

EDITORIAL COMMENT

The authors present their institution's experience with radiofrequency ablation of small renal masses in solitary kidneys. The combined treatment group includes a majority of percutaneous RF approaches under the guidance of a team of radiologists and urologists. Technical success was 97% with one central tumor requiring re-treatment. The important aspects to this series are the team approach to this difficult patient group and the lack of procedural morbidity.

One criticism is the paucity of renal mass biopsies. Though renal tumor biopsy during percutaneous ablation therapy has been controversial in the past, pretreatment biopsy is experiencing a renaissance secondary to the exploration of potential molecular markers and directed treatment options for metastatic lesions.¹ Renal masses 3 cm or less may be oncocytic or benign in as many of a third of cases. With accuracy of core needle biopsy substantially improved, biopsy may change tumor management² in a number of cases some which may not need intervention and can be offered observation. Though technical success is truly admirable, one must remember that tumor biology and the knowledge to be able to treat recurrence or metastases of this potentially lethal cancer is a primary goal.

References

1. Lane BR, Samplaski MK, Herts BR, Zhou M, Novick AC, Campbell SC. Renal mass biopsy – a renaissance? *J Urol* 2008;179:20-27.
2. Neuzillet Y, Lechevallier E, Andre M, Daniel L, Coulange C. Accuracy and clinical role of fine needle percutaneous biopsy with computerized tomography guidance of small (less than 4.0 cm) renal masses. *J Urol* 2004;171:1802-1805.

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