

Thoracic Spine

Vertebral body lytic lesion

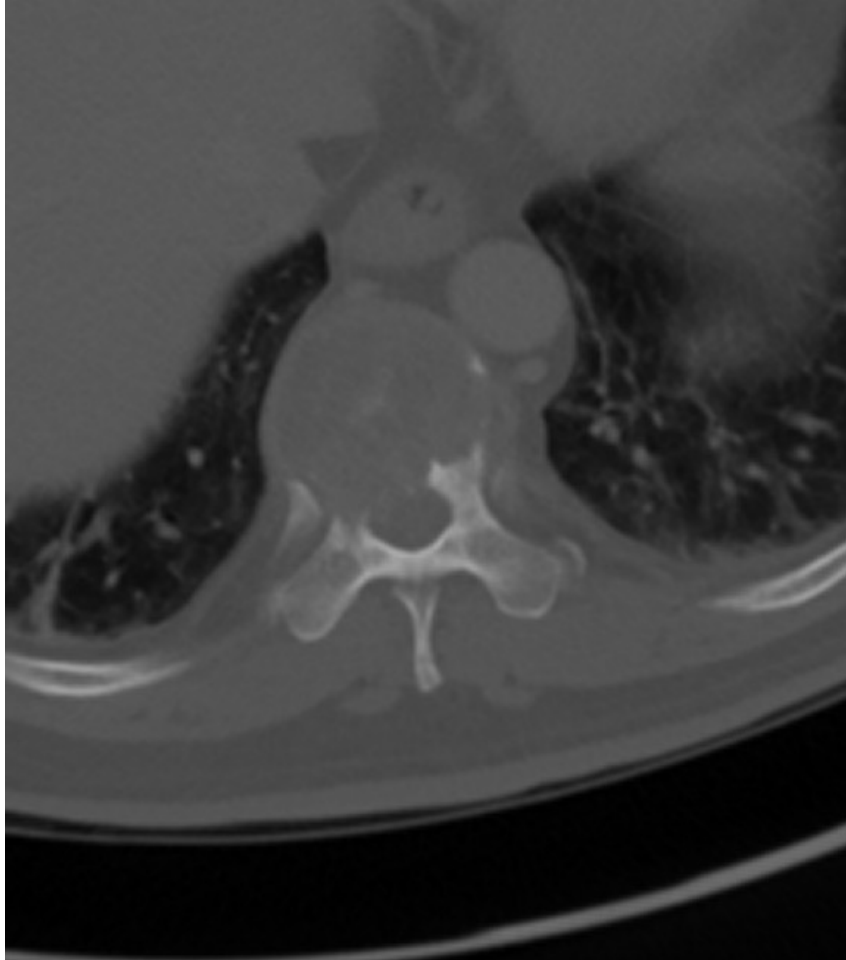
Jason Levy, M.D. FSIR

Northside Hospital, Atlanta, GA

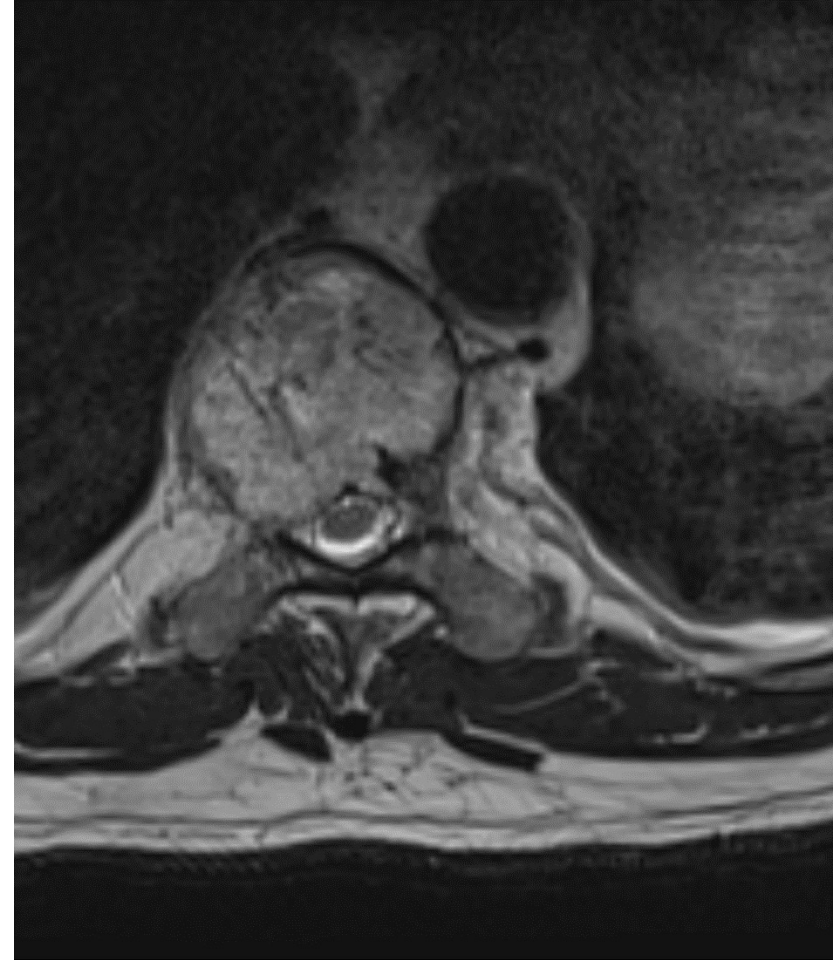
History

- 54-year-old man Initial presentation severe back pain hospitalized.
- Subsequent biopsy diagnosed metastatic RCCA
- Pain 10/10 uncontrolled despite PCA, Bedridden
