



: (radiofrequency ablation, RFA)  
 (expandable needle) (cooled - tip needle)

: 23 ( 20 , 3 ), 14 ( 10 , 4 ) , , 10 , 20 .

: 23 가 14  
 (61%), 9 (39%) , 14 (100%)  
 10

, 10

3.35 ± 0.56 cm, 19.9 ± 6.53 cm<sup>3</sup>, 3.58  
 ± 0.78 cm, 23.19 ± 5.27 cm<sup>3</sup> . 가  
 , 3.41 ± 0.59 cm, 26.59 ± 8.02 cm<sup>3</sup> , 4.04 ± 0.65  
 cm, 33.82 ± 6.16 cm<sup>3</sup> (p < 0.05).

:

,

가 가

가 가

가 가 (1 - 5).

가 ,

가 ,

가 가 .

(transcatheter arterial chemoembolization), ,  
 (percutaneous ethanol injection therapy), , 가  
 (percutaneous hot saline injection therapy) (5 - 8).  
 (radio - frequency ablation) 45 50

가 가

가 460

1  
 2  
 3

2002  
 2004 4 24 2004 10 11

kHz 가  
 (ionic agitation)  
 (9 - 12).



120 mL

2-3 mL

10 ,

30 , 70 180  
5 mm, 가 5 mm

1 mm

. CT , VoxelPlusTM (Mevisys, , )  
CT (multiplanar reformation,

MPR)

$$\text{Volume} = (a \times a \times b)/6$$

(Fig. 1).

a

, b

(Fig. 3).

가

$$\text{Volume} = (A \times B \times C)/6$$

A, B, C

(Fig. signed ranks test,

Wilcoxon  
paired t - test ( , p

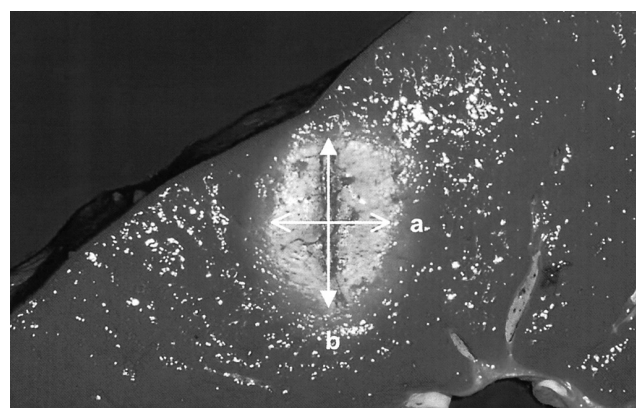
2).

(experimental model)

