

Intrahepatic pseudoaneurysm after radiofrequency ablation of liver metastases

Fiammetta Soggiu, Jacques Marescaux, Patrick Pessaux

Institut de Recherche sur les Cancers de l'Appareil Digestif (IRCAD)-Institut Hospitalo-Universitaire de Strasbourg (IHU Mix-Surg), Strasbourg, France

Correspondence to: Professor Patrick Pessaux, MD, PhD. Head of the Hepato-Biliary and Pancreatic surgical unit, Nouvel Hopital Civil (NHC), 1 place de l'hôpital, 67091 Strasbourg, France. Email: patrick.pessaux@chru-strasbourg.fr.

Submitted May 13, 2014. Accepted for publication Jun 16, 2014.

doi: 10.3978/j.issn.2304-3881.2014.06.06

View this article at: <http://dx.doi.org/10.3978/j.issn.2304-3881.2014.06.06>

A 74-year-old man presented history of fever and abdominal pain 1 month following a simultaneous hepatic resection and 2 radiofrequency ablations (RFA) under ultrasound control for metachronous colonic liver metastases. Contrast-enhanced computed tomography (CT) showed a collection with an air-fluid level and a hypervascular enhancing lesion within the hypodense region of the RFA (Figure 1, arrow). An arteriography confirmed the diagnosis of pseudoaneurysm (Figure 2A).

What is your therapeutic strategy?

A transarterial selective embolisation with coils was successfully performed (Figure 2B). The postprocedural CT showed no evidence of filling of the aneurysm (Figure 3). The patient had an uneventful recovery. A 12-month

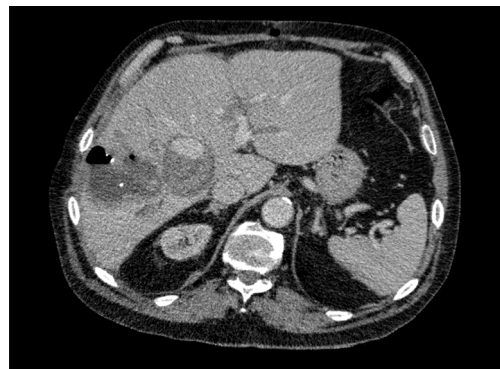


Figure 1 Contrast-enhanced computed tomography showed a collection with an air-fluid level and an hypervascular enhancing lesion.

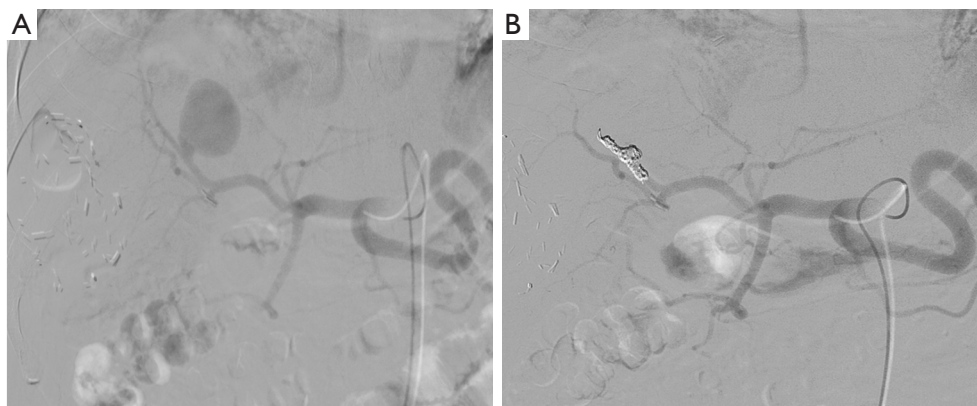


Figure 2 (A) Arteriography confirmed the diagnosis of pseudoaneurysm; (B) embolisation with coils.

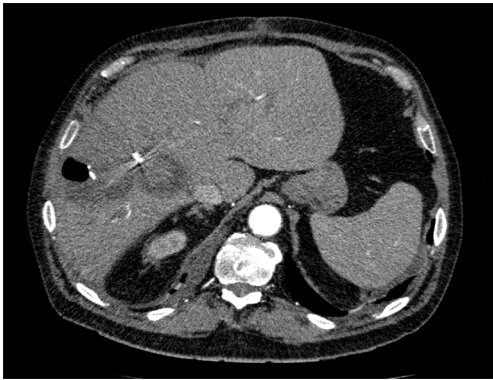


Figure 3 Postprocedural contrast-enhanced computed tomography.

follow-up CT scan of the liver showed postablation changes without evidence of recurrence of the aneurysm.

RFA is a spreading technique in the therapeutic armamentarium to treat liver lesions. Biliary stricture, hepatic abscesses, and portal thrombosis are the most procedure-specific complications. The occurrence of pseudoaneurysm is rare, with very few cases reported in the literature (1-3) but should be known and treated

preferentially by endovascular approach to prevent a massive abdominal bleeding. Most cases can be managed by angioembolization. In our team, this is the first therapeutic option, assuming that expert angiography is readily available. However, in patients with failed embolization, emergency surgery could be required.

Acknowledgements

Disclosure: The authors declare no conflict of interest.

References

1. Datta RV. Intrahepatic pseudoaneurysm after radiofrequency ablation of liver lesion. *Int Surg* 2008;93:381-4.
2. Tamai F, Furuse J, Maru Y, et al. Intrahepatic pseudoaneurysm: a complication following radiofrequency ablation therapy for hepatocellular carcinoma. *Eur J Radiol* 2002;44:40-3.
3. Chuang CH, Chen CY, Tsai HM. Hepatic infarction and hepatic artery pseudoaneurysm with peritoneal bleeding after radiofrequency ablation for hepatoma. *Clin Gastroenterol Hepatol* 2005;3:A23.

Cite this article as: Soggiu F, Marescaux J, Pessaux P. Intrahepatic pseudoaneurysm after radiofrequency ablation of liver metastases. *Hepatobiliary Surg Nutr* 2014;3(4):207-208. doi: 10.3978/j.issn.2304-3881.2014.06.06