- Rad oncology consultation “Help me out here Jason I can’t radiate this without stabilization”
- EXAM:
 - Focal tenderness mid back corresponding to MRI abnormality
 - Straight leg lift, Bladder and bowel control intact
 - No Neurologic deficits

CT



T2WI AXIAL





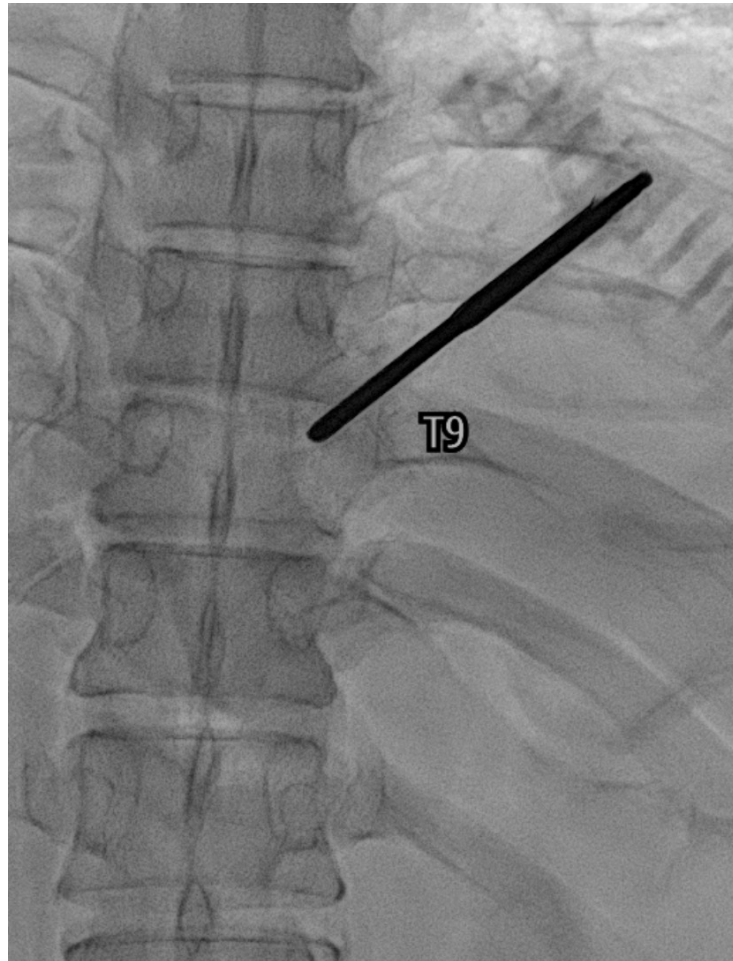
SAG CT AND T2WI MRI

CONSIDERATIO NS?

