

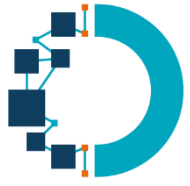
Place de la radiothérapie dans la prise en charge post-opératoire des adénomes hypophysaires non fonctionnels

Dr Thomas CHARLEUX

CHU Bordeaux



RADIOTHÉRAPIE - QUOI DE NEUF ?
POST-CONGRÈS 2019

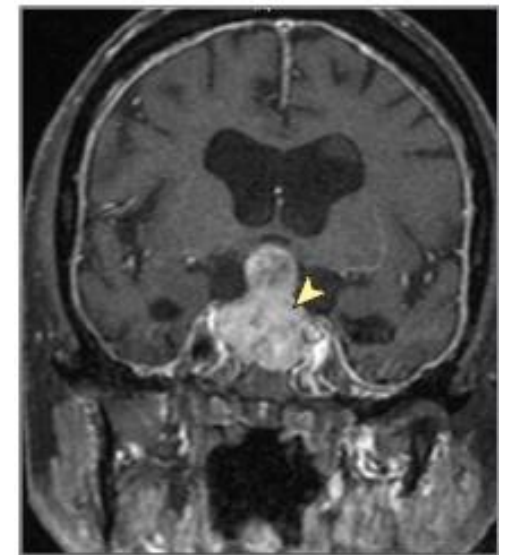


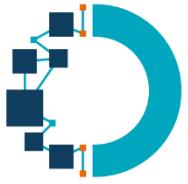
Adénomes Hypophysaires

- Tumeurs bénignes
- Incidence : 3,47 / 100 000 soit > 2000 /an

Adénomes Hypophysaires Non Fonctionnels :

