

Retroperitoneal lesion

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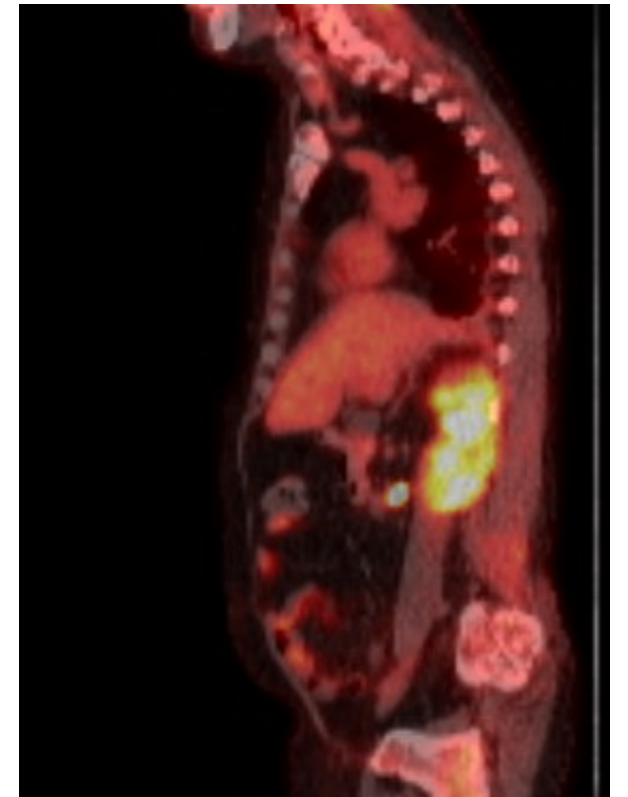
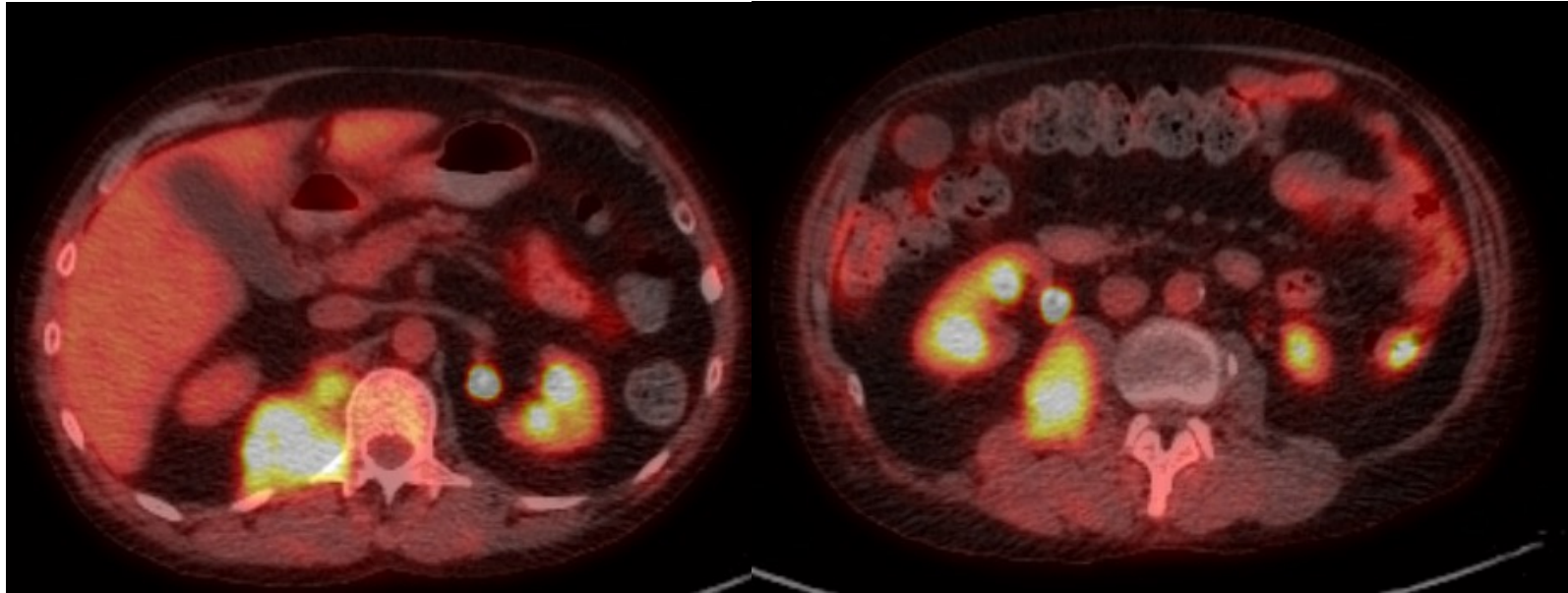
New York City, NY

Retroperitoneal lesion

- 58-year-old male with history of multiple myeloma with lytic bone lesions (sternum ribs, right iliac bone and pubic symphysis) s/p RT.
- Nov 2020 cryoablation and cement augmentation of a sternal fracture for mechanical pain
- Now on salvage chemotherapy
- Admitted on 7/9/2021 with pain crisis: Unbearable biological pain (VAS 9/10) centered in the R paraspinal area radiating to the hip. RLE weakness and R hip flexion inhibited by the pain. Bedbound and unable to ambulate. Max on pain meds (methadone 10 mg q 6 h, Fentanyl patches 300 mcg, Dilaudid PCA. Severe constipation and nausea.

