

ABLAZIONE DELLE LESIONI TUMORALI CON TECNICA DELLA RADIOFREQUENZA (RF)

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PRINCIPIO DI FUNZIONAMENTO RF



- Uguale al forno a microonde
- Trasmissione di energia al tessuto da necrotizzare



APPARECCHIATURE





Generatore RF RITA 1500



Probe Start Burst



TC GE Light Speed 16x



PROTOCOLLO ABLAZIONE RF

- Localizzazione (TC)
- Biopsia
- Ablazione RF
- Controllo TC +
Biopsia (20/30gg)



METODO

MEDICO CURANTE:

UNICO REFERENTE

Decide:
Modalità e Priorità di
cura

PAZIENTE:

- Terapia
ANTIBLASTICA
- Regolarmente
controllato dal
MEDICO
CURANTE



METODO

OPERATORE RF

VALUTA:

- Via d'accesso
- N° di applicazioni
- Risultati (Solo su base istologica)

MEDICO CURANTE

VALUTA:

- Stato generale del pz.

E' **FONDAMENTALE** LA COLLABORAZIONE TRA
MEDICO CURANTE E OPERATORE RF



CASISTICA RF LESIONI MALIGNNE 2001/2004

193

TOTALE CASI

91

RF EPATICHE

10 PRIM

81 META

24

RF POLMONARI

10 PRIM

14 META

3

RF MF (MASS. FACCIALE)

3

RF MEDIASTINO

1

RF MAMMELLA

4

ADDOME SUPERIORE (NOC*)

2

PANCREAS

1

RENE

3

SURRENE

3

PELVI (NOC*)