- 1/3 des adénomes hypophysaires
- Diagnostic sur des symptômes compressifs

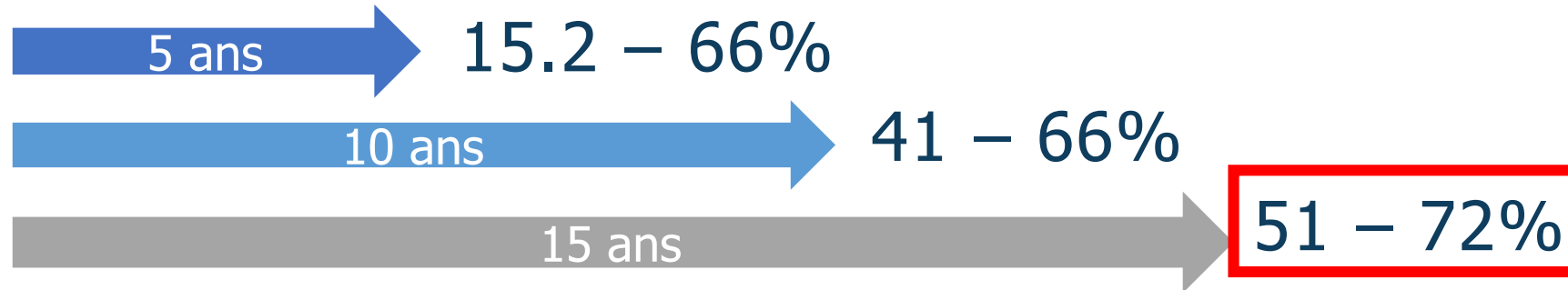




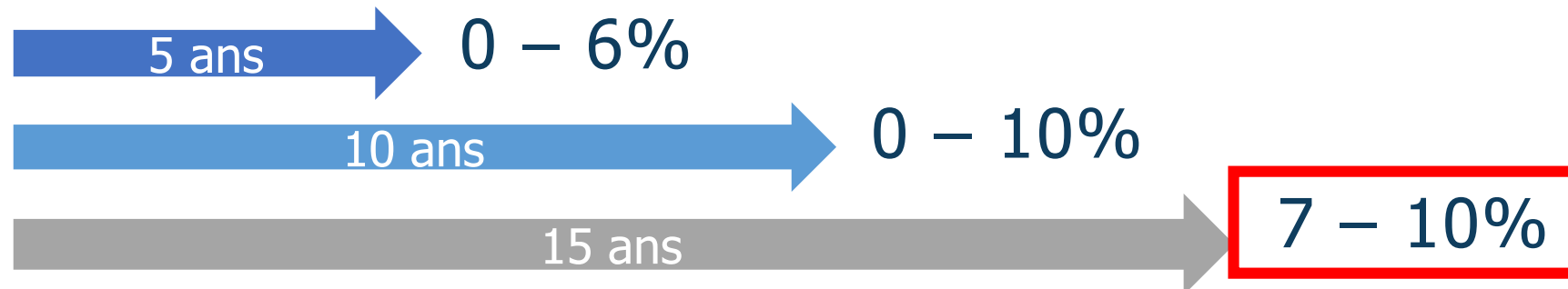
Adénomes Hypophysaires Non Fonctionnels

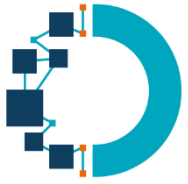
Taux de rechute

- Chirurgie exclusive :



- Radiothérapie :

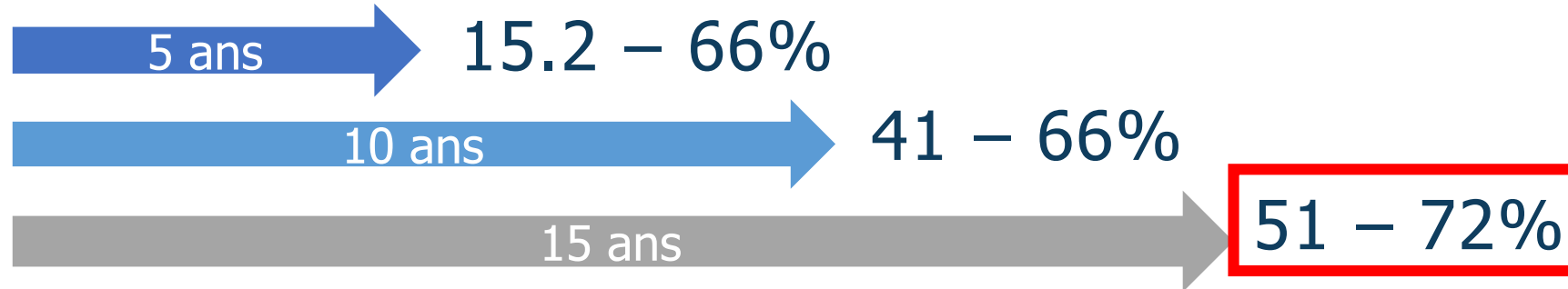




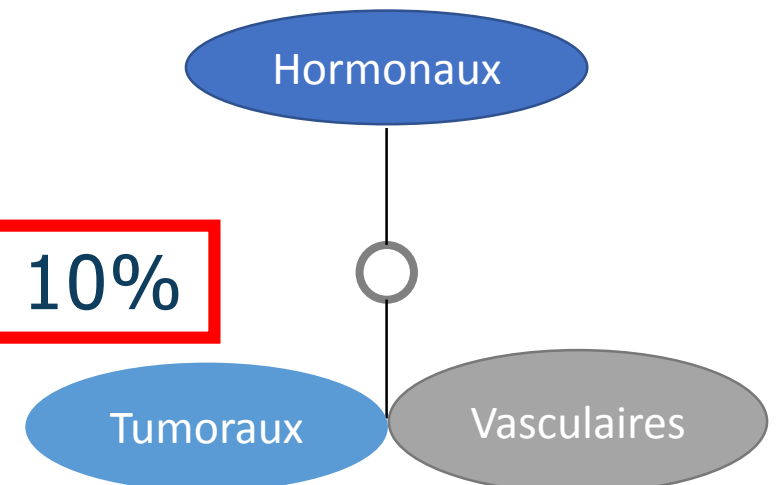
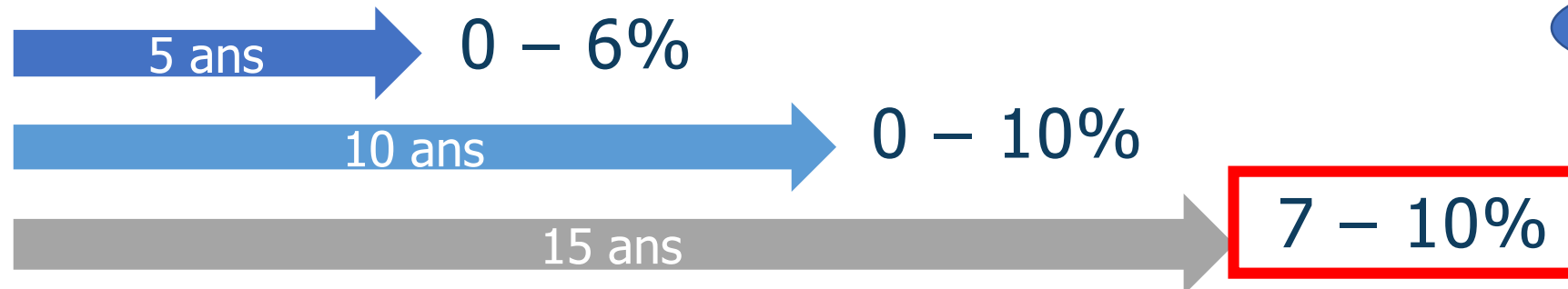
Adénomes Hypophysaires Non Fonctionnels

