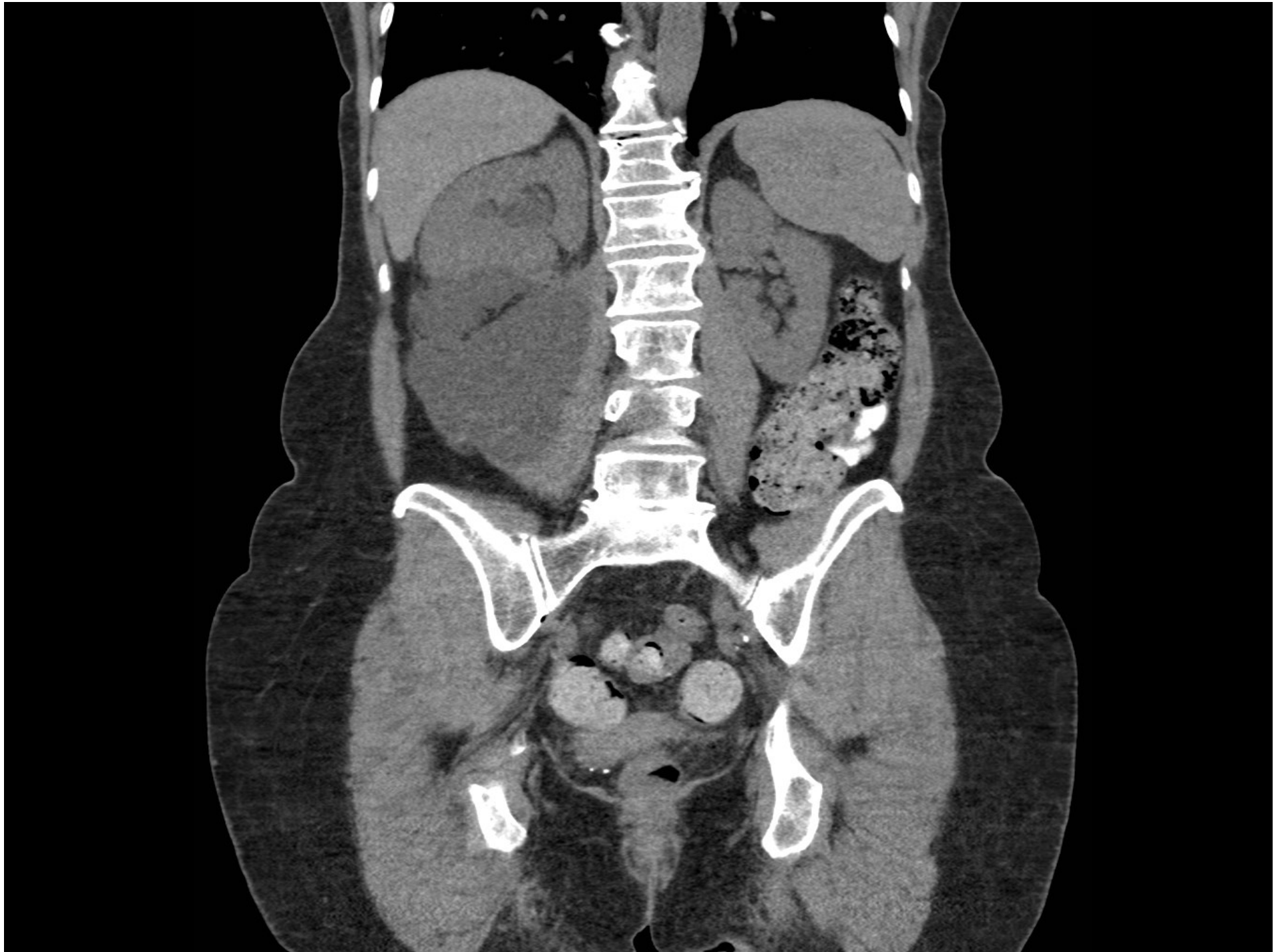


James Knutson – MGH IR Fellow  
jknutson@partners.org

- 72 yo F w/ abdominal pain









○ # Pix 254.5  
Perim 47.4 mm  
Area 178.7 mm<sup>2</sup>  
Avg 2.569 HU  
Dev 11.34