58

OSSEE

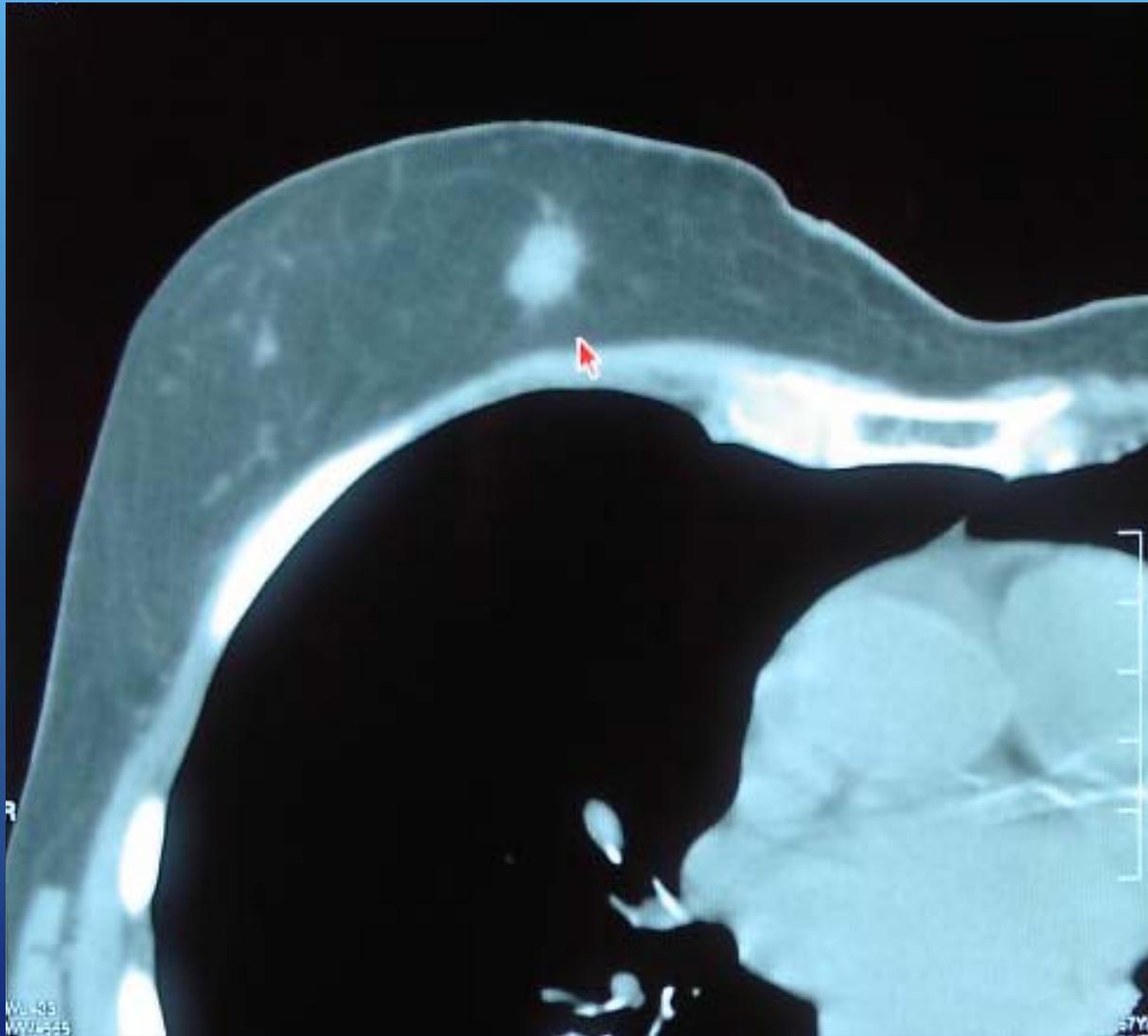
NOC: NON ORGANO CORRELATI

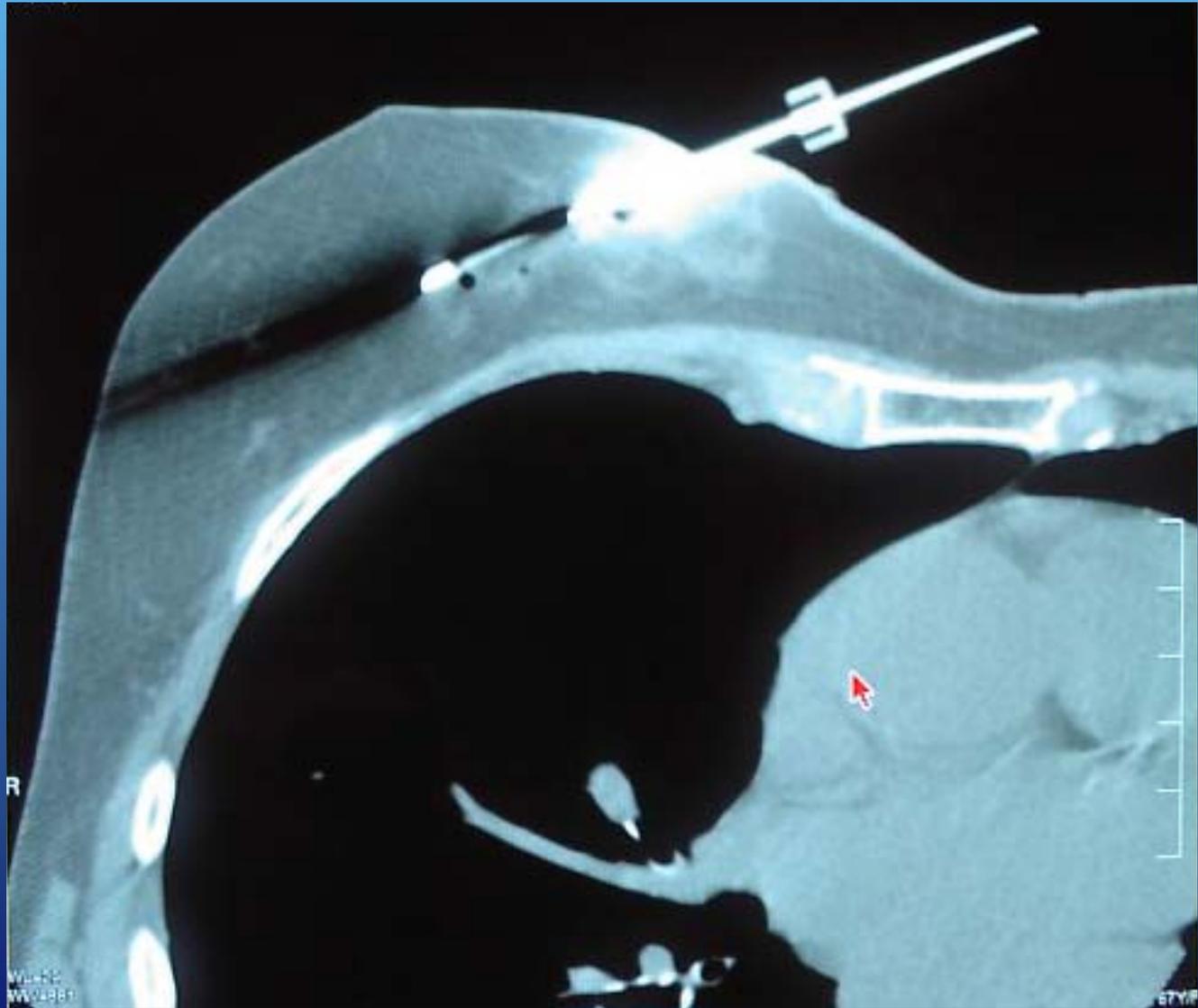


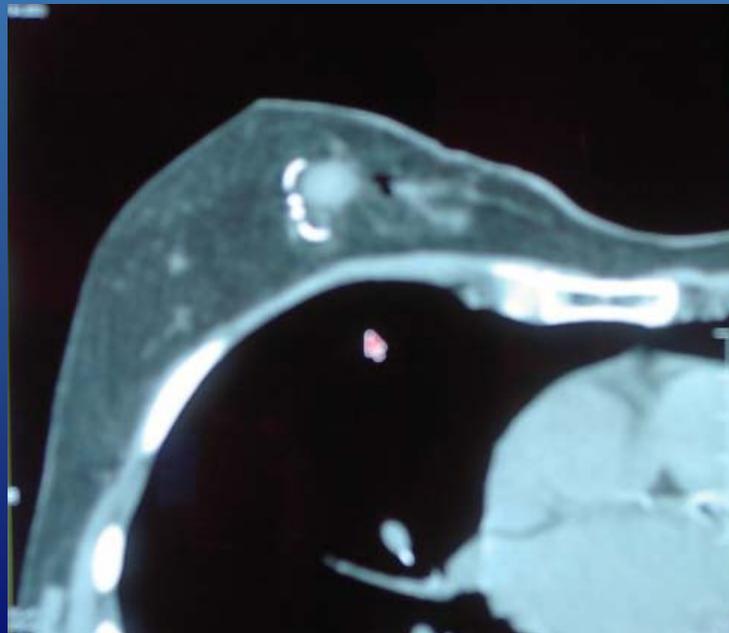
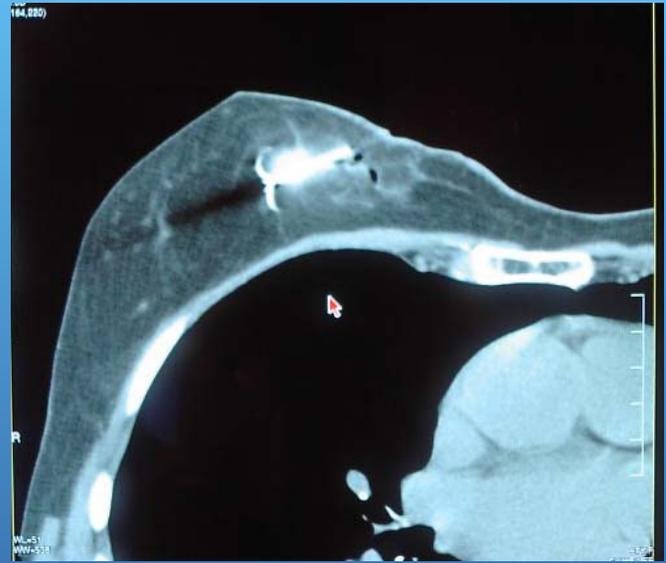
1° CASO:

