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[Experience with radiofrequency thermoablation of brain tumors]

[Article in Czech]

[Chrastina J](#), [Novák Z](#), [Feitová V](#), [Ríha I](#).

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Together with tissue sampling stereotaxy in neurooncology makes also targeted intervention such as brain tumor radiofrequency thermoablation possible. In the paper authors present their experience with navigated radiofrequency thermoablation in 18 patients. Cerebral metastasis was the treated lesion in 5 patients, 8 patients were operated on for brain glioma and 3 for pituitary adenoma. In 2 patients radiofrequency thermoablation of pituitary gland was undertaken to treat malignant pain or refractory diabetes. Presurgical planning using stereotactic software was utilised in all patient. In one patient it was necessary to perform tumor debulking because the local oedema of pituitary adenoma was threatening both optic nerves. Radiofrequency thermoablation is advantageous technique in circumscribed lesions, not exceeding 3 cm diameter, deeply seated. Perilesional oedema with intracranial hypertension is surgical limitation. Good tolerance of minimally invasive surgery and the possibility of biopsy sampling before radiofrequency thermoablation is an advantageous feature. Infiltrative growth of glial neoplasm together with irregular shape is the limitation of radiofrequency thermoablation in brain gliomas.

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- [English Abstract](#)

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