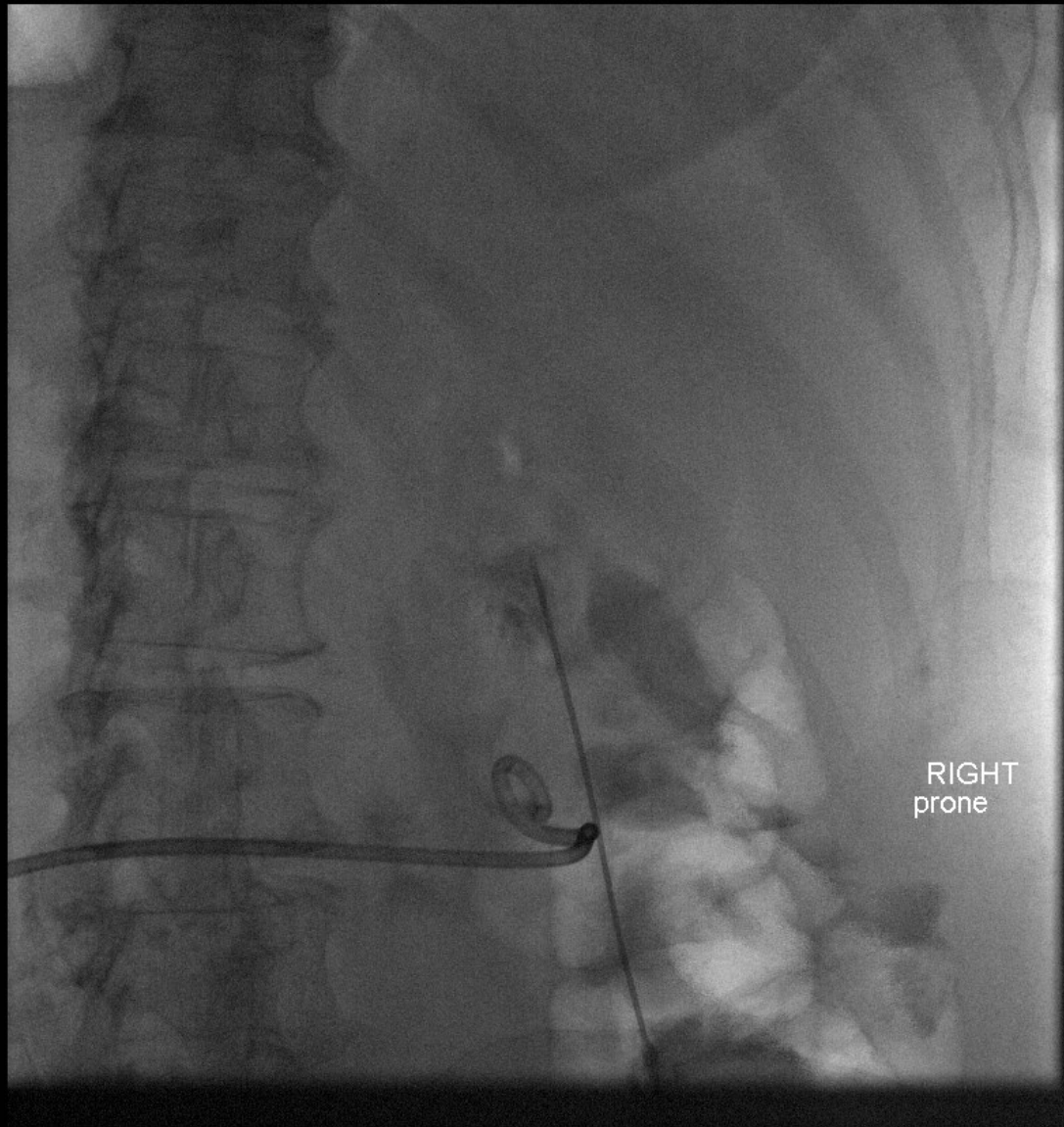


Spin: -90  
Tilt: 0

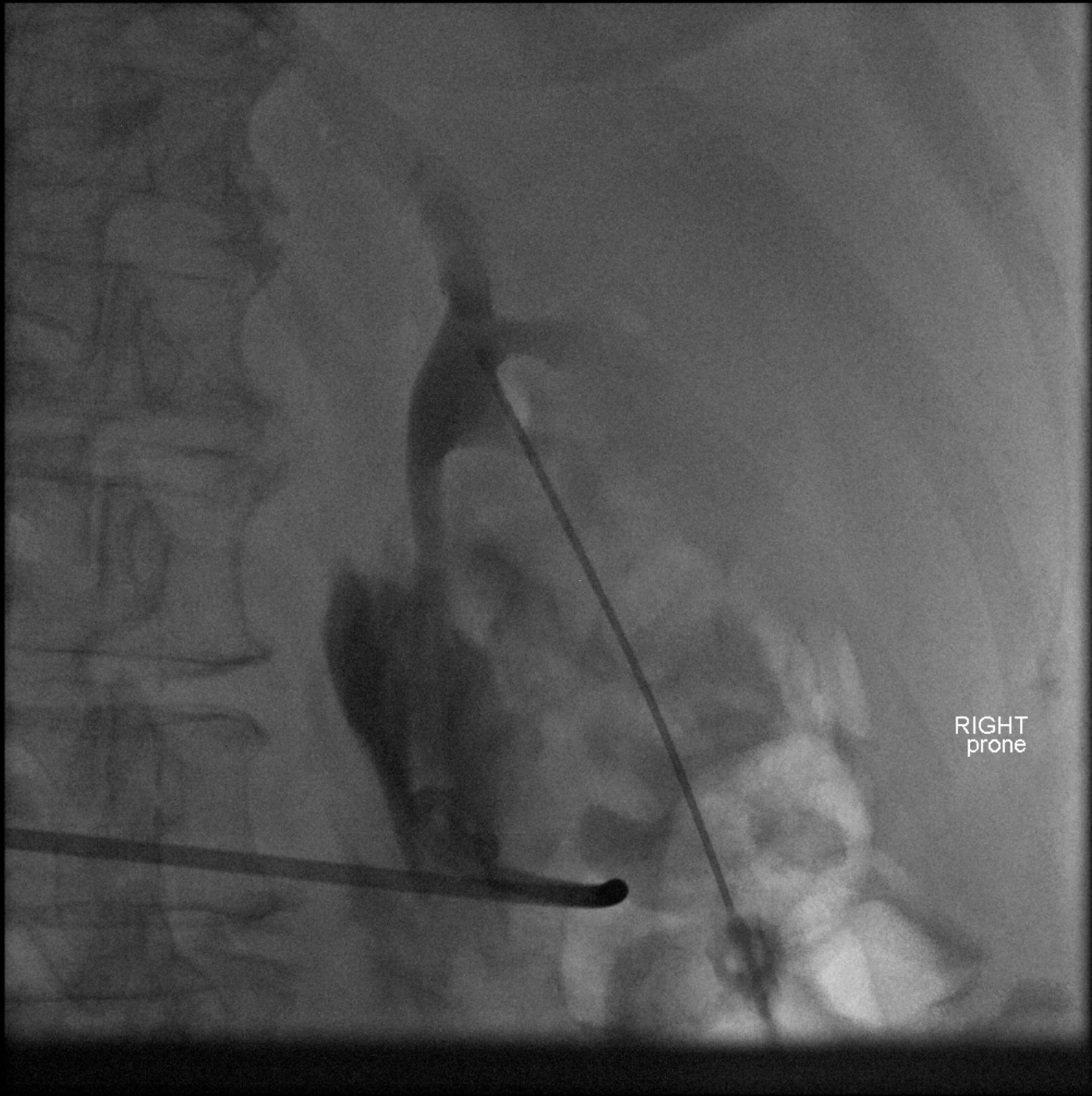




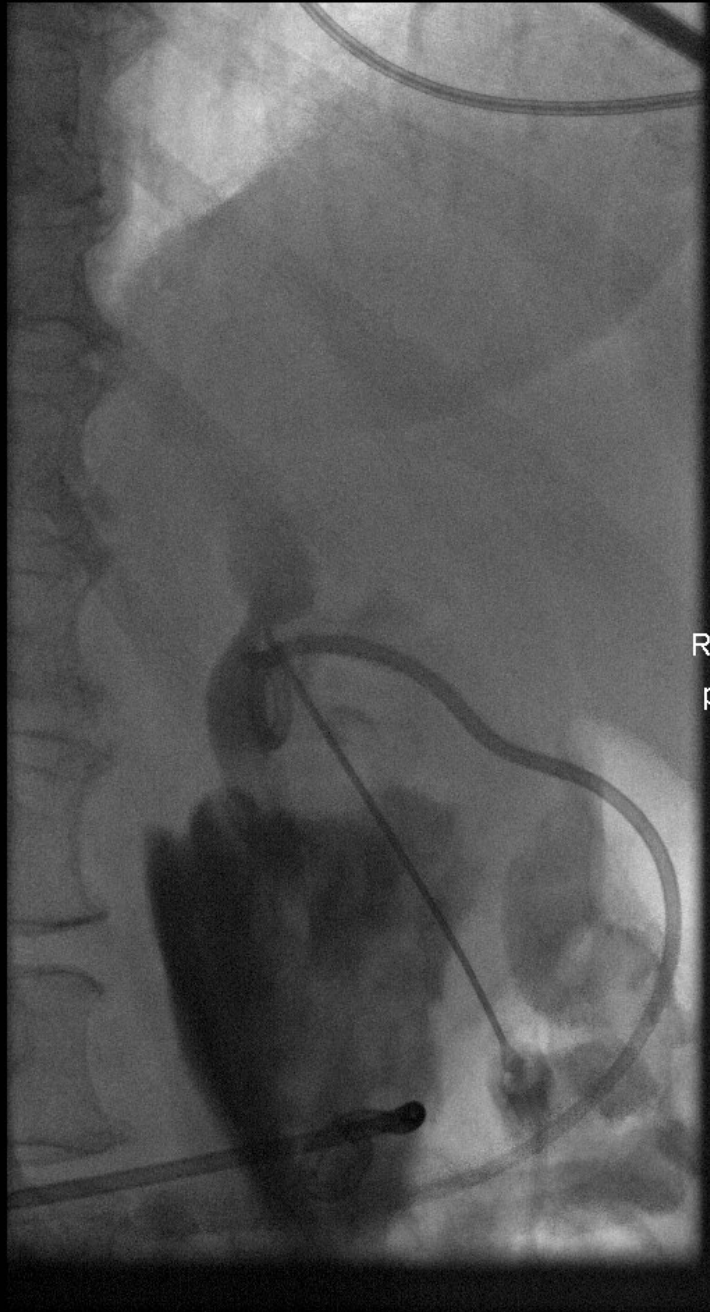




