



Cryoablation of symptomatic recurrent neck desmoid tumour

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Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.



PRESENTATION

- ▶ 48 year old Female
- June 2015 Initial Surgery
- May 2016 Recurrence-Re-resection
- July 2016 RT 56Gy/28#
- Oct 2017 Symptomatic Recurrence
- June 2018 Vinorelbine.
- ▶ July 2020. Continuous progression and persistent constant pain. MRI shows a 8.2 cm x 5.3 cm x 3.7cm cellular tumour of the right levator scapula and trapezoid muscles ♠

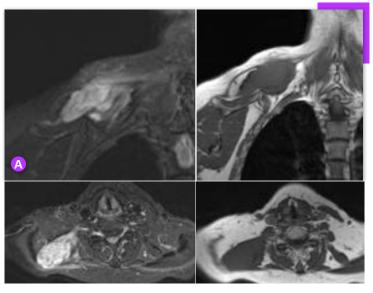


Image A: Coronal and axial STIR and T1 images of the large cellular recurrent desmoid tumor of the right levator scapula muscle



TREATMENT PLAN

CT guided Cryo-ablation under General anaesthesia. Three IceFORCE™ 2.1 CX probes and one IceRod™ 1.5 CX were inserted into the lesion. Warm saline in sterile gloves applied on the skin to prevent frostbite

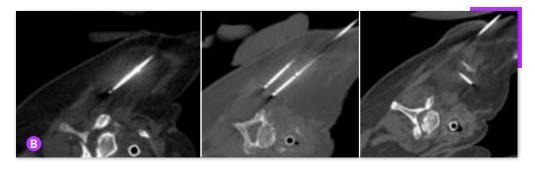
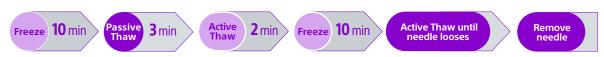


Image B: Three IceFORCE needles placed parallel to the long axis of the tumor and one IceRod along the short axis at the caudal edge



TREATMENT



Complete coverage of the lesion by the iceball with a 5mm margin

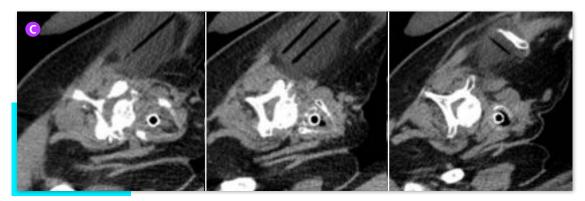


Image C: CT immediately post ablation showing complete coverage of the mass with a 5mm margin



OUTCOME

- Low grade fever overnight due to post ablation syndrome and tumor lysis, settled with paracetamol. Next morning was the first day in 5 years patient was completely pain free)
- At six months follow up the patient remains completely symptom free and the tumor is decreasing in size replaced mainly by scar tissue D

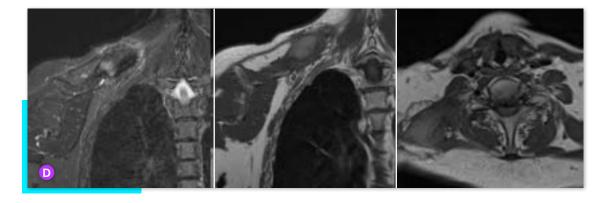
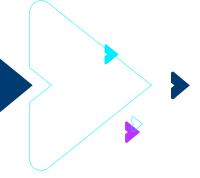


Image D: MRI six months post procedure, coronal STIR & T1, and axial T1, showing scarring and necrosis of the tumour with no cellular component and decrease in overall size.



CONCLUSION

Cryoablation is safe and effective treatment of desmoid tumors with symptomatic and local tumor control. Large volume tumors could be treated with a combination of different Cryoablation needles



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