Retroperitoneal lesion

PET-CT scan (June 6): increased FDG avid osseous lesions (left sacrum, T7, T6, bilateral humeri and ribs). Increased right paraspinal PET avid soft tissue mass extending from T12 up to L2 infiltrating the psoas muscle: 11 x 5.5 cm





Retroperitoneal lesion

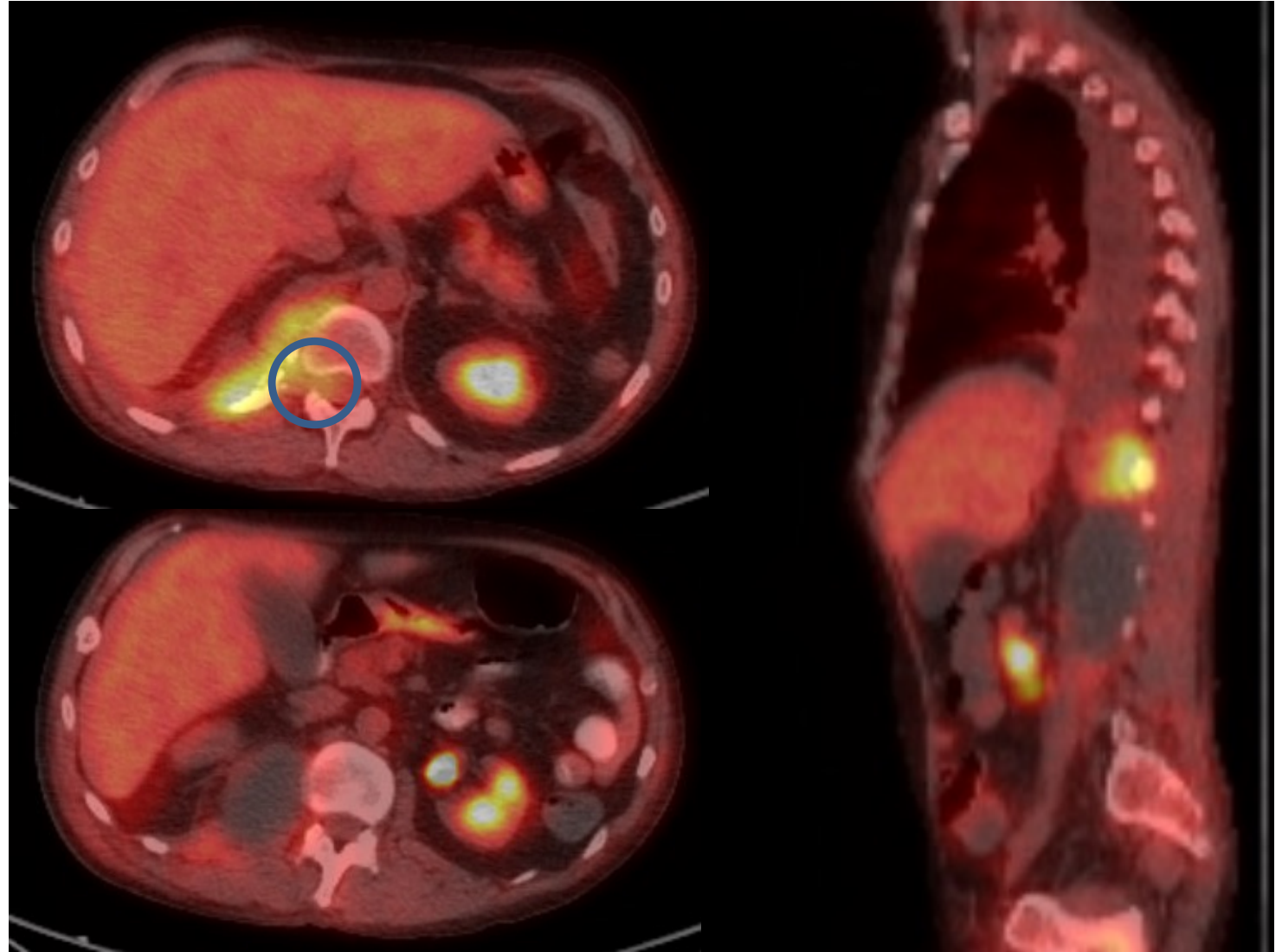
- o **What were the goals and expectations?** Patient on salvage chemotherapy. No good systemic therapy options. Goal: pain palliation and QoL/mobility improvement.
- o **What were the major risks?** Thermal injury of the lumbar plexus
- o **Why this technology/approach?** Cryoblation: Ice ball (precision) and less intra-postprocedural pain. CT Nav: Precision and less radiation/time
- o **What was the outcome?** Biological pain significantly decreased (VAS 4/10). R hip flexion improved. QoL/mobility improved. Walker for ambulation
- o **Key technical & clinical considerations:** CT navigation: 9 needles placed with 1 CT acquisition. Paraspinal air dissection around the lumbar plexus

Retroperitoneal lesion

PET CT scan 10 weeks after the image guided cryoablation.

Paraspinal pain/R hip pain well controlled

New pain in the R flank, at the R iliac crest: Neuropathic pain due to encasement of the R T12 intercostal nerve



Retroperitoneal lesion

Neuropathic pain due to encasement of the R T12 intercostal nerve: Cryoneurolysis

Immediate pain alleviation (minimal pain at 1 month follow up. No immediate complication.

Avoid thermal damage of the spinal cord. Control of the growth of the iceball

