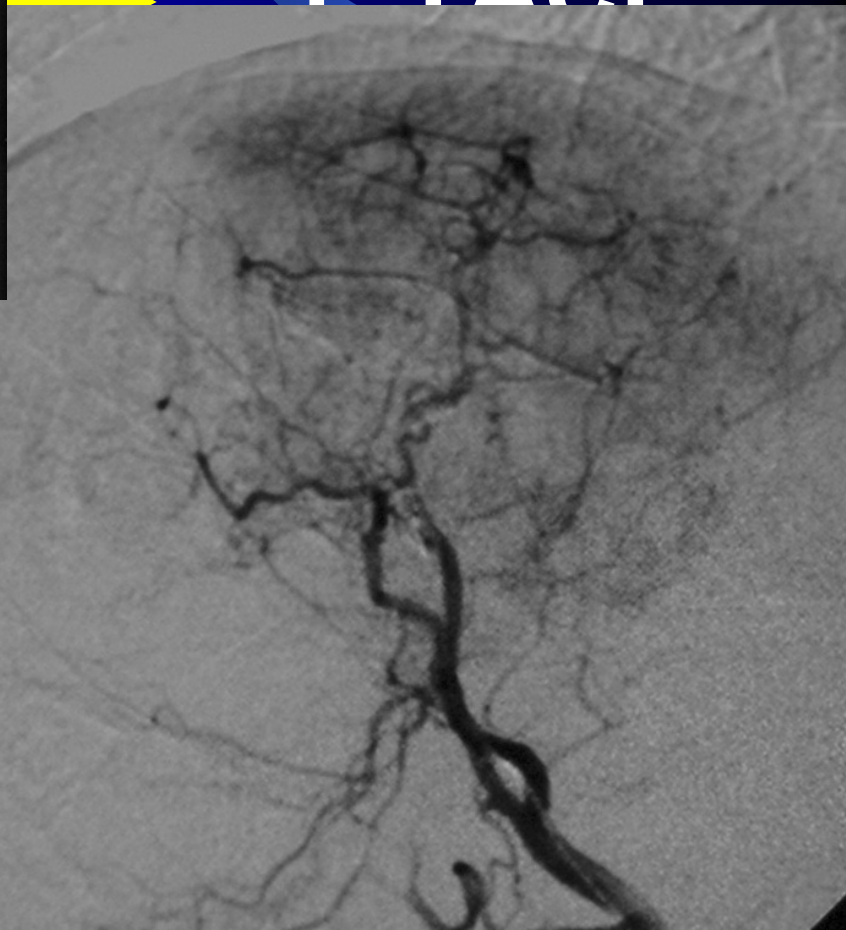
4868  
1/2003  
2



**HCC**

**melanomatose**

**1 TACE**



# Fall 2/2a: HCC

## *chemische Cholezystitis*

- kommt vor! Infrastruktur!
- kleines Rezidiv = Ablation?
- alleinige TACE → Nekrose
- superselektive Embolisation!
- RFA, aber Erreichbarkeit?
- MWA transpulmonal

