



Pre-operative Embolization in Soft-Tissue-Sarcoma of the Extremities

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Disclosure

Speaker name:

.PD Dr. René Aschenbach.....

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Objective

- STS are rare tumors
- often extensive surgery is needed
- STS are often vascularized

Goal

- to reduce intraoperative blood loss, improve bleeding control
- to enhance tumor delineation from surrounding tissue by slight shrinking

technique

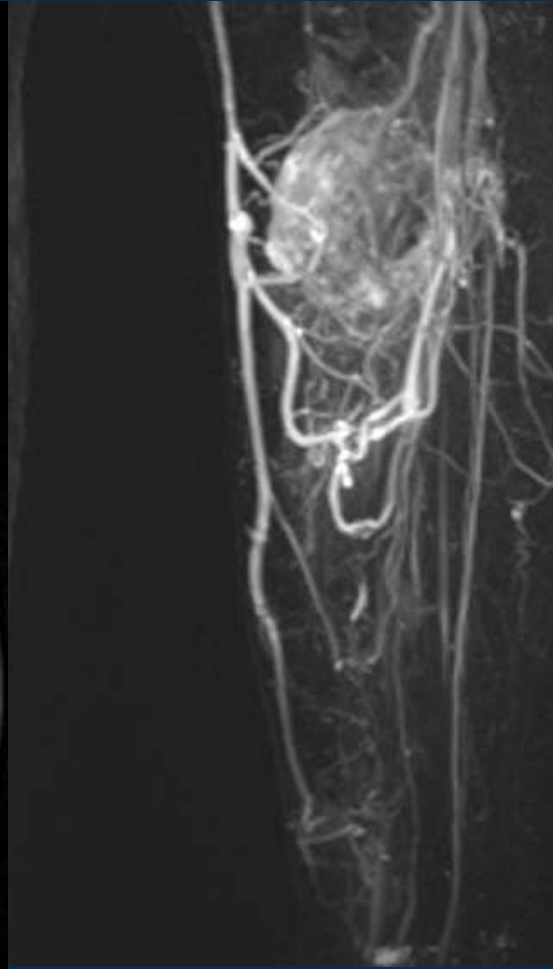
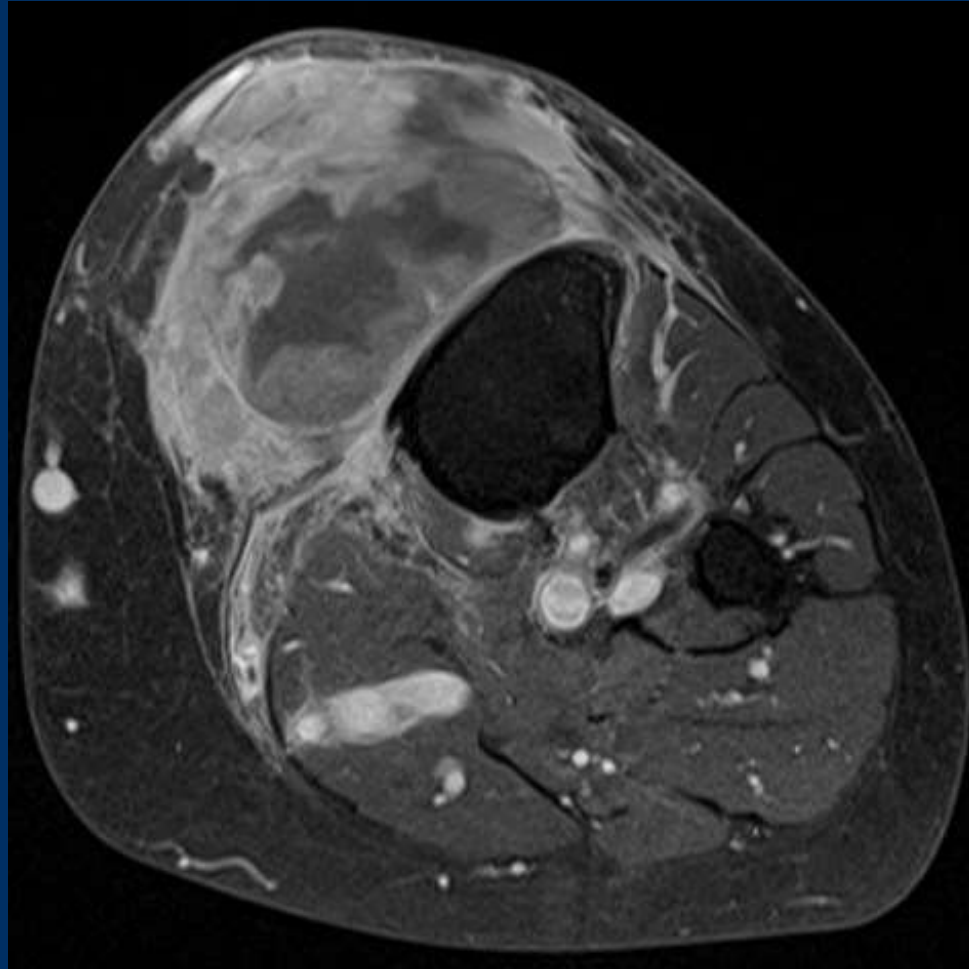
- be familiar with the (vascular) anatomy of the extremities
- define feeding arteries
- define shunts

