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## ABLATA PRIN RADIOFRECVENTA IN DETERMINARILE PRIMARE SI SECUNDARE DIN NEOPLASMELE COLO-RECTALE

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Ablatia prin radiofrecventa constituie o solutie terapeutica recenta in chirurgia determinarilor primare sau secundare din neoplasmale colo-rectale. Realizata prin abord deschis, laparo-endoscopic sau percutan, metoda asigura un control acceptabil asupra procesului tumoral, cu riscuri reduse comparativ cu chirurgia de exereza, cu conditia respectarii stricte a indicatiilor. Obiective. Evaluam aceasta procedura terapeutica, aplicata pentru indicatia clasica din metastazele hepatice, cat si pentru tumorile rectale joase sau recidive pelvine dupa cancer rectal operat, prin prisma experientei acumulate pe parcursul a 4 ani, focusand complicatiile perioperatorii si rata de recidiva locala si evolutia la distanta. Metoda. In perioada decembrie 2006 – martie 2010 au fost tratati prin radiofrecventa 64 pacienti, 46 cu metastaze hepatice secundare CRC, iar 18 cu cancer rectal inferior sau recidive pelvine; procedura s-a realizat in majoritatea cazurilor sub control echografic intraoperator, prin abord chirurgical clasic in 59 cazuri, iar in 5 cazuri prin abord laparoscopic. Evolutia pacientilor a fost monitorizata imagistic prin CT postoperator la 30 zile, ulterior din 3 in 3 luni, urmarirea markerilor tumorali (CEA, CA19.9.) si control endoscopic. Rezultate. Complicatii perioperatorii s-au inregistrat la 6 pacienti si au constat in sindroame febrile, citolize hepatice. Nu s-au inregistrat complicatii de tipul hemoragiilor, fistulelor sau peritonitelor; si nici mortalitate perioperatorie imputabila metodei. Recidive locale inregistrate, la un interval de 6-25 luni, la 12 pacienti. Concluzii. Experienta initiala arata ca radioablatia in chirurgia determinarilor primare sau secundare din neoplasmale colo-rectale este o procedura relativ sigura, grefata de morbiditate redusa si rata scazuta de recidiva locala; urmeaza ca studii de urmarire pe perioade mai intinse sa confirme valoarea metodei.

## RADIOFREQUENCY ABLATION IN PRIMARY COLO-RECTAL CANCER AND LIVER METASTASIS

Radiofrequency ablation represent a therapeutic option for primary colo-rectal cancer and liver metastasis, performed by open surgery, laparoscopic approach or percutaneous, provide a reasonable local tumor control, involved low risks comparative resection surgery. Objectives. We analyzed this procedure, for classic indication in hepatic metastatic tumors, as well as in low rectal tumors and pelvic recurrences after rectal surgery based on four years experience, focused on perioperative complications, recurrence rate and long distant evolution. Method. Between December 2006 and March 2010, 64 patients underwent RFA; 46 cases had metastatic lesions from colo-rectal cancer and 18 cases had low rectal cancer or pelvic recurrence. RFA was performed in 59 patients via open surgery and laparoscopic approach in 5 patients. Postoperative course was followed with CT scan at 1 month, and then at 3 month interval, in correlation with tumor markers level (CEA, CA19.9.) and endoscopic control. Results. Perioperative complications occurred in 6 cases, consist of prolonged fever, severe hepatic cytolysis, without other complications such, biliary tract injury, hemorrhage, and peritonitis; no mortality caused by RFA procedure. 12 cases had local recurrence, at 6 and 25 month after post RFA procedure. Concluzii. Initial experience shows that RFA is a safe procedure for treatment of primary colo-rectal cancer and liver metastasis, with low rate of morbidity and local recurrence, indicated for patients with unresectable lesions or high risks for surgical resection.

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## RUPTURA SPONTANA DE SPLINA MALARICA (PLASMODIUM FALCIPARUM) TRATATA CONSERVATOR

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Introducere Ruptura spontana a splinei malarice (Plasmodium Falciparum) este o complicatie rara fiind frecvent asociata cu malarie cauzata de Plasmodium Vivax. Material si metode Lucrarea prezinta cazul unui pacient de 30 de ani internat de urgenta prin transfer de la Spitalul Clinic de Boli Infectioase cu diagnosticul ruptura spontana de splina patologica (malarica), hemoperitoneu mare tratat nonoperator (angioembolizare splenica proximala). Rezultate Evolutie favorabila cu recuperare completa. Concluzii Ruptura splinei malarice poate fi tratata nonoperator cu succes iar prezervarea acesteia trebuie sa fie obiectivul tratamentului. Pentru stabilirea precoce a diagnosticului este necesar un indice ridicat de suspiciune pentru evitarea unor consecinte catastrofale. Cuvinte cheie: malarie, ruptura spontana splenica, tratament nonoperator, angioembolizare.