# Fall 3: Chondrosarkom

77 jährige Patientin

Z.n. Radiatio d. Sakrums, 71 Gy

schweres Schmerzsyndrom

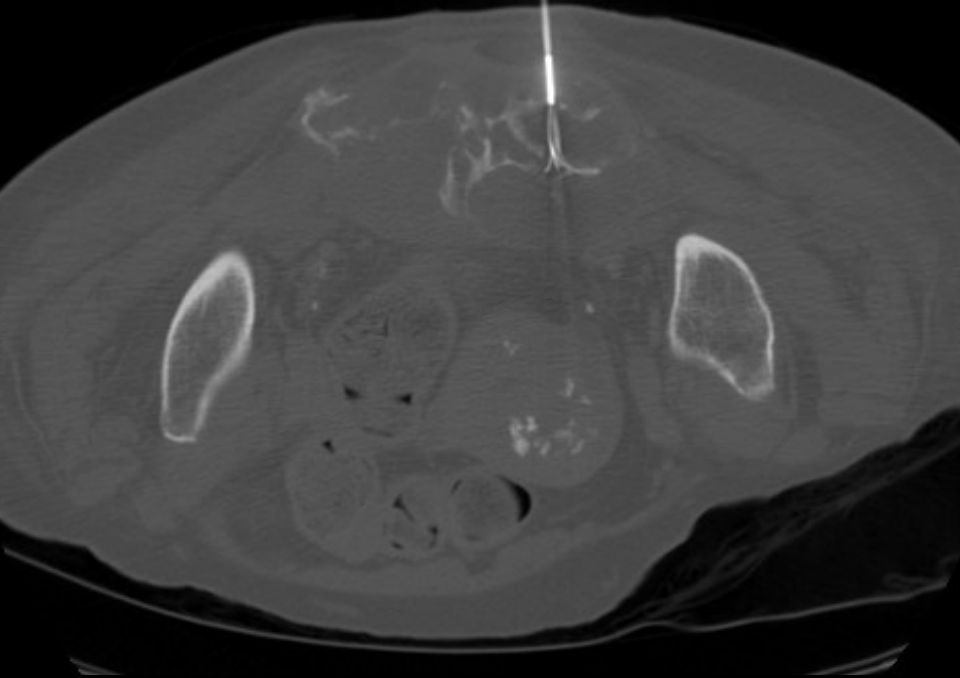
lokale Therapie → Emb. & RFA

Schmerzfrei nach Therapie, aber...