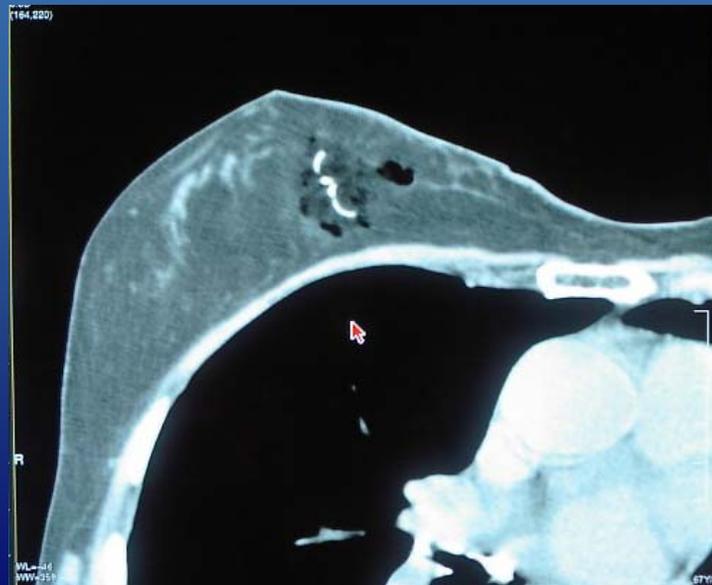
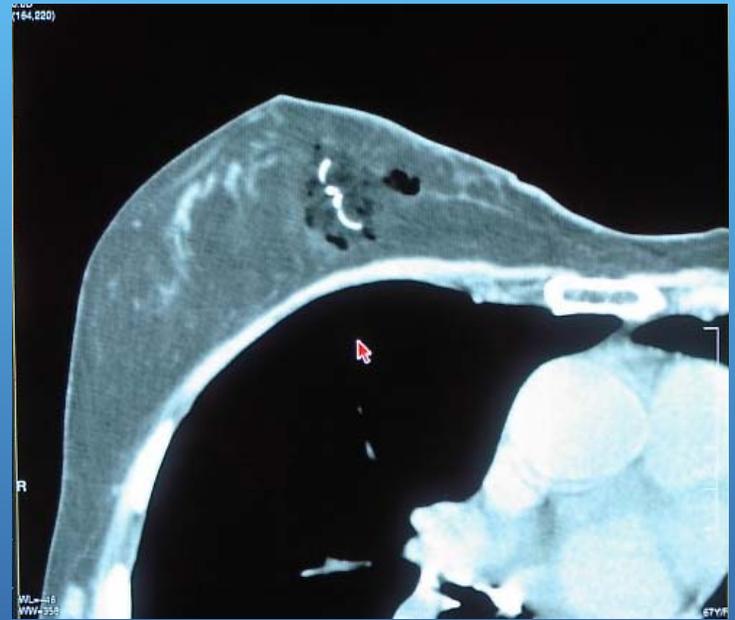
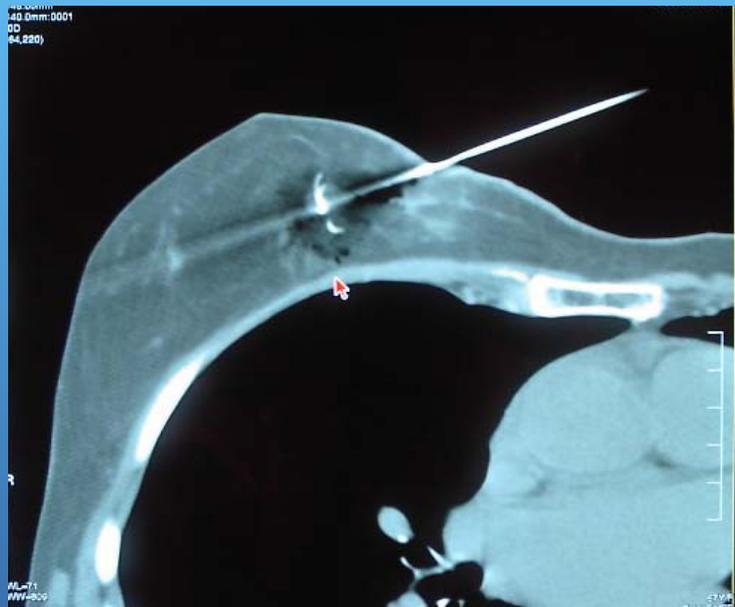
RECIDIVA CA MAMMELLA

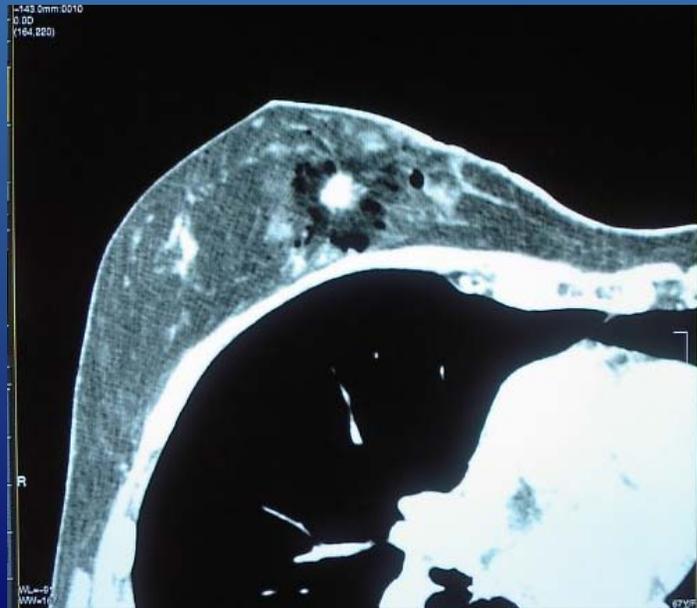


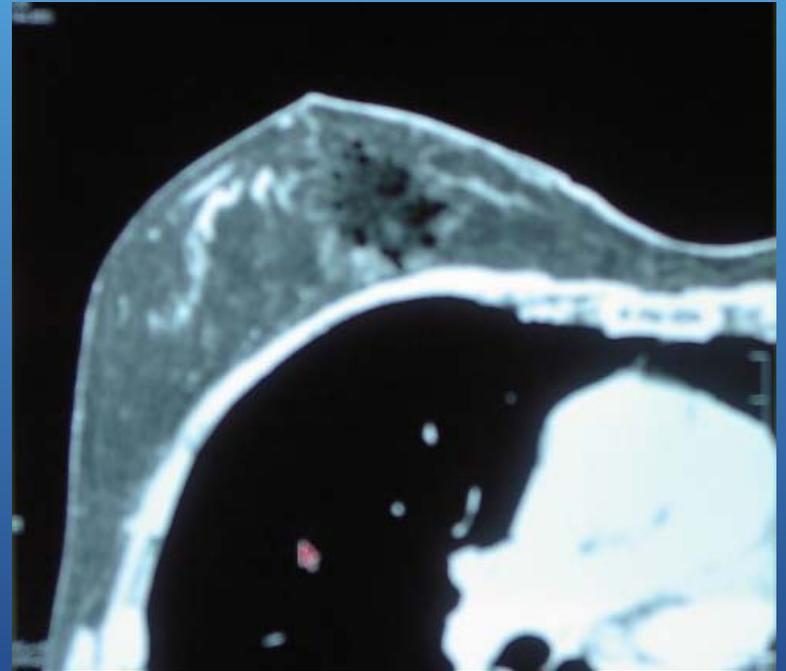
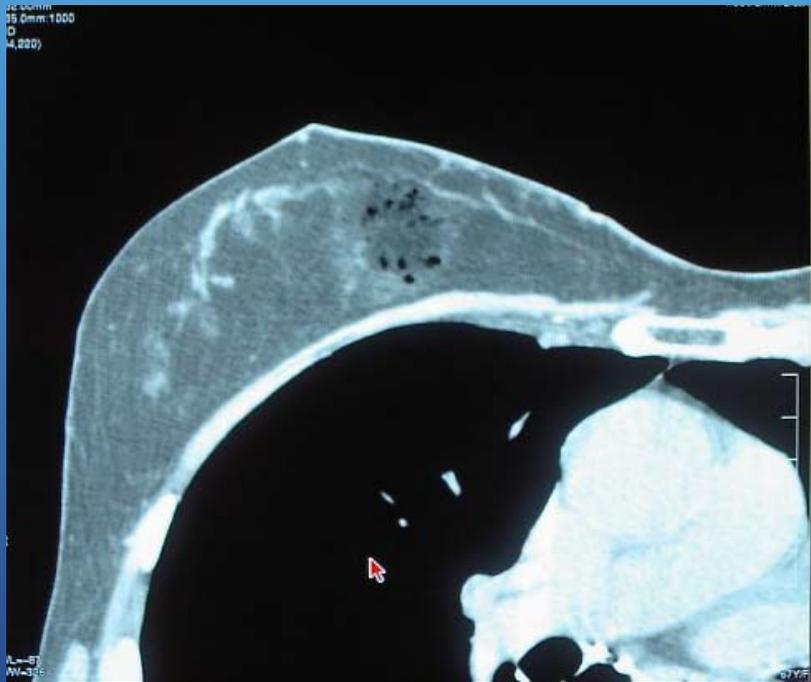