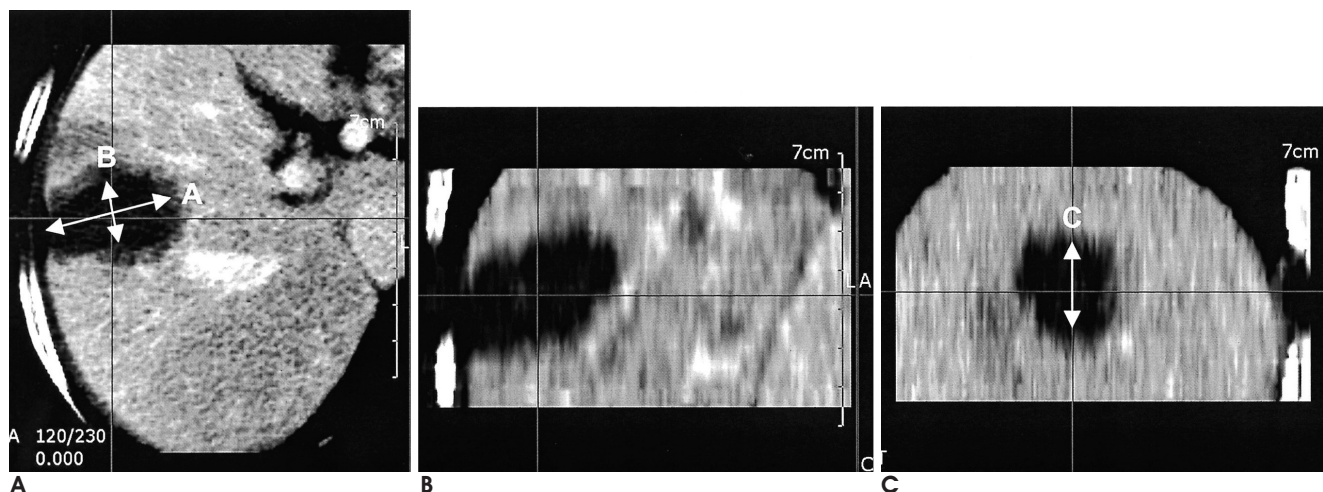
cm가

3

3.2 6.8 5  
12



**Fig. 3.** After RFA in bovine liver, the specimen was immediately cut into 5mm thick slice along the needle axis and evaluated macroscopically by measuring the two longest dimensions with calipers.  $\text{Volume} = (a \times a \times b)/6$



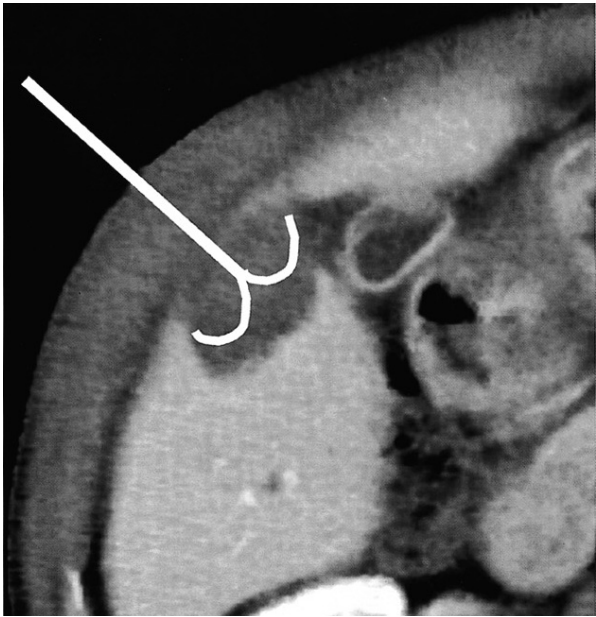
**Fig. 2.** One day after RFA, CT reformatted MPR (multiplanar reformation) mode, and evaluated by measuring the longest dimensions in each coronal, sagittal and axial images.  $\text{Volume} = (A \times B \times C)/6$

< 0.05)