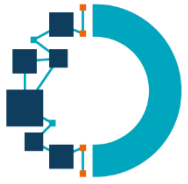
Taux de rechute

- Chirurgie exclusive :



- Radiothérapie :





Stratégie

AHNF



Chirurgie

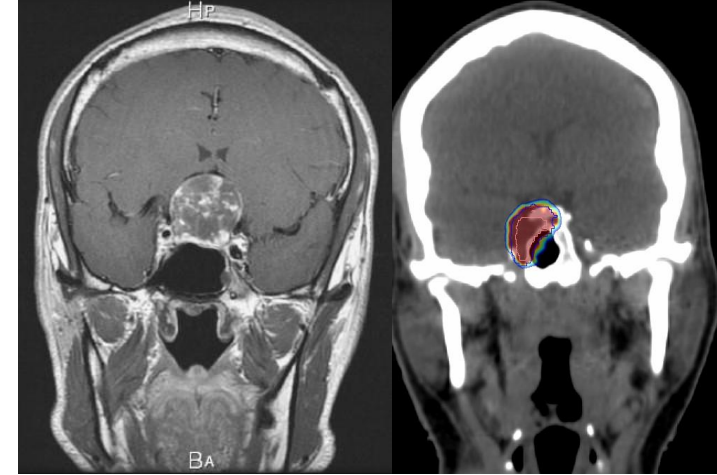


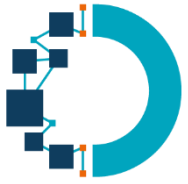
Traitement ?



Surveillance ?