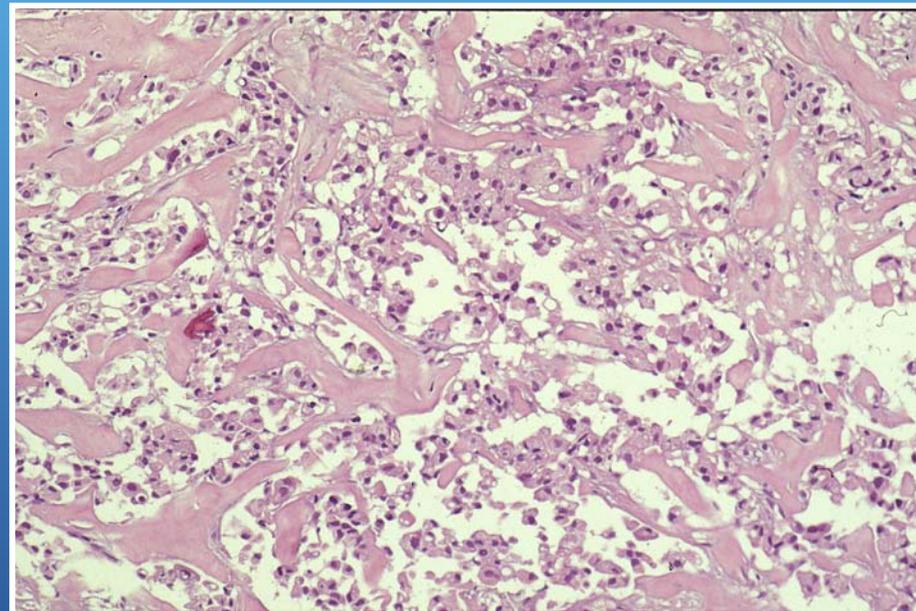
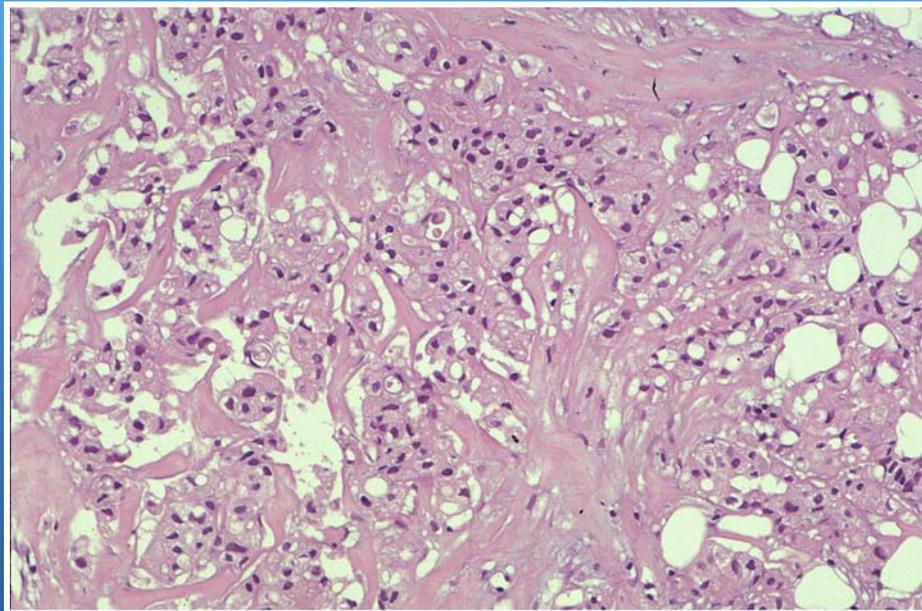












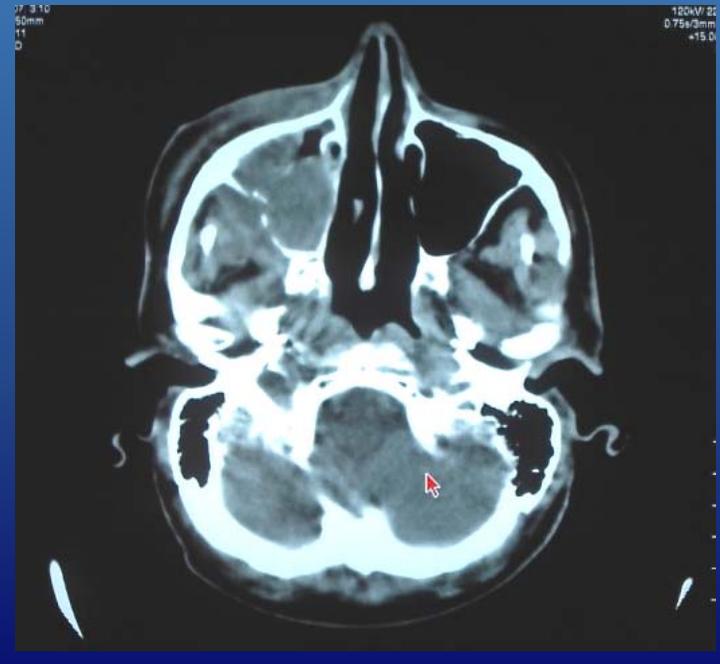
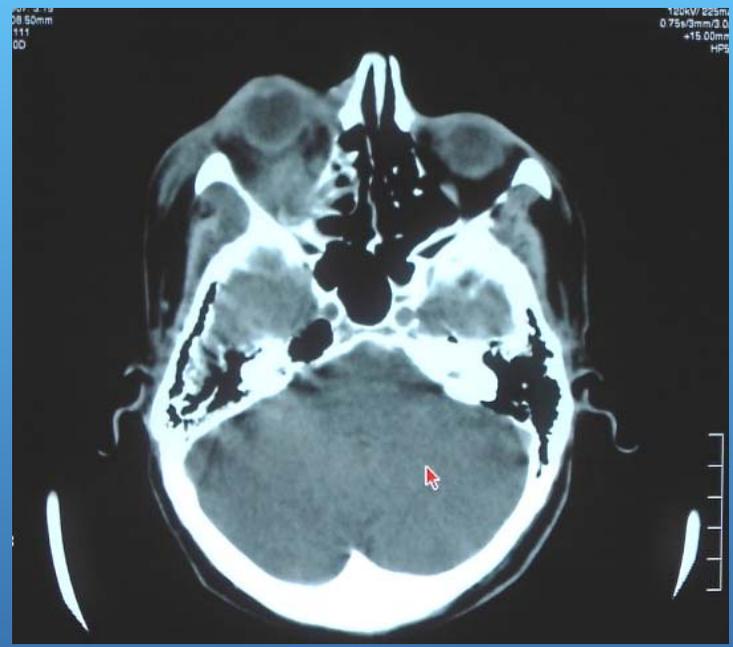
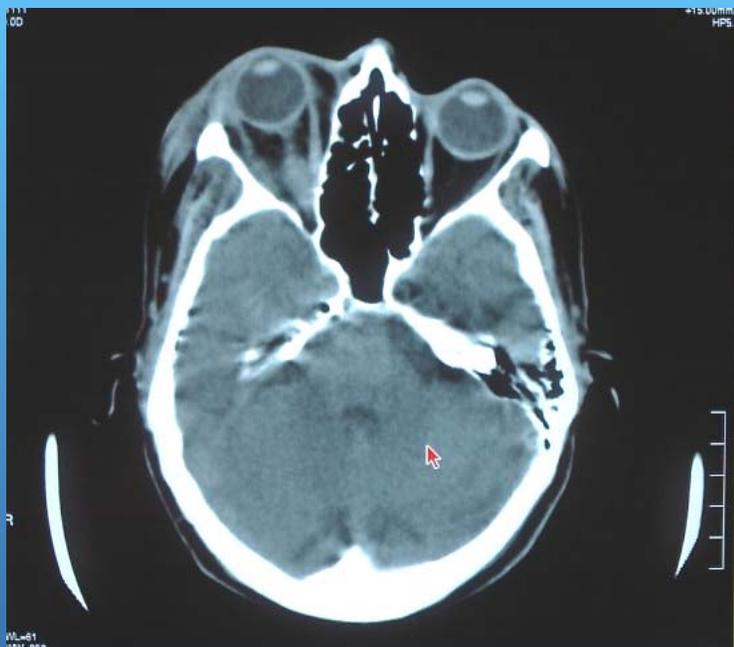
O.P. CP 36-04
Ca. duttale gr. 3 della mammella
Gruppi di cellule epiteliorne atipiche aggregate
in noduli-alveoli