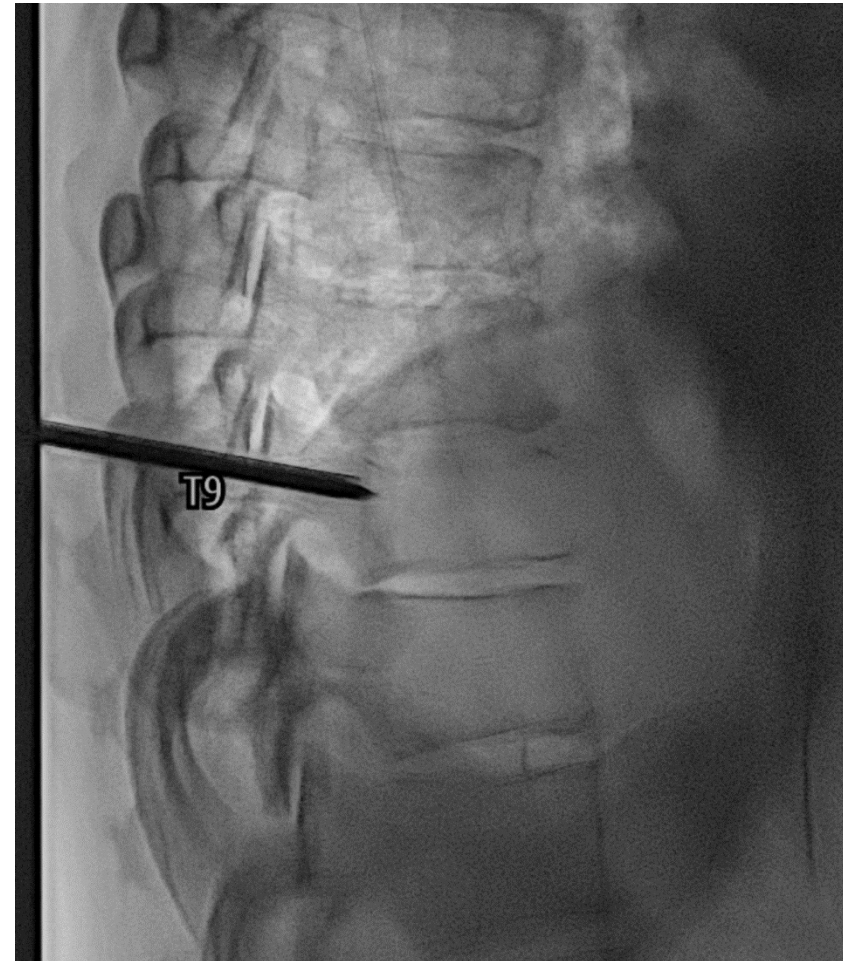
1. EMBO
2. CEMENT
ENOUGH?



