

陷;④首次 TACE 治疗已将肿瘤供血主干部分或完全栓塞,再行 RFA 治疗时容易使热量聚集^[8],减少热量损失,从而增强了 RFA 的疗效。

从不良反应的发生率来看,联合治疗组在行 RFA 术后常见的不良反应是腹痛、发热、恶心、呕吐及乏力,但患者疼痛多不剧烈,仅有少数患者需要镇痛处理;对于非感染性发热的患者,对症处理后 2~3 d 后多可恢复正常。有超过 50% 的患者在行 RFA 术后会出现转氨酶的升高,但多为一过性的,1 周后多可下降至正常。也有研究报道,RFA 术后不良反应的发生率与消融灶的大小呈正相关,对症处理后 2 周内可自行消失^[9]。本文中所有行 RFA 治疗的 31 例患者均未出现血气胸、胃肠道穿孔、胆心反射等严重并发症。

综上所述,RFA 对 TACE 术后残余病灶有着良好的临床疗效,不良反应发生率低,可延长患者的无进展生存期及总生存期,值得临床上推广应用。但本研究缺乏前瞻性随机对照且病例数较少,有待进一步的多中心、前瞻性的临床试验研究。

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•病例报告 Case report•

腔内治疗双侧颈动脉狭窄 2 例并文献复习

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