2° CASO:
LESIONE
MAXILLOFACCIALE

L'IMPORTANZA DELLA BIOPSIA!!





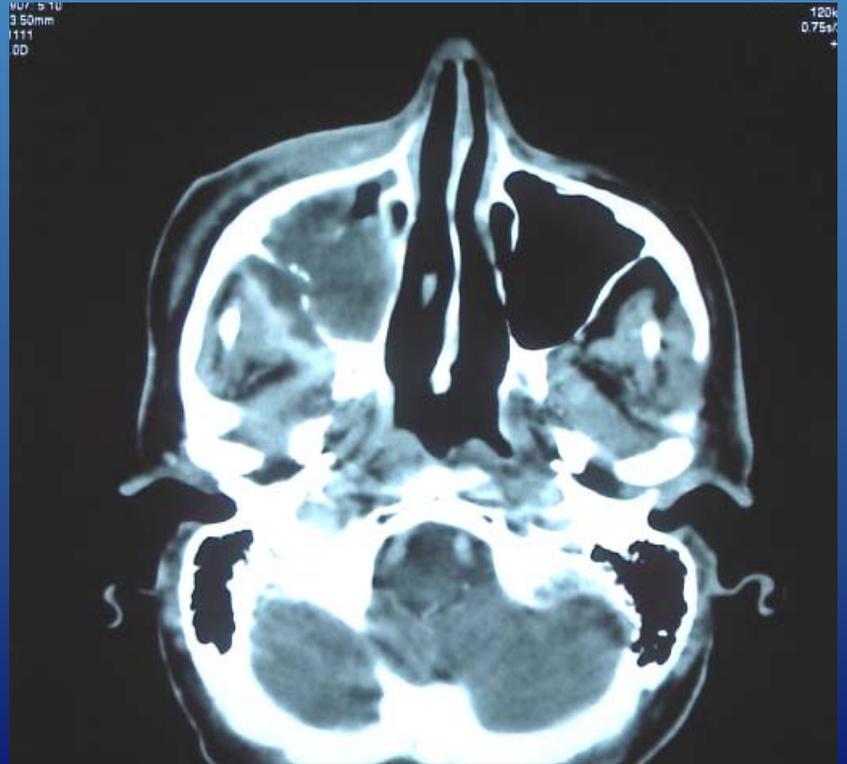
48.00mm(219.09)
77.5.7
50mm
11
D

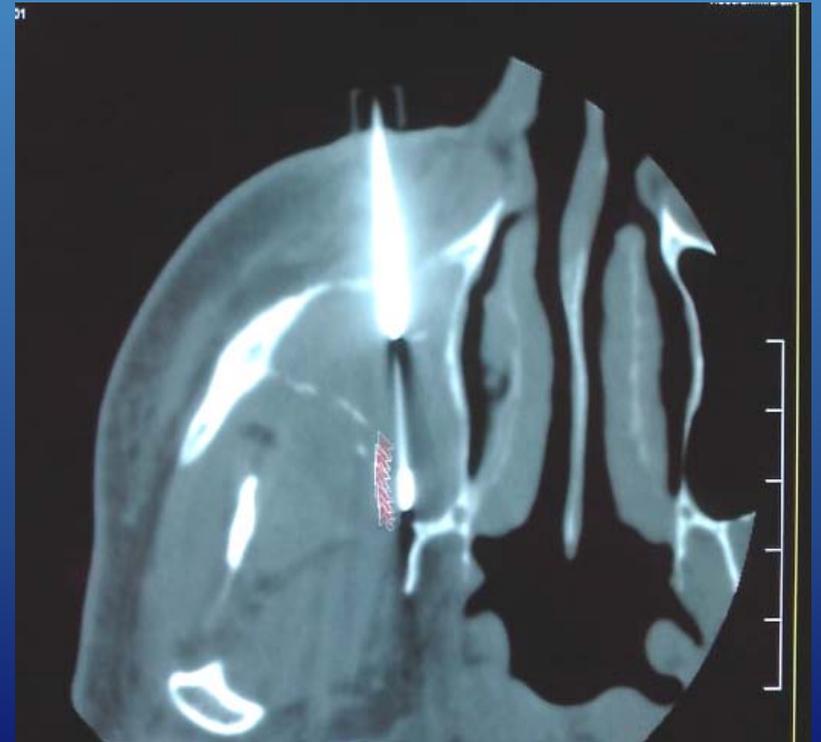
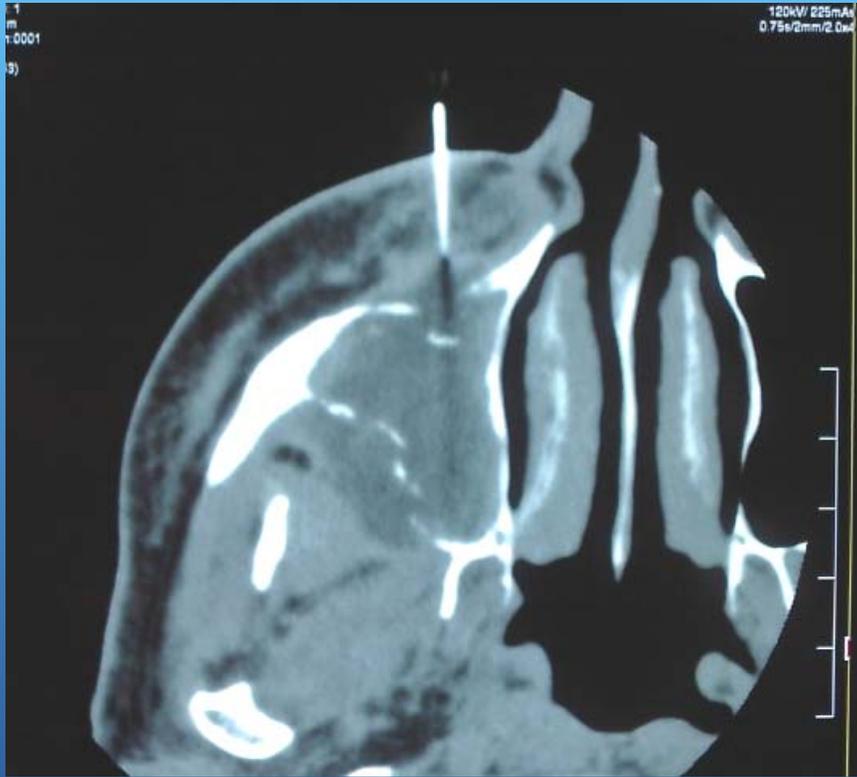
2003.12.18.11
120
0.75s

