



Cryoablation of Large Rib Metastatic Bone Lesion

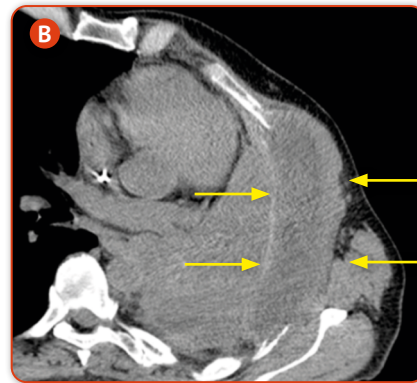
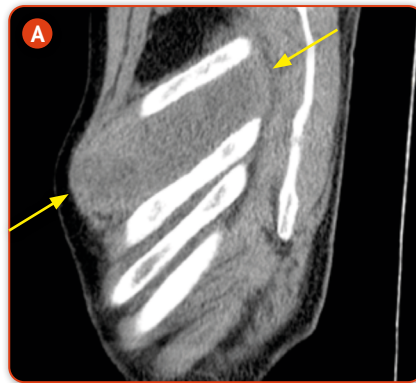
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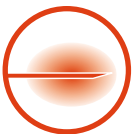


PRESENTATION

- 57-year-old male with metastatic lung cancer (squamous carcinoma)
- Painful lesion of the fifth rib measuring 3.5cm x 4.0cm x 11.0cm, which had completely destroyed the rib itself **A B**
 - VAS pain score of 6/10 (treatment with opioids was not possible due to patient intolerance)
 - No further radiotherapy was possible (patient had received chest radiotherapy one year previously as part of treatment for lung tumour)



Presentation: CT scans in sagittal (left) and axial (right) views showing fifth rib lesion with complete destruction of the bone (arrows)



TREATMENT

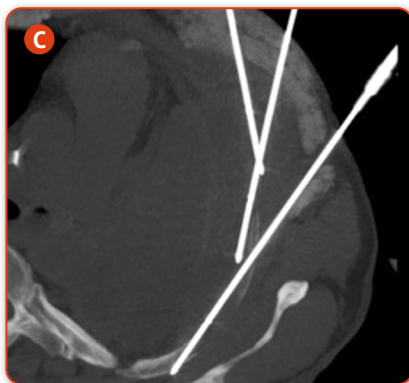
- Six IceFORCE™ 2.1 CX needles were used
- Two sets of three needles were positioned in a parallel fashion in the intercostal space where the rib had previously been **C D**
- Aim was to cover the lesion in length and sculpt an iceball to match the shape of the lesion **E**
- Skin was protected by hydrodissection of the subcutaneous fat
- A double freeze protocol was used (100% freezing power on each needle)



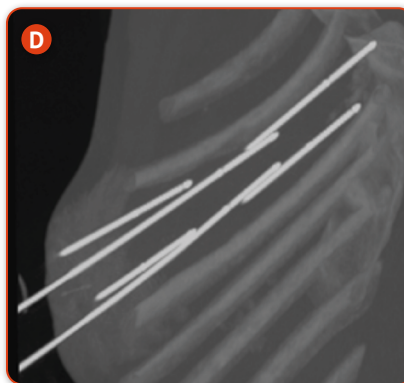
// *Cryoablation allowed ablation of a very large lesion with a high level of confidence due to the ability to control several needles simultaneously.* //

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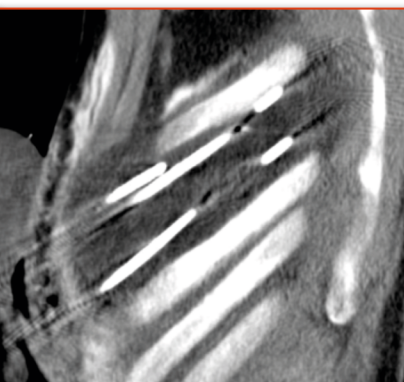
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Cryoablation: CT scan (axial view) showing position of three IceFORCE™ 2.1 CX needles, each of which was placed parallel to a second needle



Cryoablation: CT scan (sagittal view) showing parallel placement of IceFORCE™ 2.1 CX needles outlining the intercostal space where the rib had previously been



Cryoablation: CT scans in axial (left), sagittal (centre) and coronal (right) views showing hypodense iceball sculpted to match shape of lesion



OUTCOME

- The cryoablation procedure was well tolerated
- The patient's VAS pain score decreased from 6/10 before cryoablation to 3/10 five days after the treatment
- Unfortunately, the patient died one and a half months after the treatment because of rapid cancer progression



CONCLUSION

- Cryoablation allowed us to ablate a very large lesion due to the ability to control several needles simultaneously – this would be very challenging with other ablation methods
- The previous radiation was not an issue
- Cryoablation offers a viable palliative treatment option for patients such as this where opioids are not effective or not tolerated

CT: Computed tomography

VAS: Visual analogue scale

Results from case studies are not predictive of results in other cases. Results in other cases may vary. CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelings supplied with each device. Information for the use only in countries with applicable health authority product registrations. Material not intended for use in France.

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