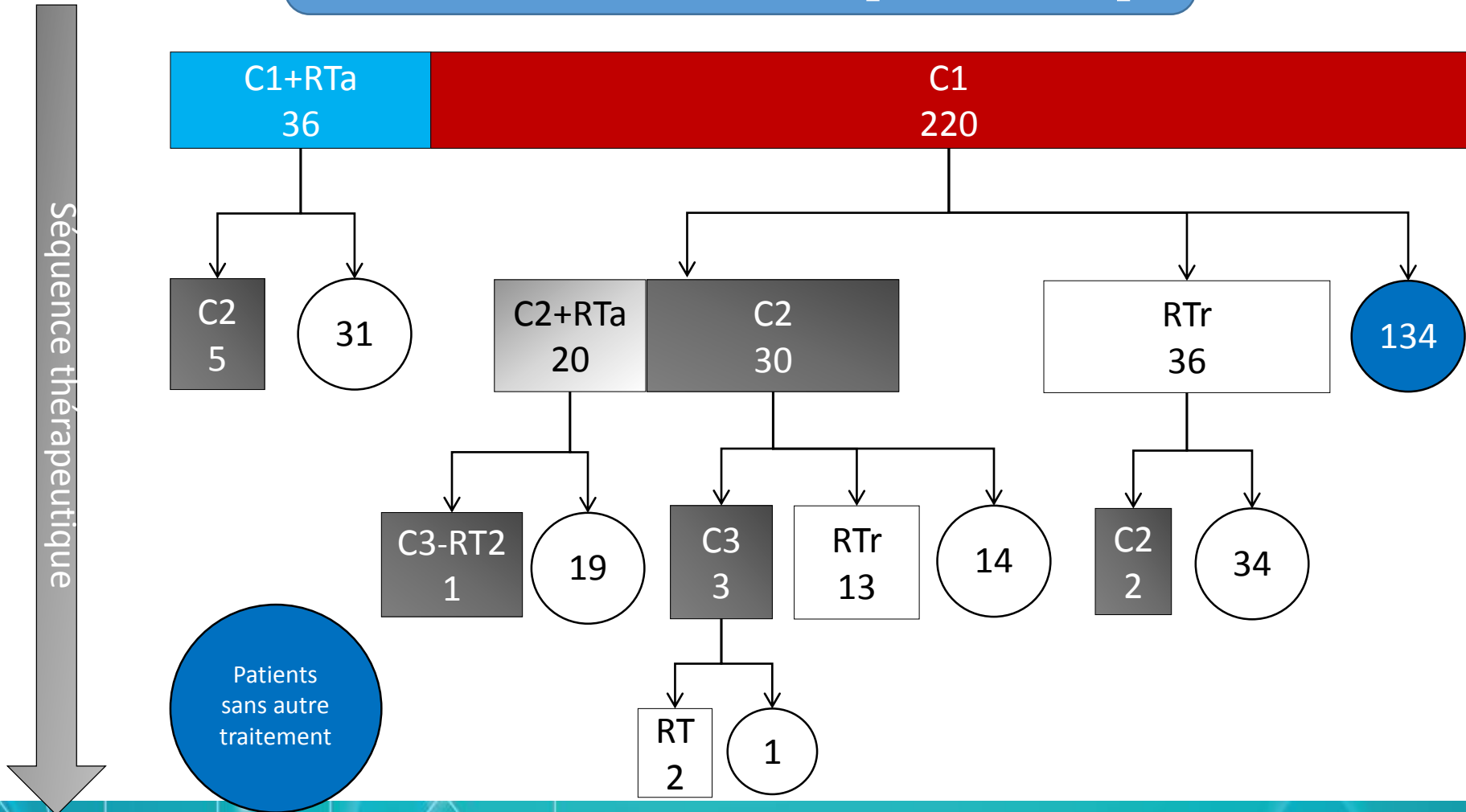
Survie Sans Traitement

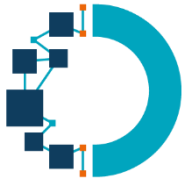