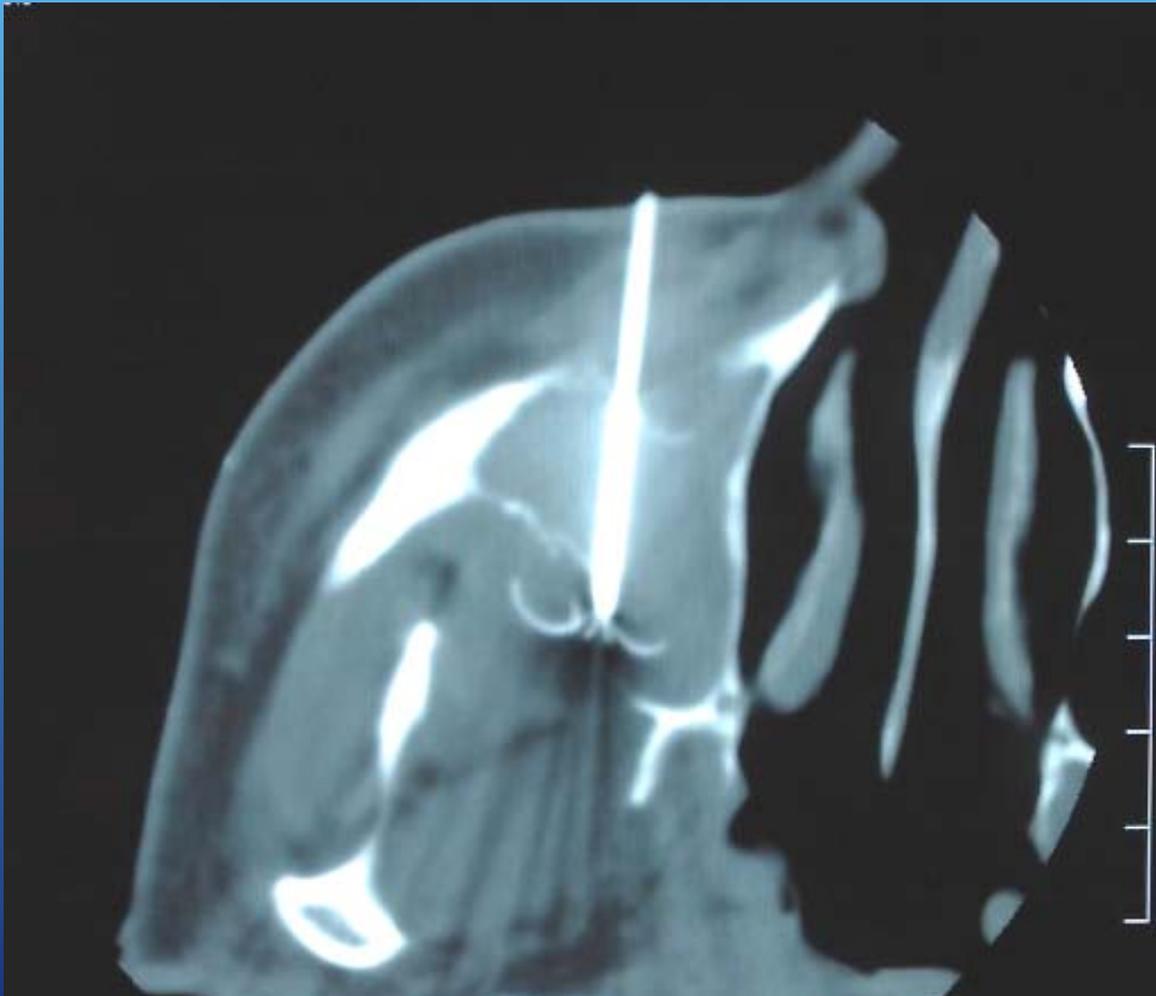


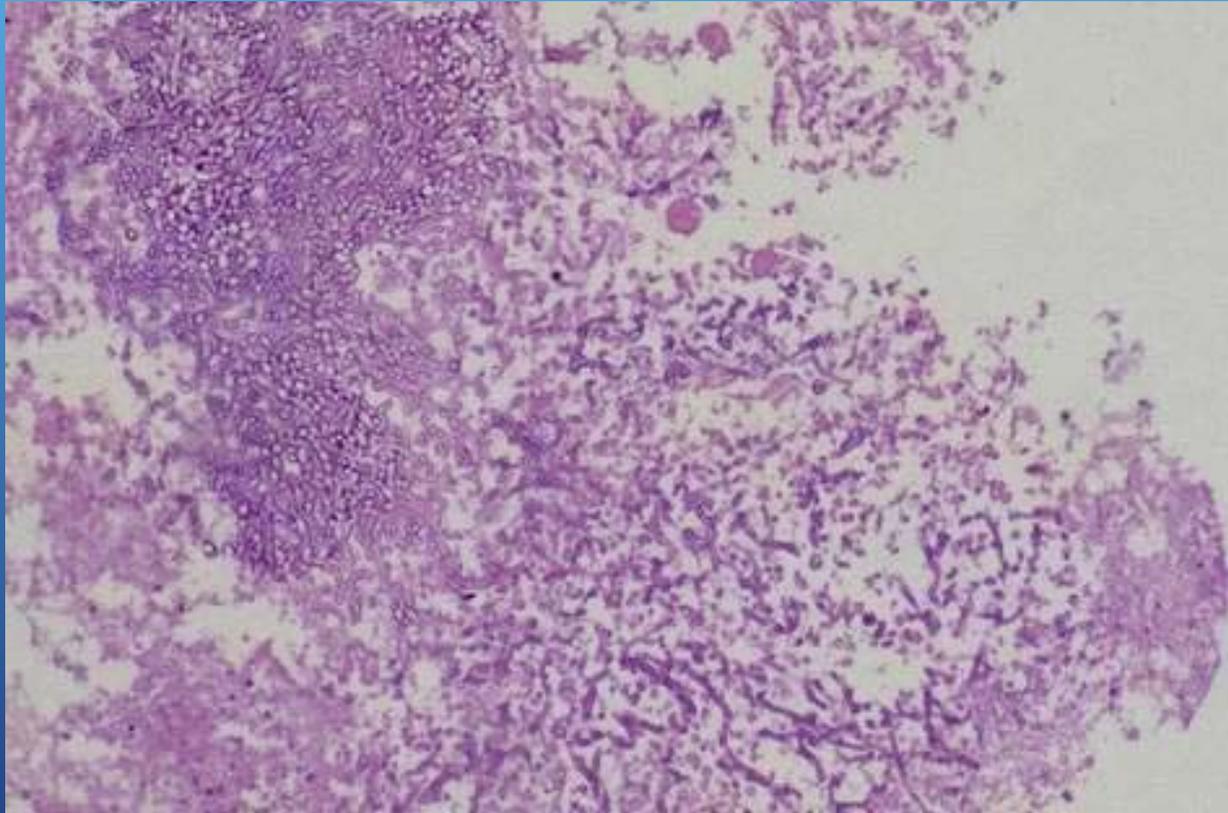
NOV: 5.1U
3.50mm
1111
00

120k
0.75s