RIGHT  
prone



RIGHT  
prone

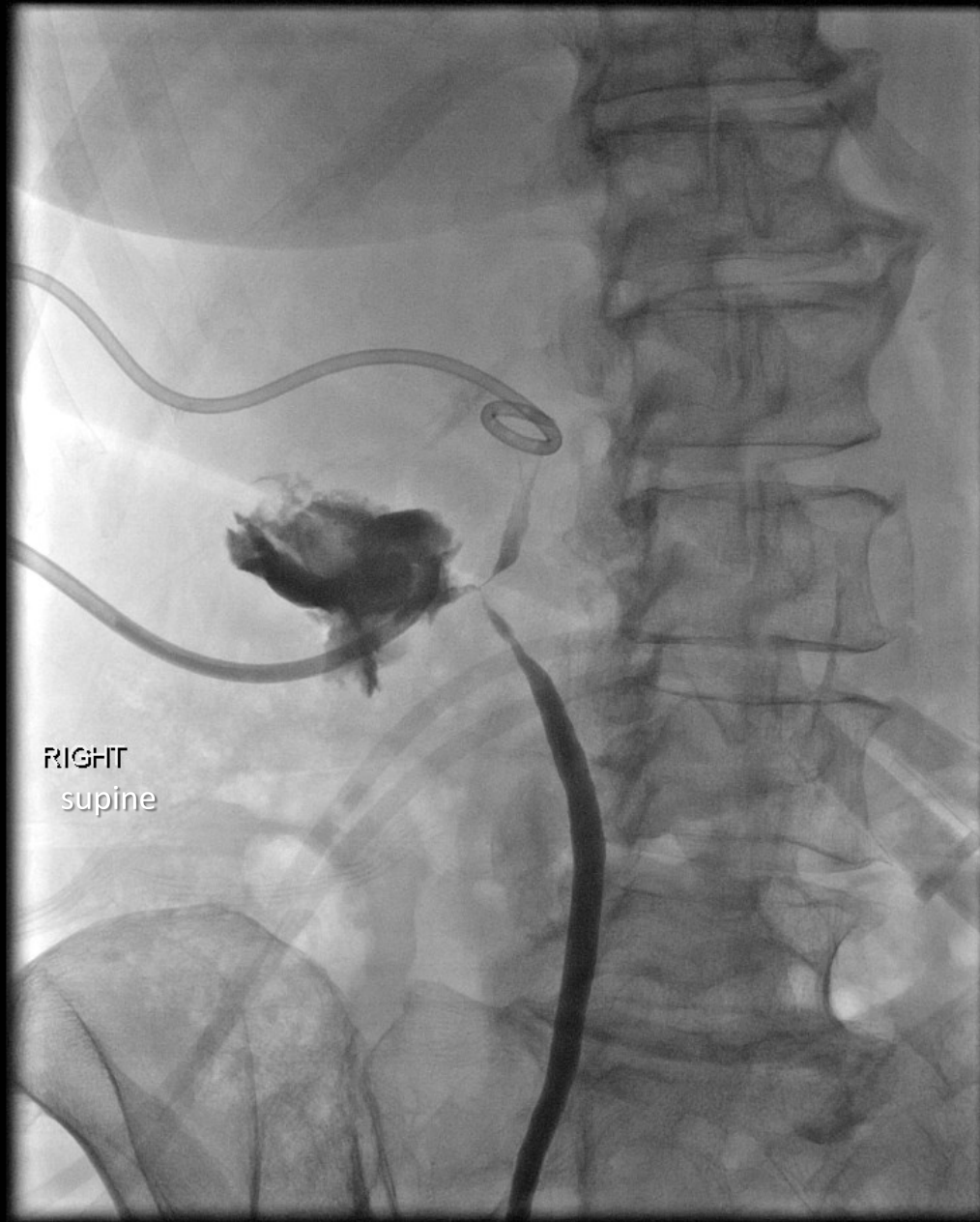


RIGHT  
prone

- Urinoma persists despite drainage
- Next nephrostomy tube change:
  - Can't pass wire down the ureter
  - Contrast won't go down the ureter
- Concern for ureteral injury



