

Title:

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Carta 8663 inglés

Open wound and cutaneous fistulization after microwave ablation of hepatocarcinoma

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Dear Editor,

The case was a 64-year-old male with a history of HBV Child A MELD 9 cirrhosis under treatment with oral entecavir 0.5 mg/day. He was diagnosed with a 2 cm hepatocarcinoma in segment 6 that was treated by radiofrequency in April 2016 with a complete response. In June 202, an increase in the size of the solid component of the treated lesion (28 × 20 mm in diameter) was detected with early enhancement after the administration of paramagnetic contrast, suggestive of local tumor recurrence. After presenting the case to the multidisciplinary committee, microwave ablation of the tumor lesion was performed in October 2021, placing three 17 G microwave antennas. Its correct placement was verified by XperCT and the lesion was ablated for

10 minutes at 90 W (30 W each antenna) with subsequent ablation of the tract. After the procedure, there was no uptake of the tumor lesion with perilesional hyperemia and a control CT scan was scheduled a month later. Ten days after the procedure, the patient was hospitalized due to the appearance of an open suppurative wound in the right subcostal region (access area for percutaneous ablation), with no associated fever (Fig. 1A). An abdominopelvic CT scan was performed with the findings described in figure 1B. The patient was hospitalized due to the clinical and radiological findings. *Escherichia coli* was isolated from the bacteriological culture of the purulent exudate (treated by oral antibiotic therapy with ciprofloxacin 500 mg/12 hours for 7 days) and local cures were performed with physiological saline solution and chlorhexidine with decreased wound drainage. Nine days after discharge, negative pressure therapy was placed using the VAC (Vacuum Assisted Closure) system at 80 mmHg pressure for 7 weeks, with good progress after removal (Fig. 1C).

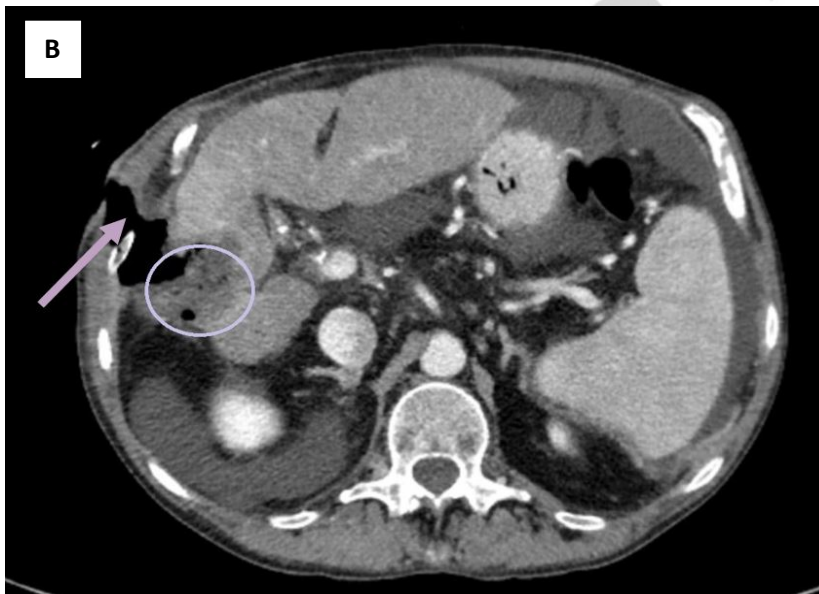
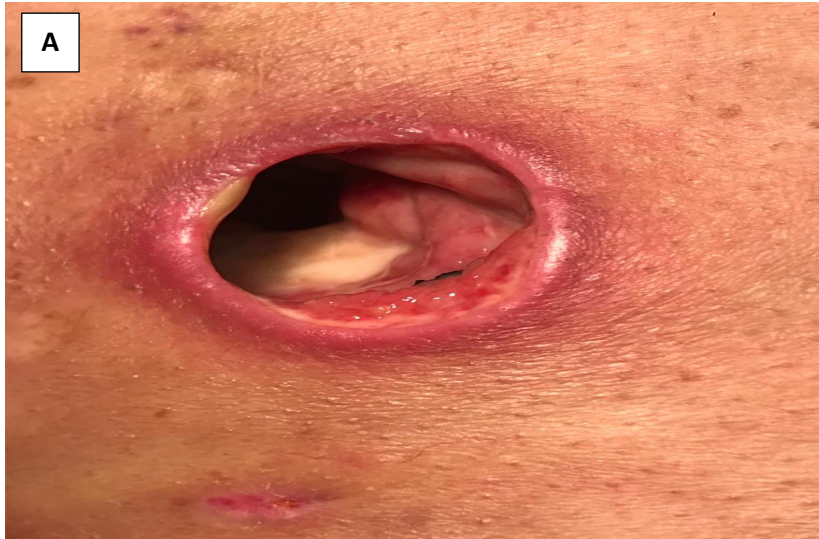
Microwave ablation is a percutaneous thermal treatment that creates an electromagnetic field around a monopolar electrode, inducing homogeneous heating and coagulative tissue necrosis. It allows to treat several lesions simultaneously and in less time than radiofrequency ablation, with low morbidity and mortality. The incidence of adverse events ranges between 2.6 % and 7.5 %. The most frequent complications are bleeding and hematoma. Ablation tract fistulization is an infrequent complication, with a higher risk of appearing in subcapsular or peripheral hepatic lesions, as was the case in our patient.

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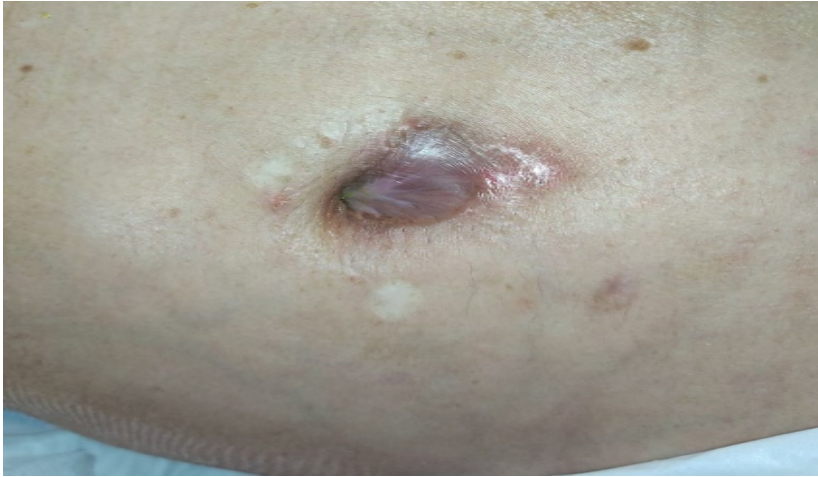


Figure 1. A. 2 cm diameter wound with continuity solution in the right subcostal region. Purulent and exudative appearance with a depth of 5 cm towards the liver. B. Anfractuous air-fluid collection measuring 70 × 44 × 33 mm in the area of tumor ablation (circle) with a fistulous tract to the skin surface (arrow). A continuity solution was observed in the intercostal space between the 8th and 9th rib of approximately 2 cm. Known partial chronic extrahepatic portal thrombosis. C. 2 cm deep wound without suppuration and retracted edges in the right subcostal region.