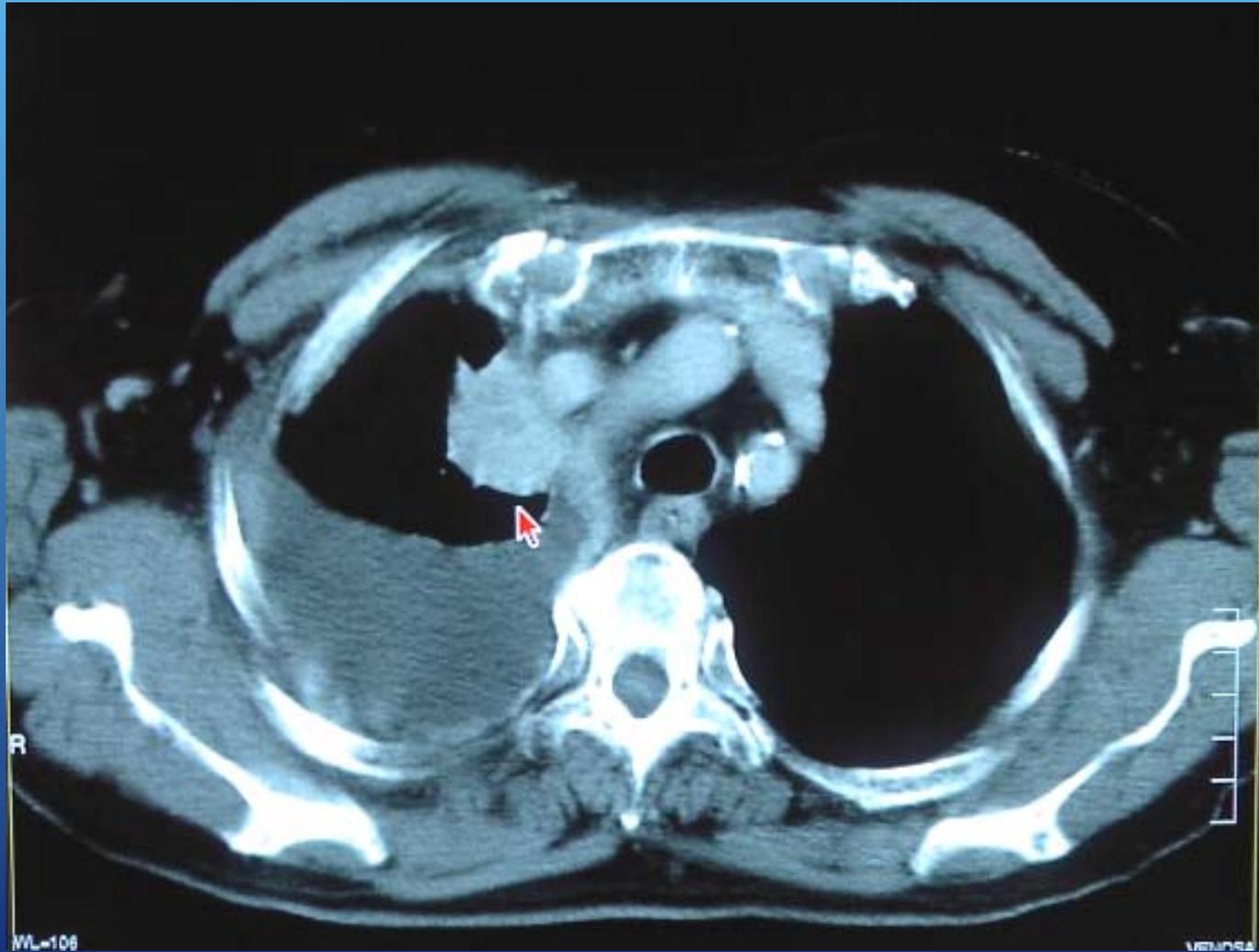


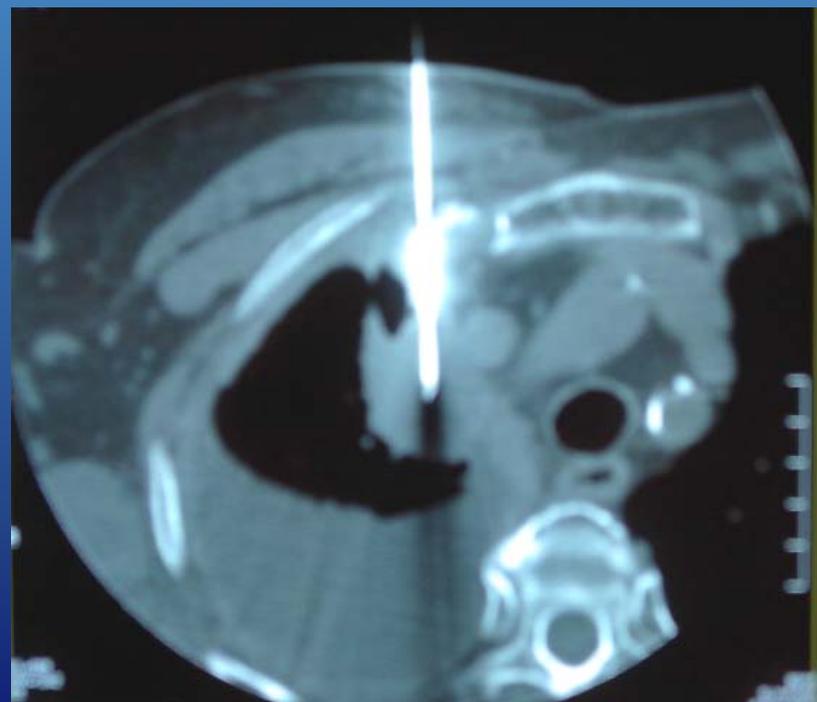
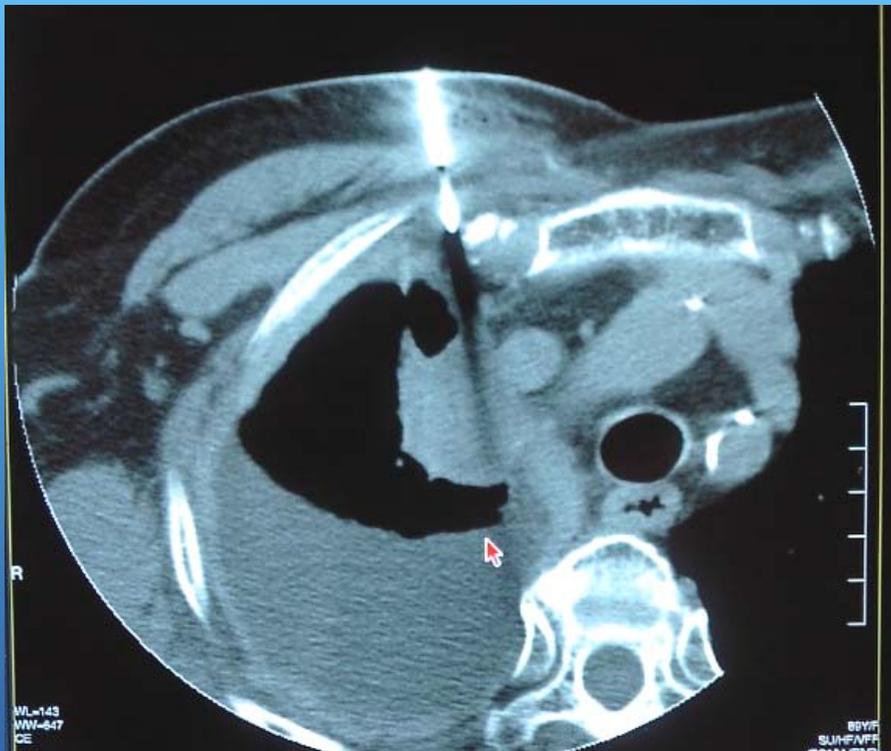
Micosi