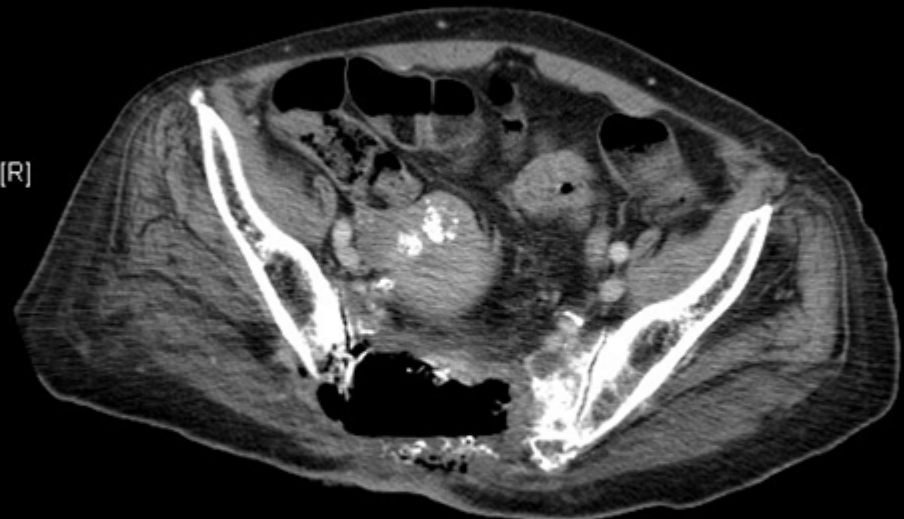


**Chondro-  
sarkom**

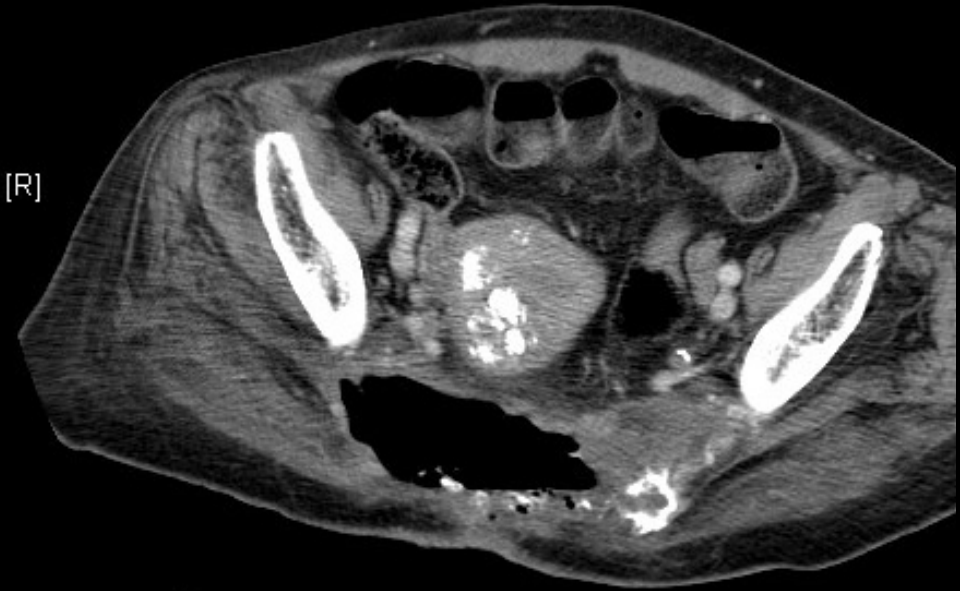




[R]

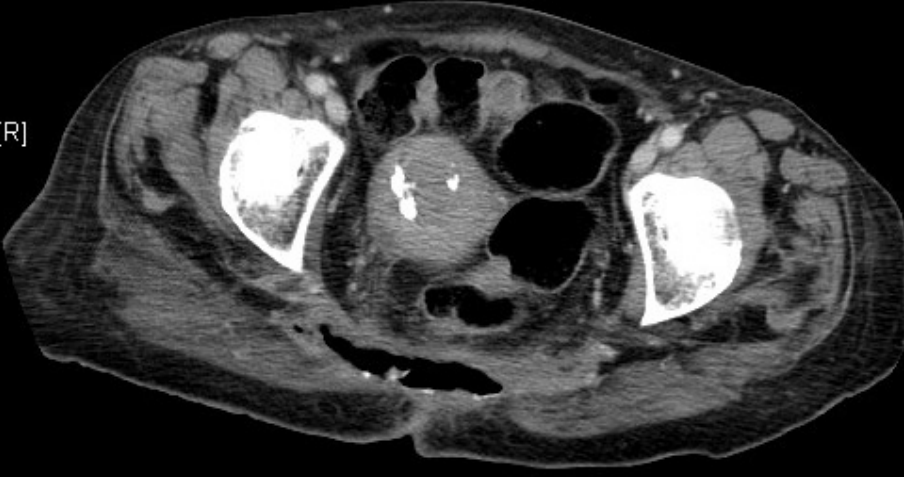


[L]



[R]

[R]



[L]