Population et Séquence Thérapeutique

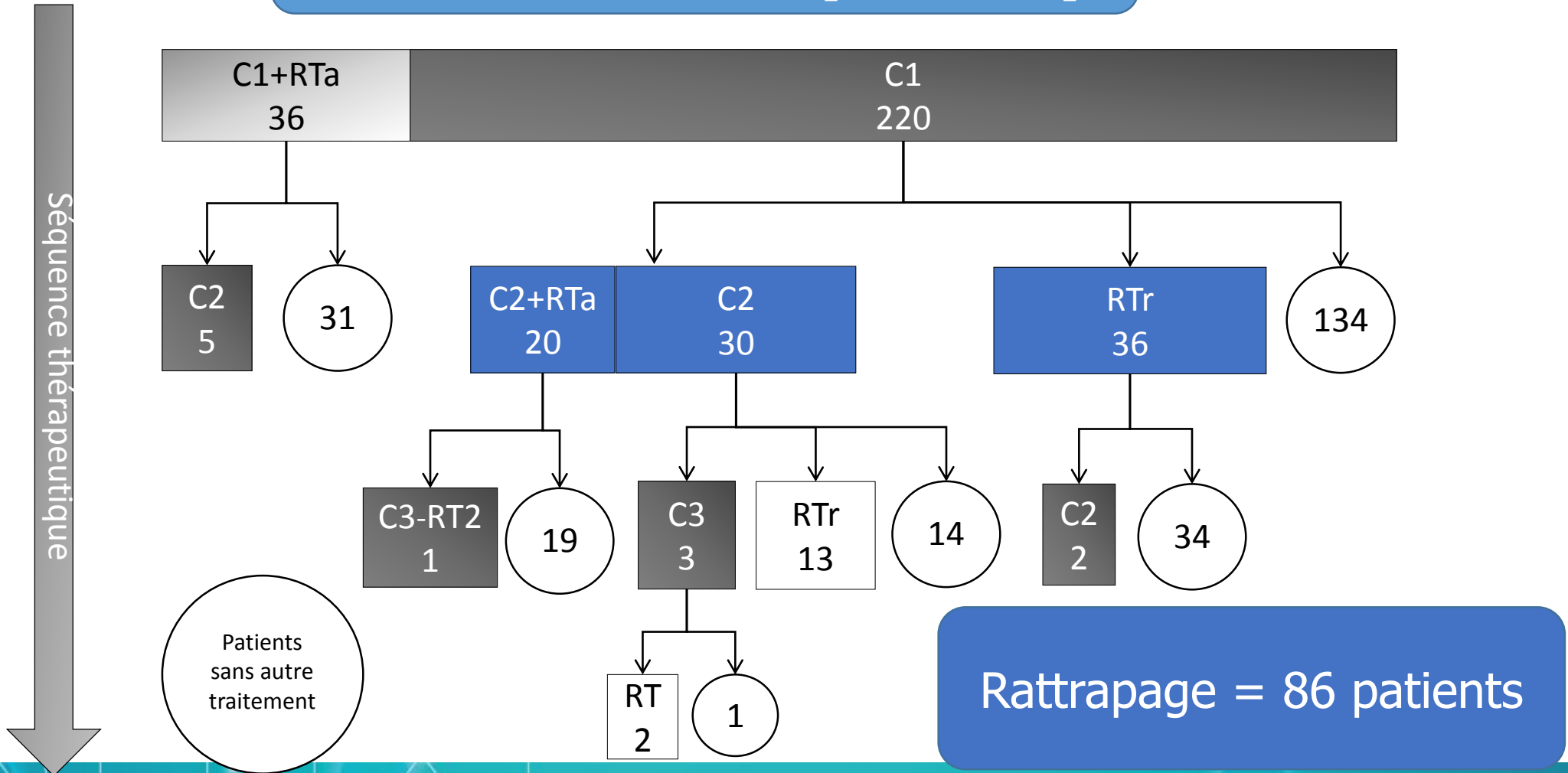
256 patients
Suivi médian 10.2 ans [0.6 – 40.1]