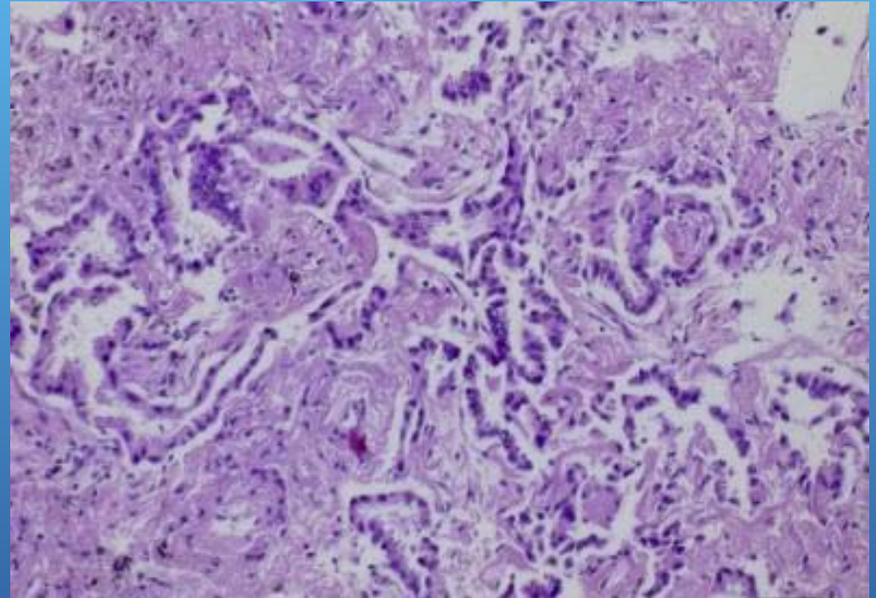
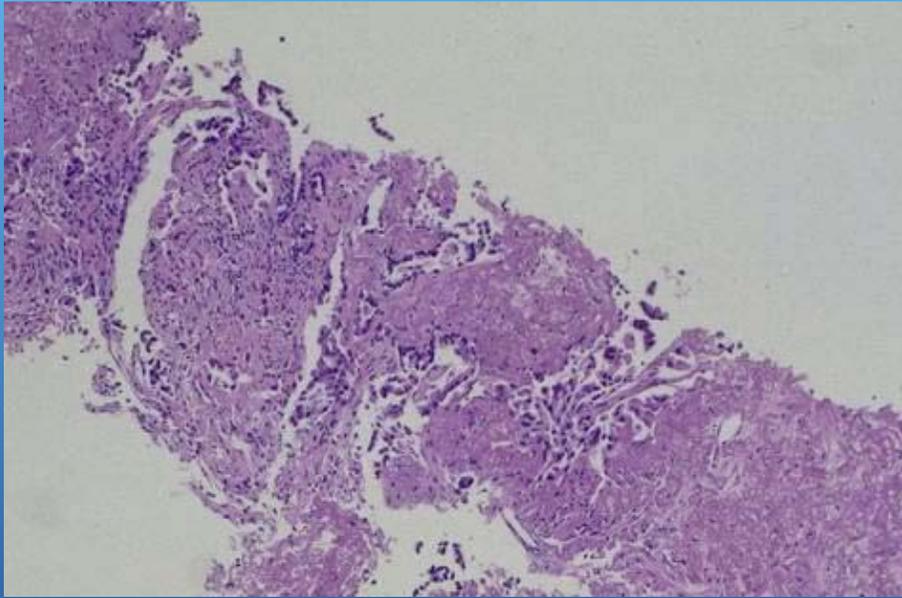


3° CASO:
CA POLMONARE









Adeno CA polmonare