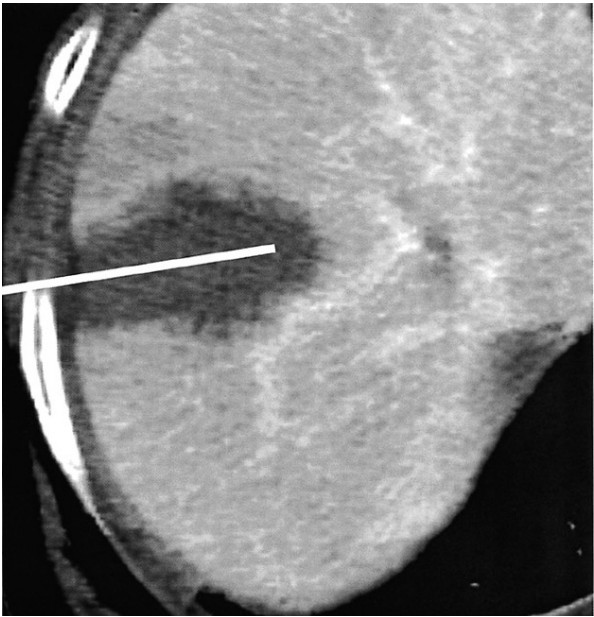
14 (61%)  
9 (39%)  
2  
14

(Fig. 5).  
10 가  
10 가  
(Fig. 6),

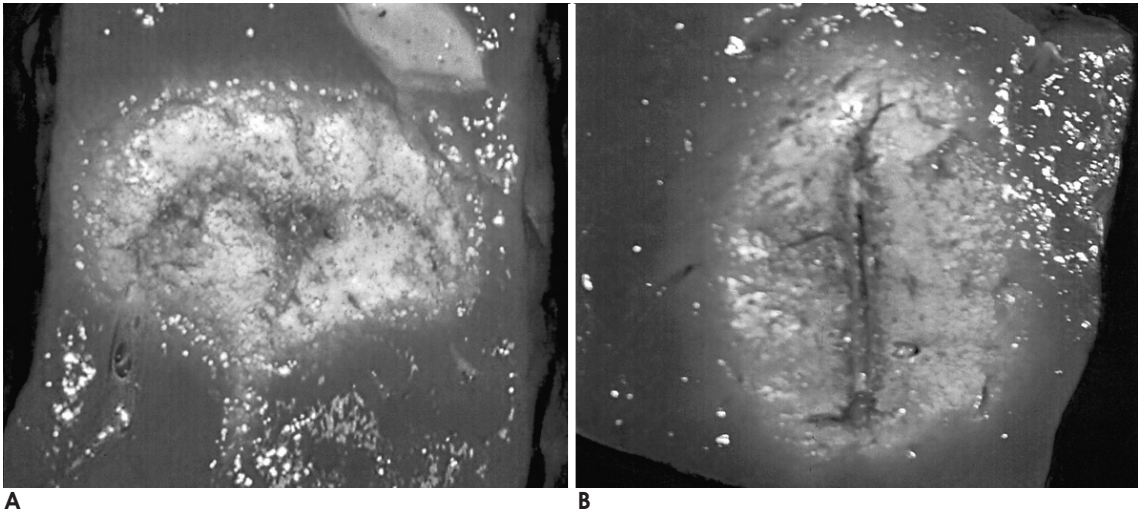
23  
(Fig. 4),  
3.35 ± 0.56 cm, 19.9 ± 6.53 cm³,  
3.58 ± 0.78 cm, 23.19 ±  
5.27 cm³ 가 (p=0.037,  
Table 1).



**Fig. 4.** Hepatocellular carcinoma in 74-year-old man. Contrast enhanced CT shows an oval lesion induced RFA by expandable, perpendicular to axis of the electrode.



**Fig. 5.** Hepatocellular carcinoma in 64-year-old man. Contrast enhanced CT shows an oval lesion induced RFA by cooled tip, oval along to axis of electrode.



**Fig. 6.** Photographs show the lesion 's shape induced by RFA with expandable needle and cooled-tip needle in bovine liver.  
**A.** The lesion 's shape of the RFA with expandable needle was oval perpendicular to the axis of the electrode.  
**B.** The lesion 's shape of the RFA with cooled-tip needle was oval along to the axis of the electrode.

3.41 ± 0.59 cm, 26.59 ± 8.02 cm<sup>3</sup>  
 4.04 ± 0.65cm, 33.82 ± 6.16 cm<sup>3</sup>  
 가 (p=0.014, Table 2).

가 .

가 3.5 cm

1 17

3 cm

가

가

(8).

(5,

가 12, 25, 26).

(61%)

(39%)

(5 - 8, 13 -

15).

6 - 15

47 - 95%

(5, 16, 17),

6 - 10

52 - 93%

(15 - 18).

(18),

(16),

(14),

(19)

가  
(heat sink effect)

가 14 - 15

가

(20).

4 12

10

가

가

**Table 1.** Dimensions and Volumes of Lesions Induced by Radio-frequency Ablation with Expandable Needle and Cooled-Tip Needle in Patients with Malignant Hepatic Tumors

	Expandable Needle (Mean ± SD)	Cooled-tip Needle (Mean ± SD)
Diameter (cm)		
Axis 1	3.54 ± 0.41	4.43 ± 0.47
Axis 2	3.09 ± 0.69	2.99 ± 0.46
Axis 3	3.40 ± 0.48	3.32 ± 0.49
Mean	3.35 ± 0.56	3.58 ± 0.78
Volume (cm <sup>3</sup> )	19.90 ± 6.53*	23.19 ± 5.27*

\* p=0.037

**Table 2.** Dimensions and Volumes of Lesions Induced by Radio-frequency Ablation with Expandable Needle and Cooled-Tip Needle in Bovine Liver Model