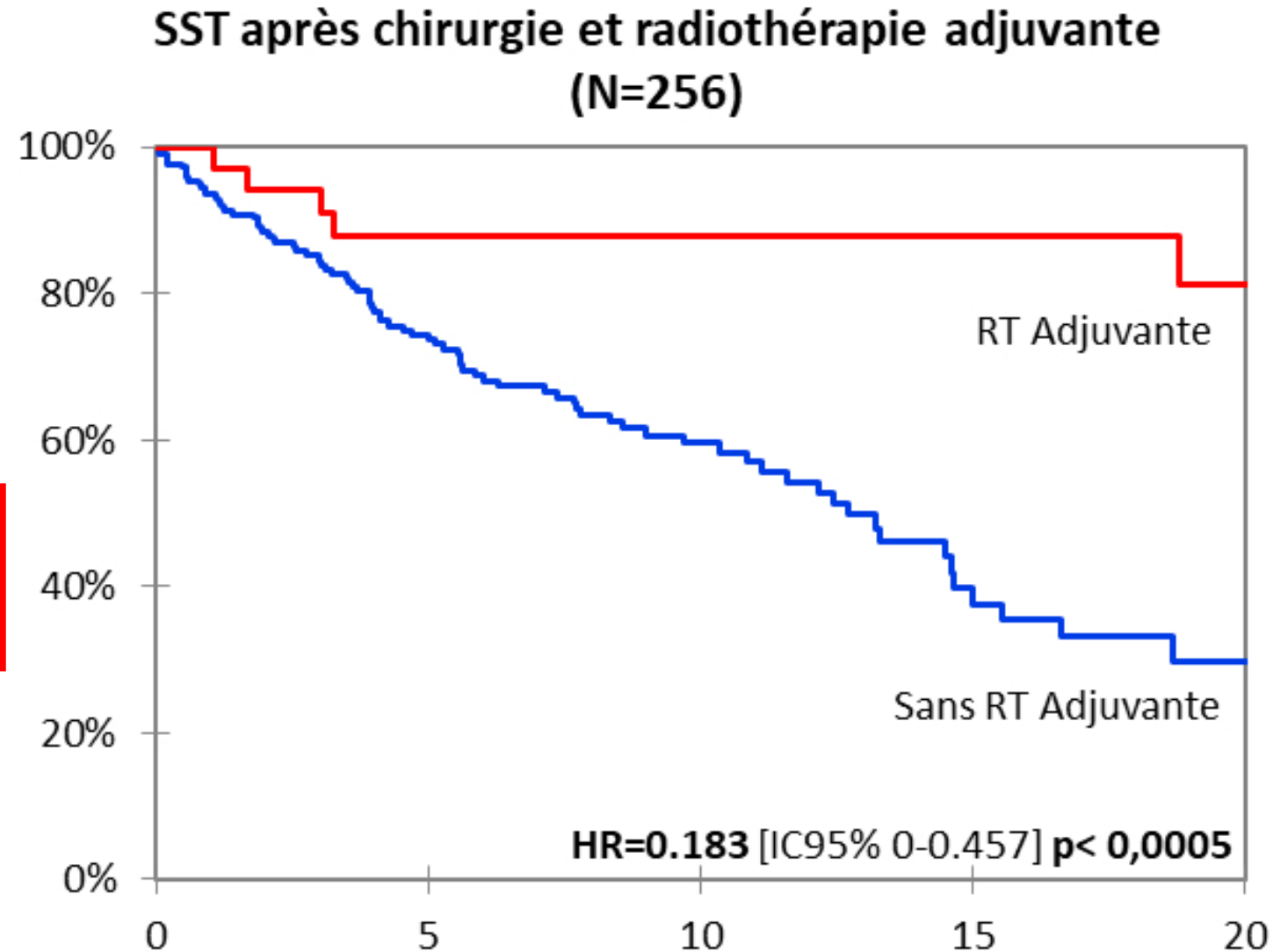
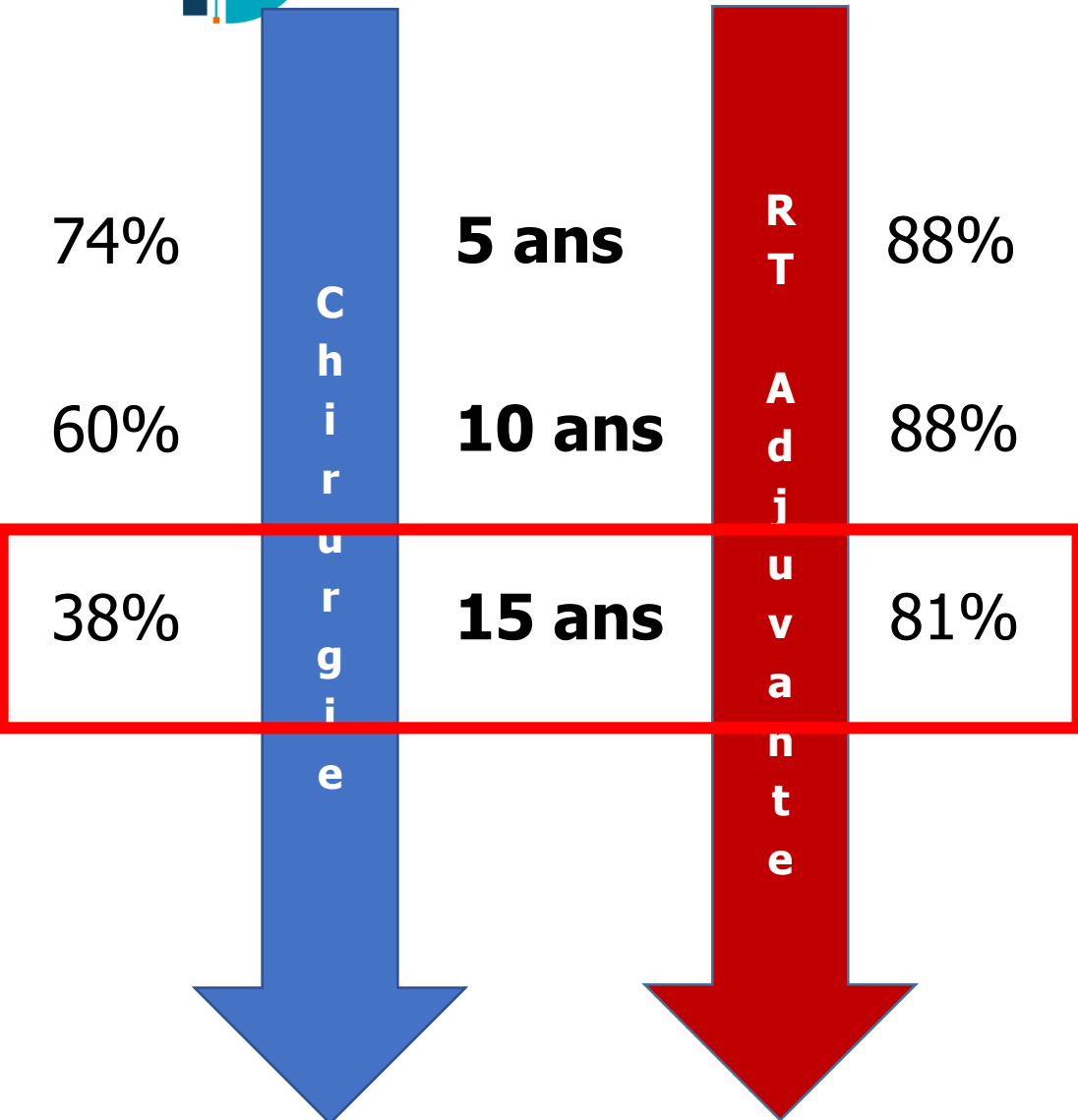
Population et Séquence Thérapeutique