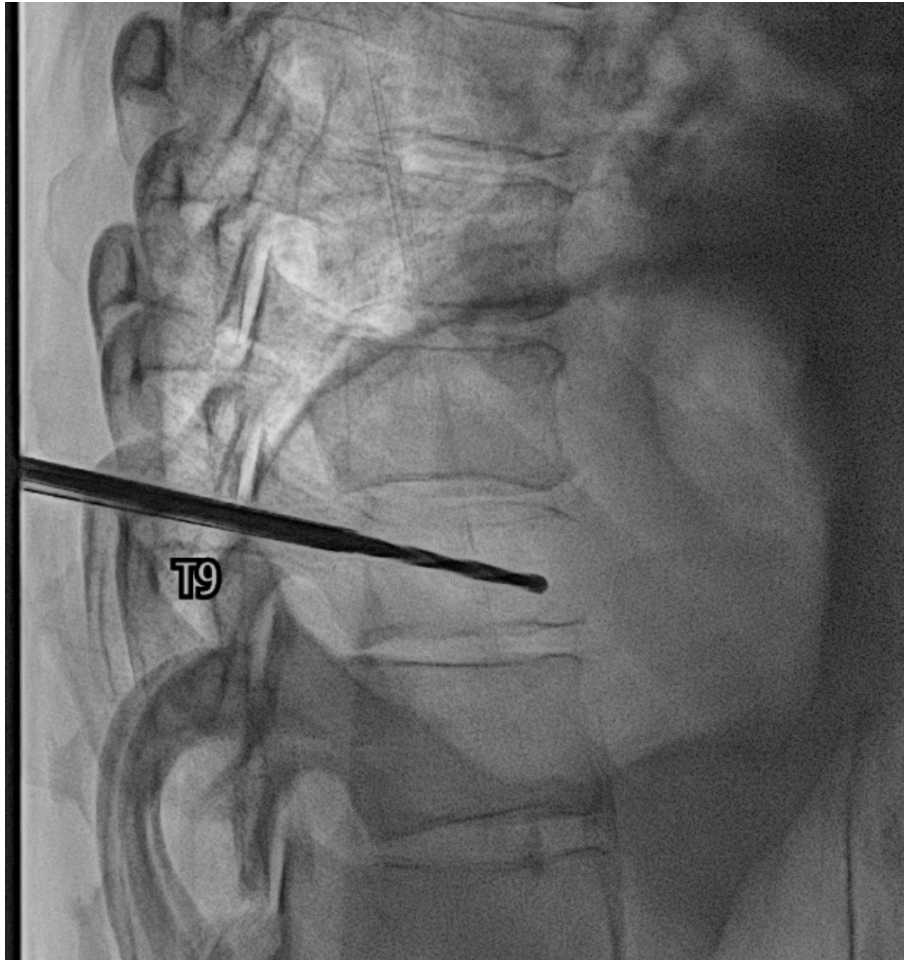
AP (THIS WAS B/L CASE THIS IS TO SHOW ABSENCE OF PEDICLE



