Radiofrequency ablation of malignant cervical lymph nodes: an unusual treatment for dysphagia

Radiofrequency ablation (RFA) has been used for the treatment of nonfunctioning pancreatic neuroendocrine tumors (PNETs) <2 cm [1], functional PNETs (insulinoma) [2], pancreatic metastasis of kidney cancer [3], and isolated cases of intraductal papillary mucinous neoplasm (IPMN) with worrisome features [4]. We describe the use of RFA to treat a compressive cervical lymph node causing dysphagia (Video 1).

A 64-year-old woman undergoing palliative care for metastatic cervical cancer was treated with several lines of chemotherapy (cisplatin-paclitaxel, capcitabine, vinorelbine, paclitaxel, carboplatin, topotecan). The patient presented rapid-onset dysphagia progressing to grade IV due to a large cervical area lymph node metastasis. The patient had already undergone radiotherapy on the cervical area during the management of her disease. The stenosis was also too close to Killian’s triangle to place an esophageal stent. After discussion with the patient and because she could not swallow her own saliva without discomfort, we proposed the use of endoscopic ultrasound-guided RFA on the cervical area lymph nodes.

RFA was performed with a therapeutic linear echoendoscope under carbon dioxide insufflation using EUS-RFA (Starmed/TaeWoong Medical, Gimpo, South Korea). The procedure was performed with the patient sedated and intubated. Radiofrequency power was typically applied (50 W) until the appearance of hyperechoic bubbles. The patient underwent one session of RFA, with two total RFA shots administered. Clinicians should be careful to not perform RFA too close to the esophageal wall to avoid potential fistula. The goal of the treatment was necrosis of the posterior part of the lymph node.

After 2 days, the dysphagia was reduced to grade I. After 4 months, the patient received only supportive care owing to disease progression.

RFA is a promising minimally invasive technique mainly described for PNETs, but additional applications are expected.

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Competing interests

The authors declare that they have no conflict of interest.
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