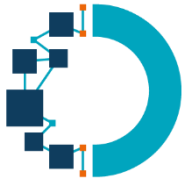
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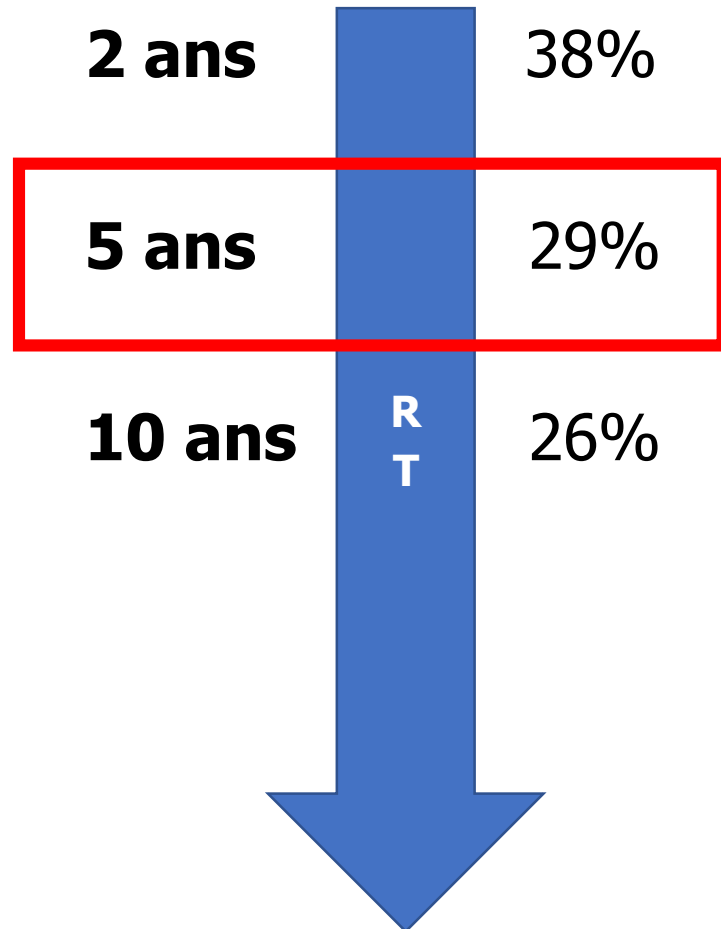