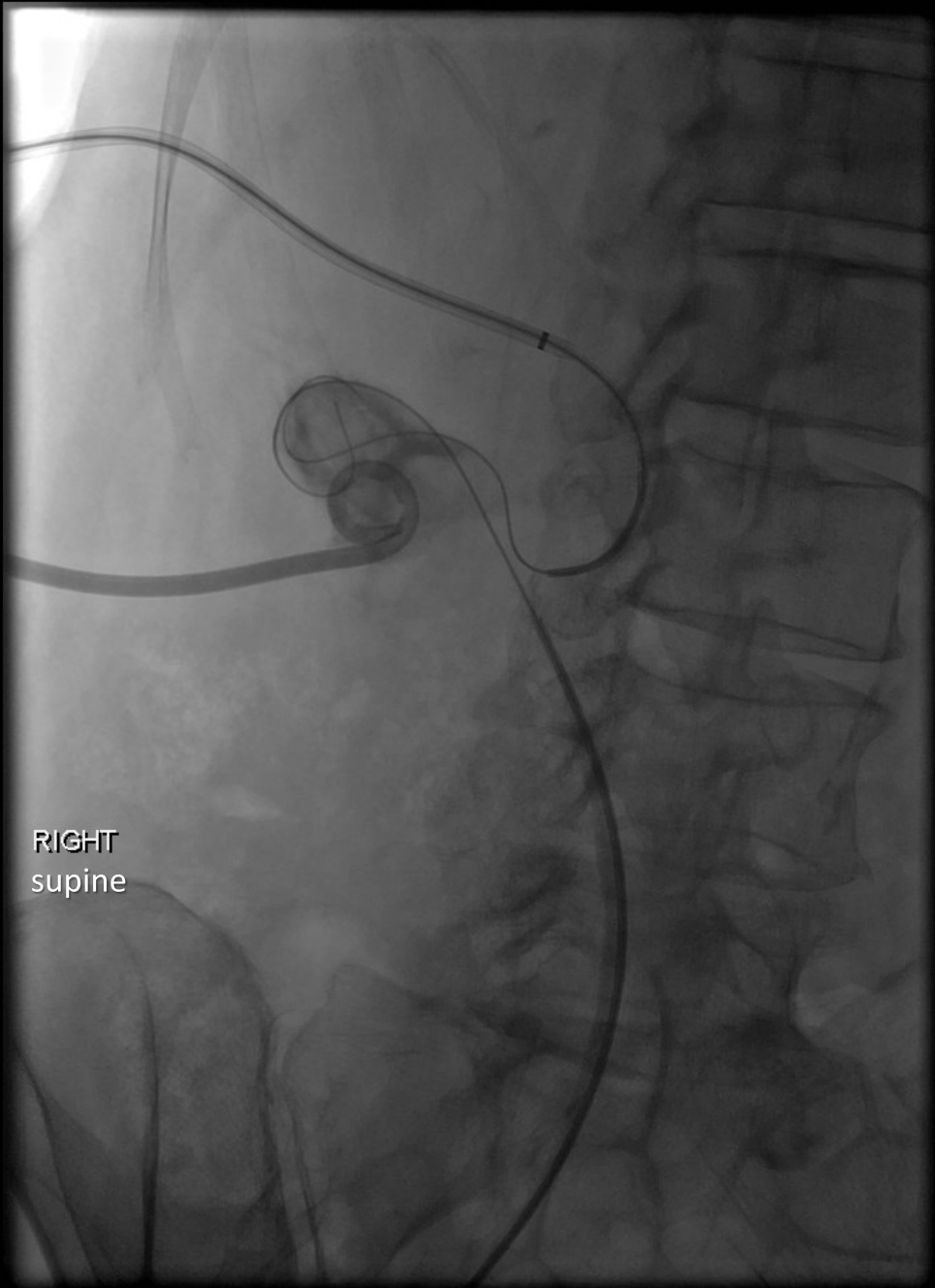
RIGHT  
supine



RIGHT  
supine



RIGHT  
supine

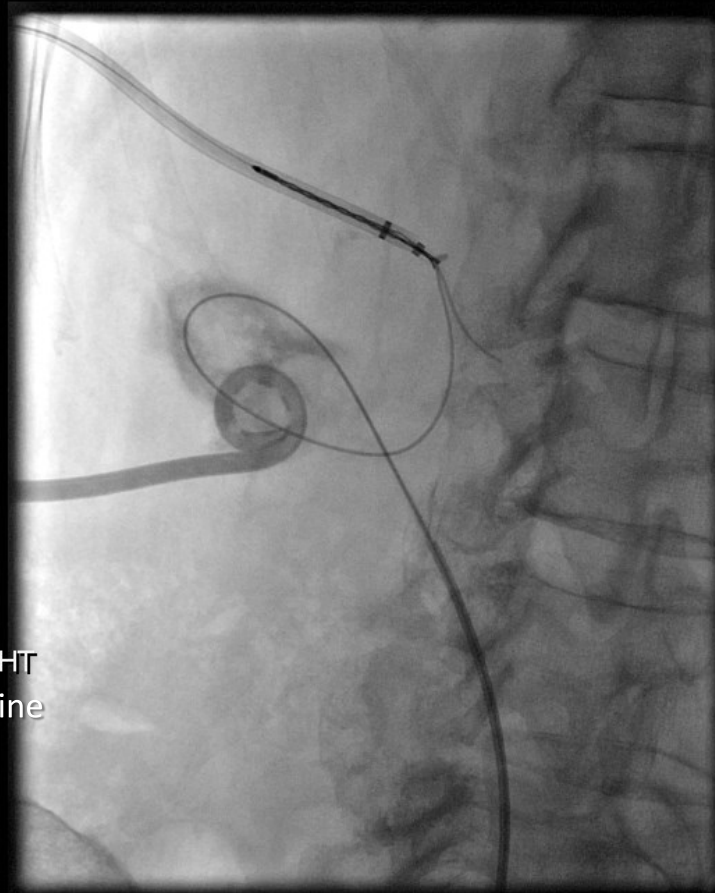


RIGHT  
supine



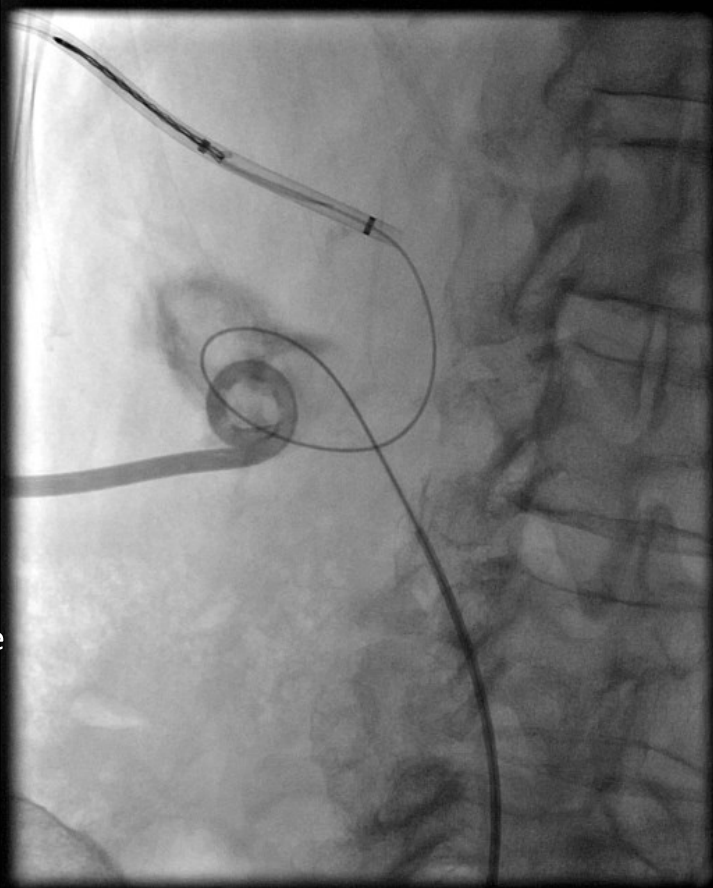
RIGHT  
supine

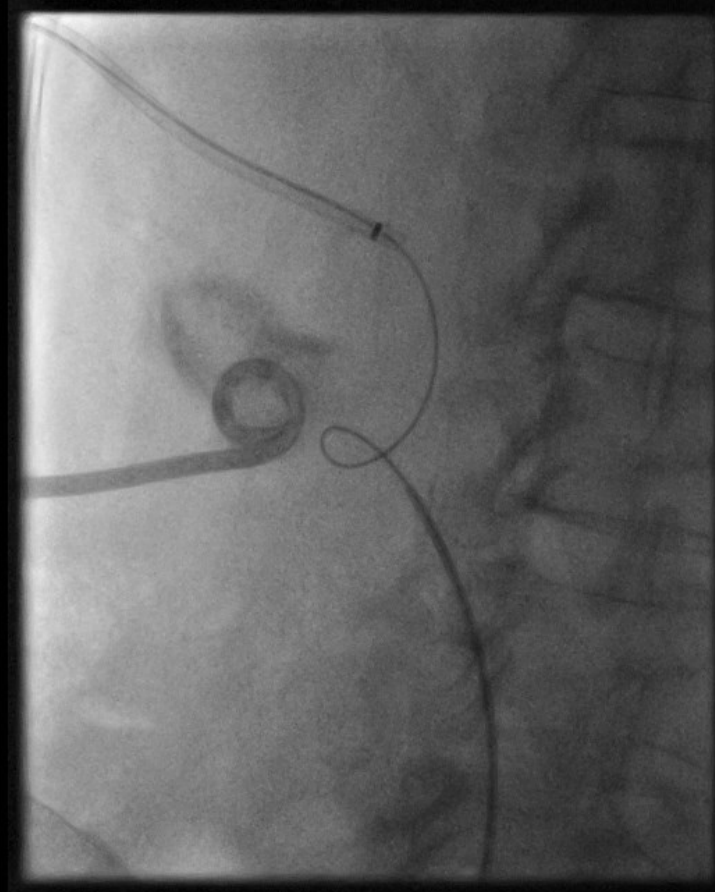


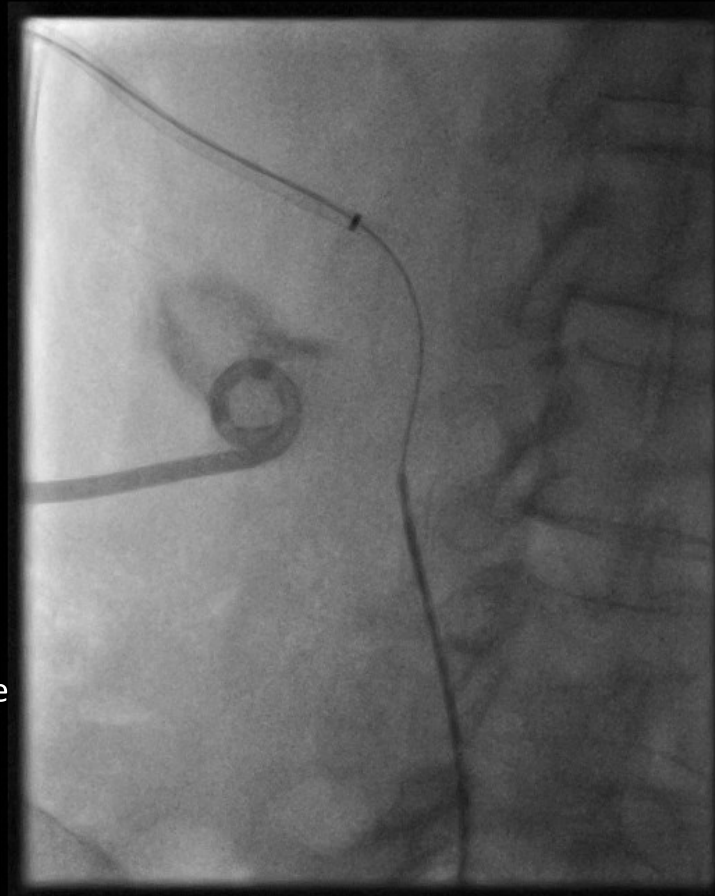