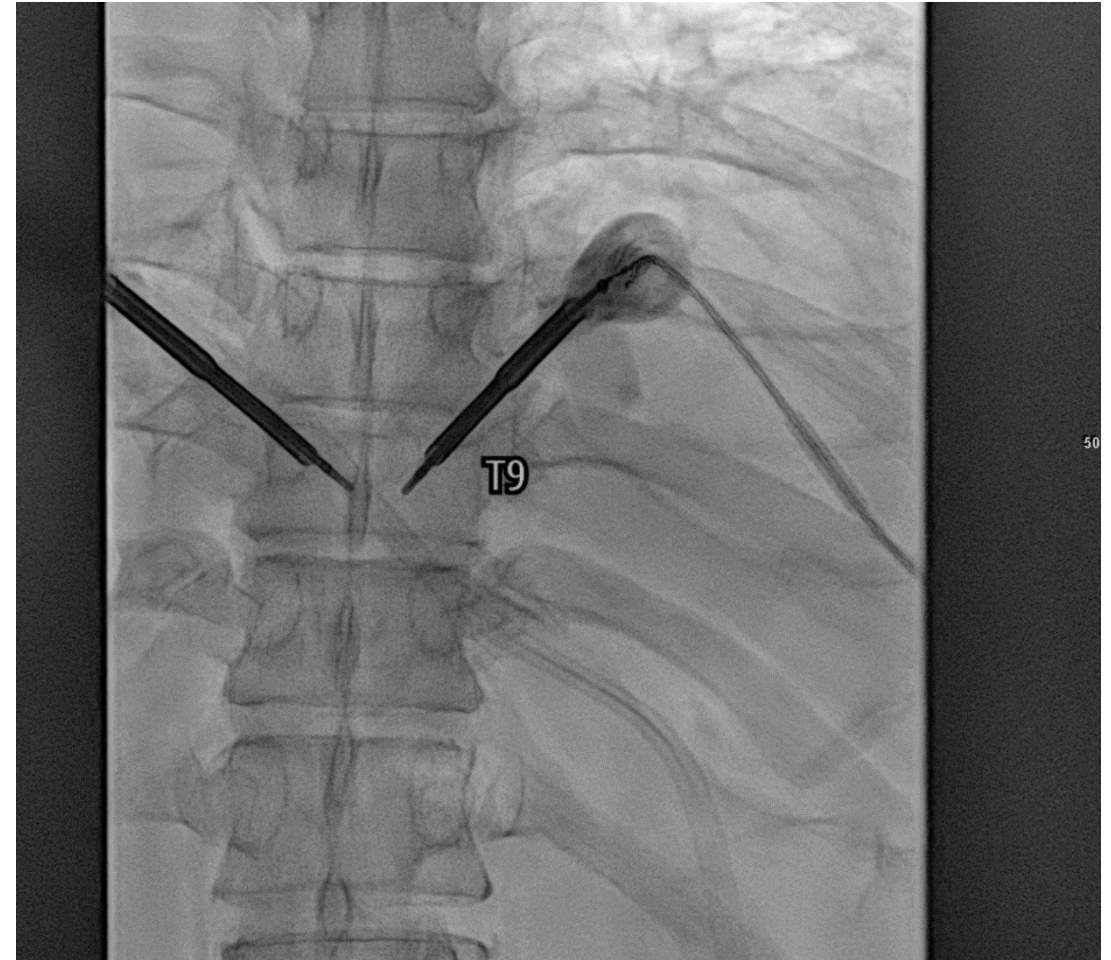
ABLATION MAP



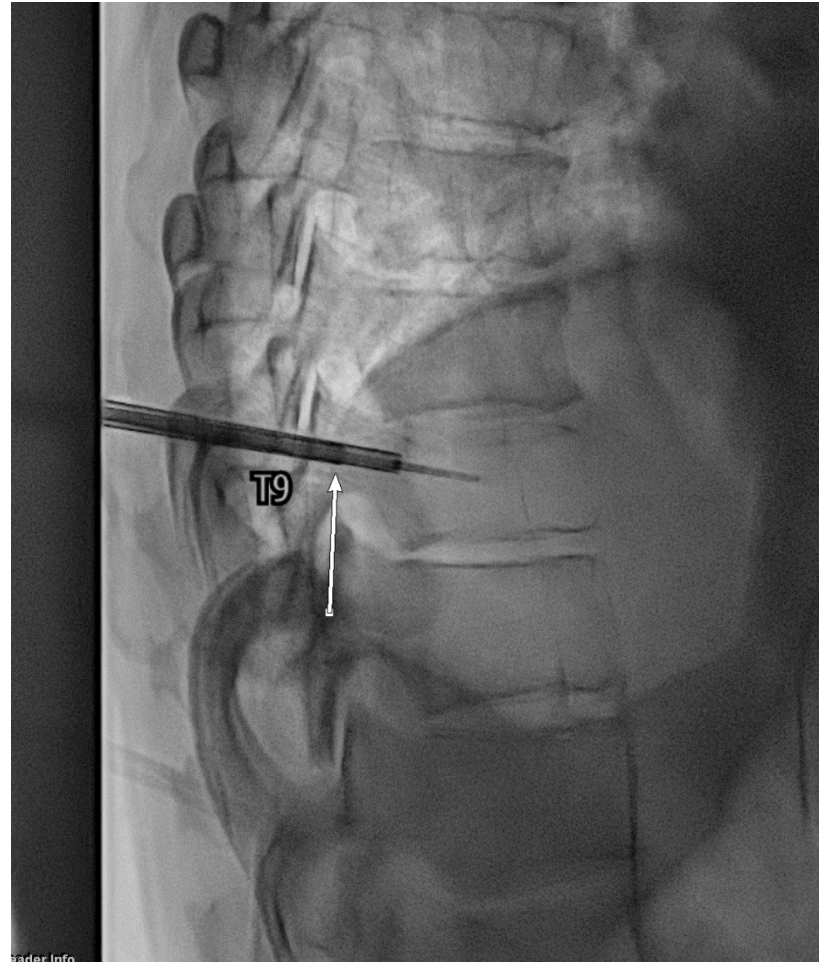
ABLATION MAP



RFA



PEDICLE BURN ARROW SHOWS CANNULA



POST 10.5 CC CEMENT