	Expandable Needle (Mean ± SD)	Cooled-tip Needle (Mean ± SD)
Diameter (cm)		
Short axis	3.1 ± 0.37	3.64 ± 0.28
Long axis	4.02 ± 0.48	4.84 ± 0.37
Mean	3.41 ± 0.59	4.04 ± 0.65
Volume (cm <sup>3</sup> )	26.59 ± 8.02*	33.82 ± 6.16*

\* p=0.014

de Baere

(20)

가

가

(12 )  
50W 12 150W  
(charring), (boiling), 가  
(safty margin)  
가 3 cm  
(21 - 23).  
가 가

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## Radio-frequency Ablation in Patients with Malignant Hepatic Tumor and Experimental Model: Comparison of Expandable Needle and Water-Cooled Needle<sup>1</sup>

Yong Ju Moon, M.D., Yong Yeon Jeong, M.D., Jeong Kim, M.D., Nam Yeol Yim, M.D., Eun Ha Kim, M.D.<sup>2</sup>, Kwon Ha Yoon, M.D.<sup>2</sup>, Seog Wan Ko, M.D.<sup>3</sup>, Heoung Keun Kang, M.D.

<sup>1</sup>Department of Diagnostic Radiology, Chonnam National University Medical School and <sup>2</sup>Wonkwang University Medical School and <sup>3</sup>Chonbuk National University Medical School

**Purpose:** The purpose of this study was to compare the shape and volume of the radio-frequency induced lesions produced by two commercially available radio-frequency ablation (RFA) systems, the expandable and cooled-tip needles, in clinical patients and an experimental model.

**Materials and Methods:** A twelve-array anchor expandable needle electrode and a single cooled-tip needle electrode were used to treat hepatic tumors with a single session in 23 patients (20 hepatocellular carcinomas and 3 hepatic metastases) and fourteen patients (10 hepatocellular carcinomas and 4 hepatic metastases), respectively. Twenty RFA induced lesions were created with each system in 10 explanted bovine livers. The shape of the RFA induced lesions were divided into oval lesions along or perpendicular to the axis of the electrode and spherical lesions, and we then calculated the volumes of the RFA induced lesions.

**Results:** Fourteen (61%) lesions of the 23 patients treated with the expandable system were oval perpendicular to the axis of the electrode and nine (39%) of the lesions were spherical. All the lesions (100%) of the 14 patients treated with the cooled-tip needle were oval along the axis of the electrode. In the ex vivo bovine livers, the shape of the all RFA induced lesions was oval perpendicular to the axis of the electrode for the expandable needle, and oval along the axis of the electrode for the cooled-tip needle. The mean diameter and volume of the RFA induced lesions in the patients were  $3.35 \pm 0.56$  cm and  $19.9 \pm 6.53$  cm<sup>3</sup>, respectively, for the expandable needle and  $3.58 \pm 0.78$  cm and  $23.19 \pm 5.27$  cm<sup>3</sup>, respectively, for the cooled-tip needle. In the ex vivo model, the mean diameter and volume of RFA induced lesions were  $3.41 \pm 0.59$  cm and  $26.59 \pm 8.02$  cm<sup>3</sup>, respectively, for the expandable needle, and  $4.04 \pm 0.65$  cm and  $33.82 \pm 6.16$  cm<sup>3</sup>, respectively, for the cooled-tip needle ( $p < 0.05$ ).

**Conclusion:** These results indicate that the shape of RFA induced lesions with the expandable needle were oval perpendicular to the axis of the electrode but those with the cooled-tip needle were oval along the axis of the electrode in both the clinical and experimental models. The cooled-tip needle induced significantly larger lesions than the expandable needle in the clinical patients and the experimental model. We need to consider these characteristic findings for RFA when we are performing such procedures.

**Index words :** Liver neoplasms, therapy  
Radiofrequency (RF) ablation

Address reprint requests to : Yong Yeon Jeong, M.D., Department of Diagnostic Radiology, Chonnam National University Medical School  
8 Hak-dong, Dong-gu, Gwangju 501-757, Korea.  
Tel. 82-62-220-5748 Fax. 82-62-226-4380