RIGHT  
supine

RIGHT  
supine





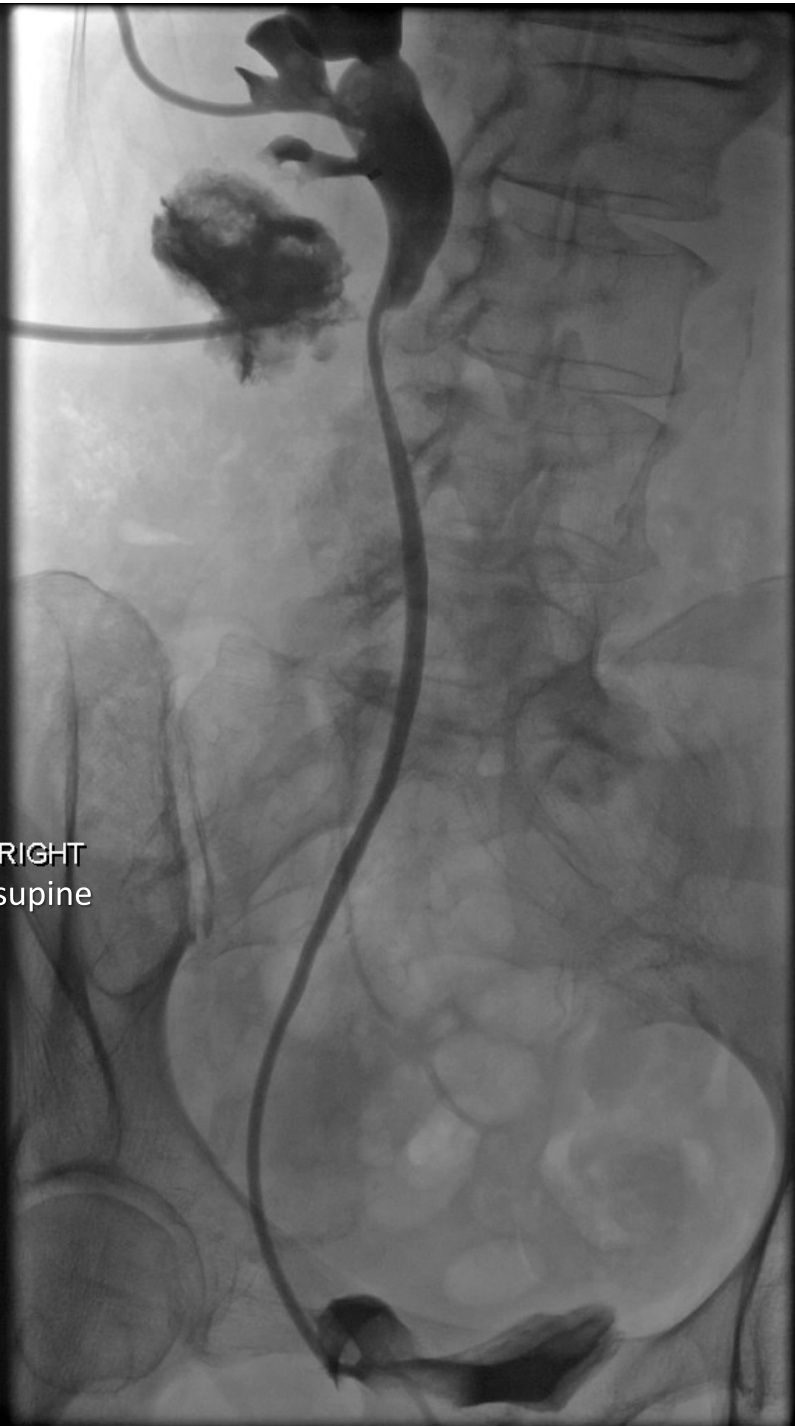


RIGHT  
supine

RIGHT  
supine



RIGHT  
supine



# Post RFA Complications

- Hemorrhage
  - Most common
  - Transfuse/manage obstruction
- Ureteral injury (1-2%)
- Urine leak/urinoma
- Burns at grounding pads
- Tract seeding rare (inflammatory nodules)

*Radiofrequency Ablation of Renal Cell Carcinoma: Part 1, Indications, Results, and Role in Patient Management over a 6-Year Period and Ablation of 100 Tumors*

Debra A. Gervais, Francis J. McGovern, Ronald S. Arellano, W. Scott McDougal, and Peter R. Mueller *American Journal of Roentgenology*. 2005;185: 64-71.

*Radiofrequency Ablation of Renal Cell Carcinoma: Part 2, Lessons Learned with Ablation of 100 Tumors*

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Thanks