



ELSEVIER

Contents lists available at ScienceDirect

Best Practice & Research Clinical Gastroenterology



8

Role of photodynamic therapy and intraductal radiofrequency ablation in cholangiocarcinoma



Janaki Patel, MD, Resident Physician,
Nada Rizk, BS, Bachelor of Science Degree Candidate,
Michel Kahaleh, MD, FASGE, Chief, Endoscopy, Professor of
Medicine *

Division of Gastroenterology and Hepatology, Weill Cornell Medical College, NY, USA

A B S T R A C T

Keywords:

Cholangiocarcinoma
Radiofrequency ablation
Photodynamic therapy
Endoprosthesis

Cholangiocarcinoma comprises 3% of all gastrointestinal malignancies. Prognosis is poor as the disease is locally advanced at the time of its presentation. Biliary endoprosthesis are widely used for biliary decompression, however, they only provides temporary relief. Photodynamic therapy and Radiofrequency ablation are two innovative approaches performed endoscopically to locally destruct the malignant tissue. This chapter focuses on their application and appropriate use along with their benefits and complications.

© 2015 Elsevier Ltd. All rights reserved.

Introduction

Cholangiocarcinoma is a malignancy that can occur anywhere in the biliary system. It is classified into three main categories: intrahepatic, distal, and perihilar region also called Klatskins tumor [1]. Klatskins tumor accounts for 60 to 80% of all cholangiocarcinoma [2]. Local tumor resection is effective in Bismuth classification Type I and II [3]. However, patients presenting with Type III and IV, surgical resection does not seem to be beneficial in term of survival. Untreated cholangiocarcinoma poses frequent episodes of cholangitis from biliary obstruction secondary to tumor overgrowth. Endoprosthesis has become the mainstay short term palliative treatment for malignant biliary strictures. Self expanding metal stents have shown improved patency over plastic stents; however, over 50% of patients will have stent occlusion in the first 6 to 8 months [4]. Two types of metal stents, covered and

* Corresponding author. Division of Gastroenterology & Hepatology, Weill Cornell Medical College, New York, NY 10021, USA. Tel.: +1 646 962 4000; fax: +1 646 962 0110.

E-mail address: mkahaleh@gmail.com (M. Kahaleh).



Fig. 1. Fluoroscopy demonstrating Bismuth III lesion on contrast injection (Patient A).

uncovered, are commonly used. Uncovered metal stents are typically placed at the hilum to avoid occluding dependant radicals. They, however, pose the risk of tumor ingrowth, leading to recurrent biliary obstruction. Photodynamic therapy (PDT) and Radiofrequency Ablation (RFA) are becoming increasingly used methods to induced intraductal necrosis and long term patency.

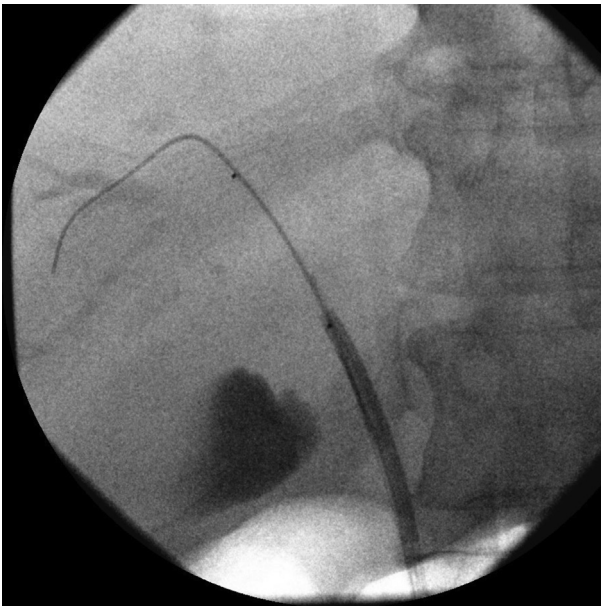


Fig. 2. Fluoroscopy showing PDT application in the right hepatic duct (Patient A).

Download English Version:

<https://daneshyari.com/en/article/3254328>

Download Persian Version:

<https://daneshyari.com/article/3254328>

[Daneshyari.com](https://daneshyari.com)