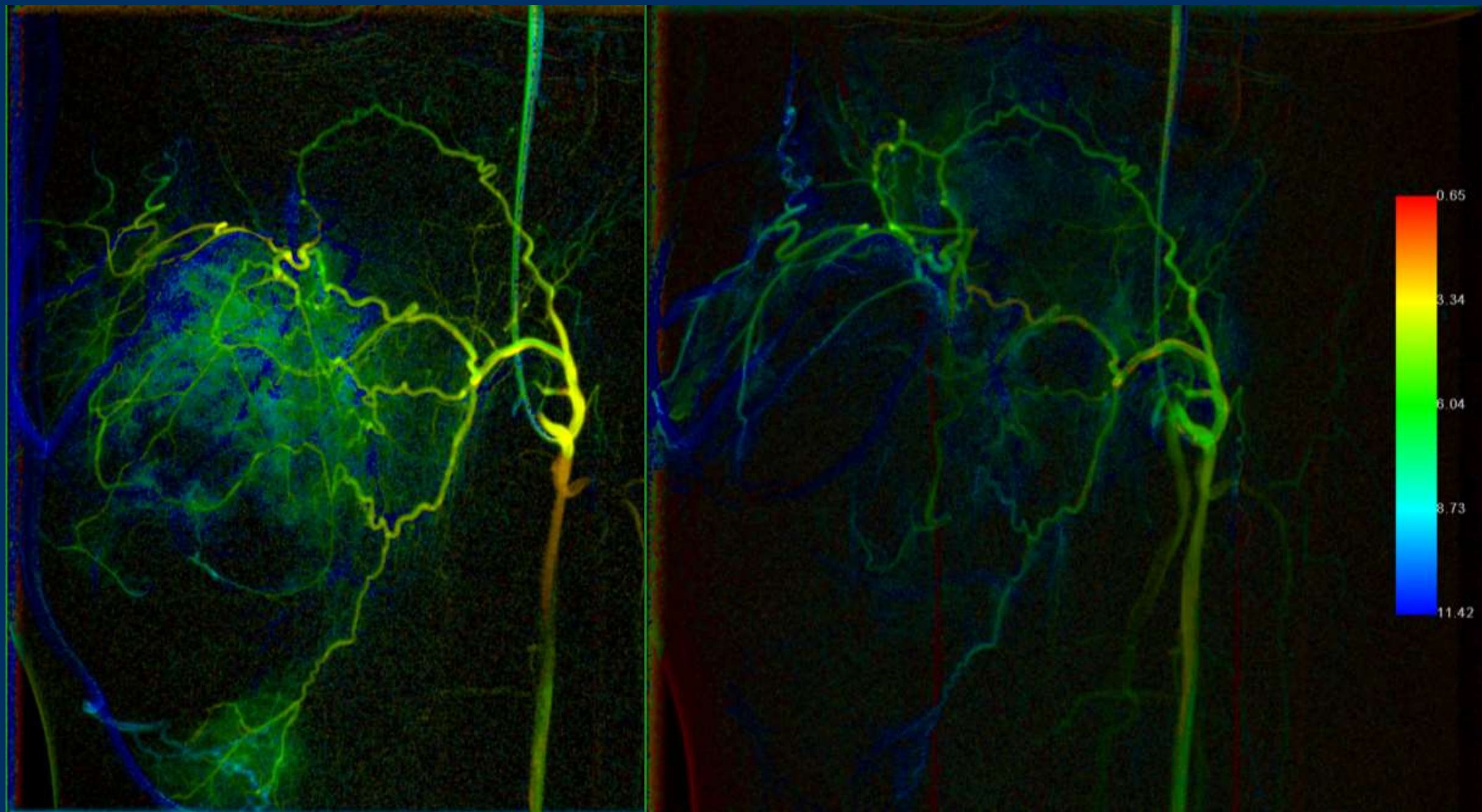
- selection of proper catheters and embolic agents
 - temporal: Gelfoam, starch
 - permanent: particles, glue
 - cave: coils/plugs are not sufficient (only to reduce flow in large shunts)

- endpoint: „pruned tree appearance“



pleomorphic sarcoma G3, pre-op





perspectives

- therapeutic embolization?
 - STS which not respond to classical treatment
 - pain reduction of bone mtx
- to support palliative concepts by reducing tumor size
- so far no systematic trails available to give evidence for ET in STS

conclusion

- pre-operative embolisation of STS is safe and feasible
- achieve better conditions for surgery
- control blood loss
- new concepts for non-responders to conservative treatment
- support other therapies by inducing necrosis and zyto-reduction
- no systematic studies to proof evidence

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