# Fall 4: Prostatakarzinom

77 jähriger Patient

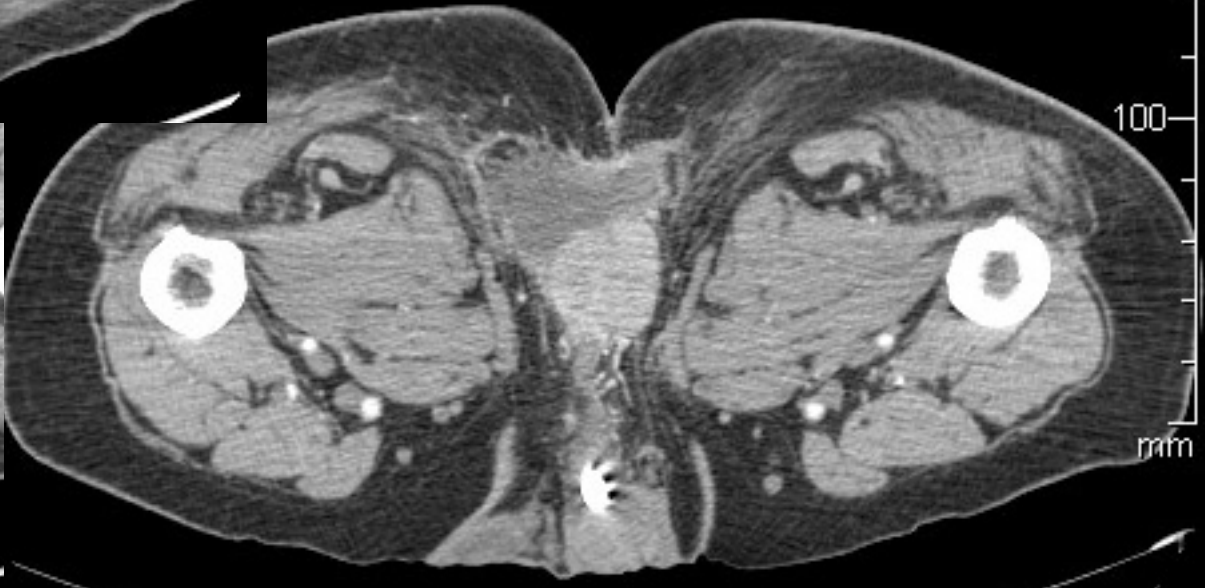
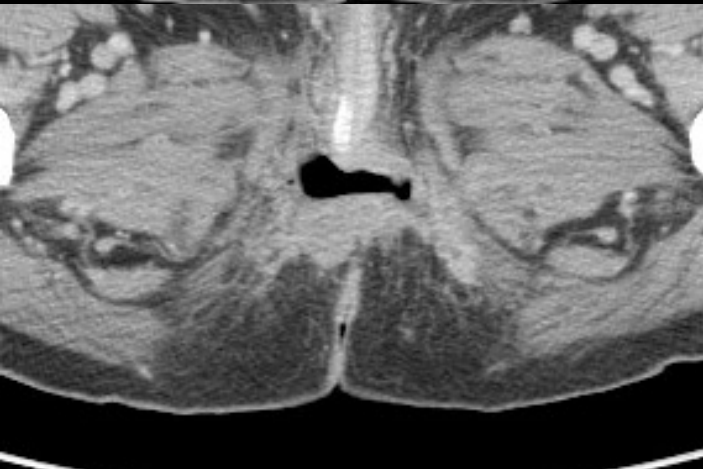
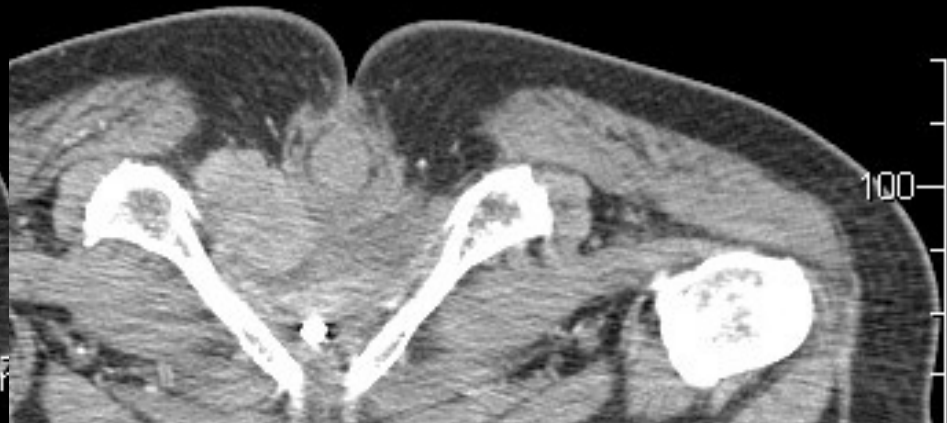
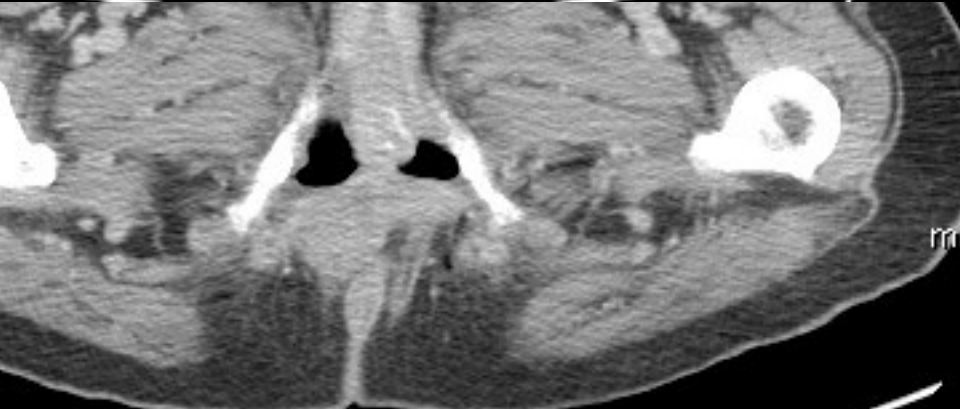
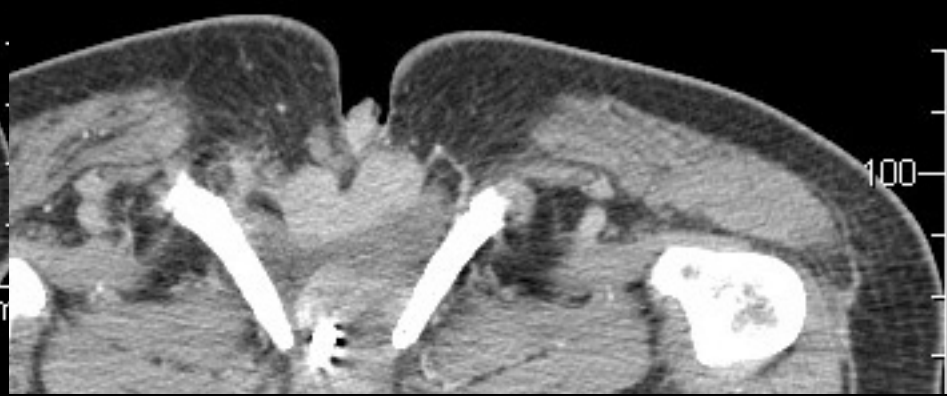
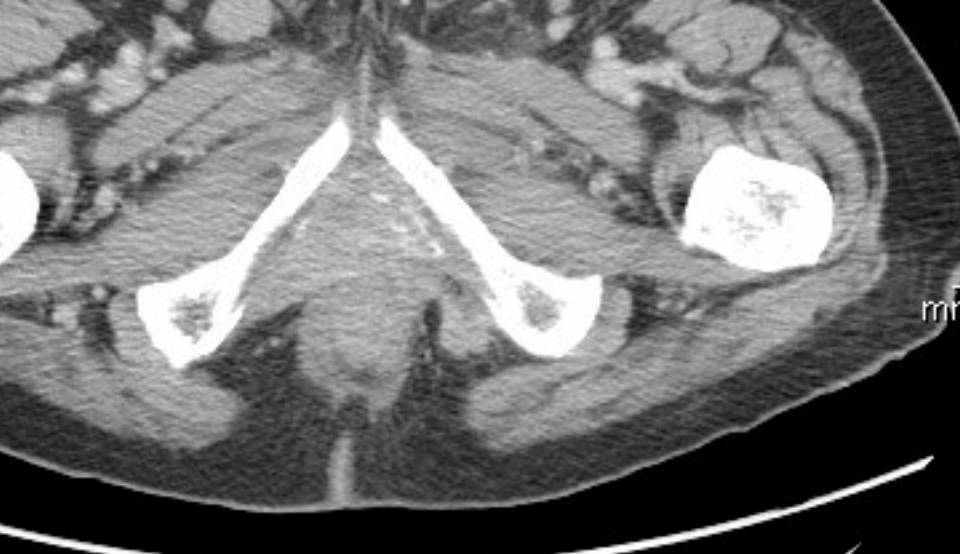
Prostata-Ca 1997    Prostatektomie

Rezidiv 1999    →    Radiatio, Seeds

perianales Rezidiv 2007

1 x Emb., 3 x RFA zuletzt 11/08

systemischer Progress seit 9/08



# Fall 3 & 4:

## *oberflächliche Tumore & RFA*

Tumornekrose abgestoßen

Nekrosehöhle mit. sek. Morbidität

Wundtoilette, Granulation

→ kein Schmerz, Mobilität

Cave: Traktablation, Umgebung!