Radiothérapie adjuvante

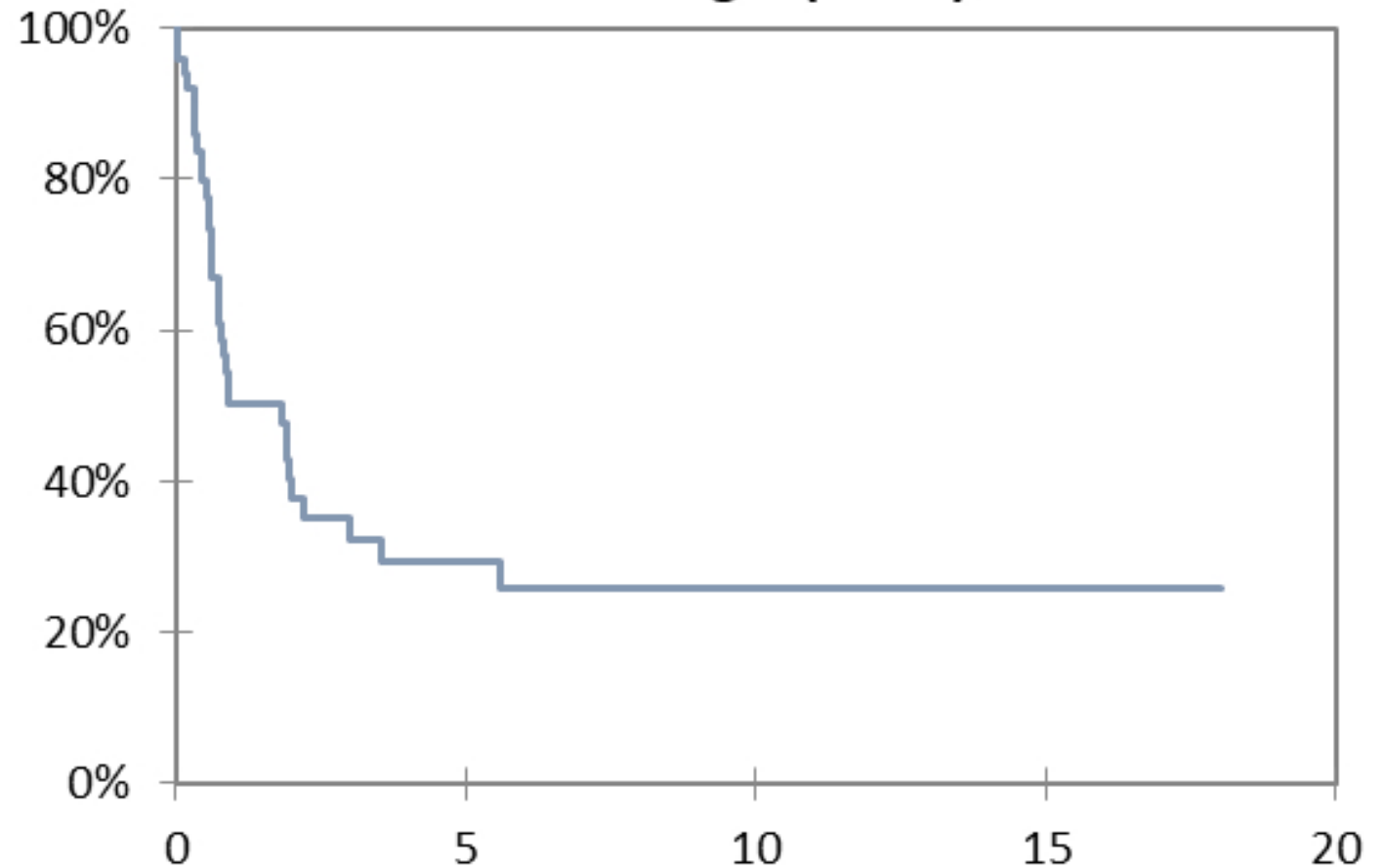




Adénomes Hypophysaires Non Fonctionnels

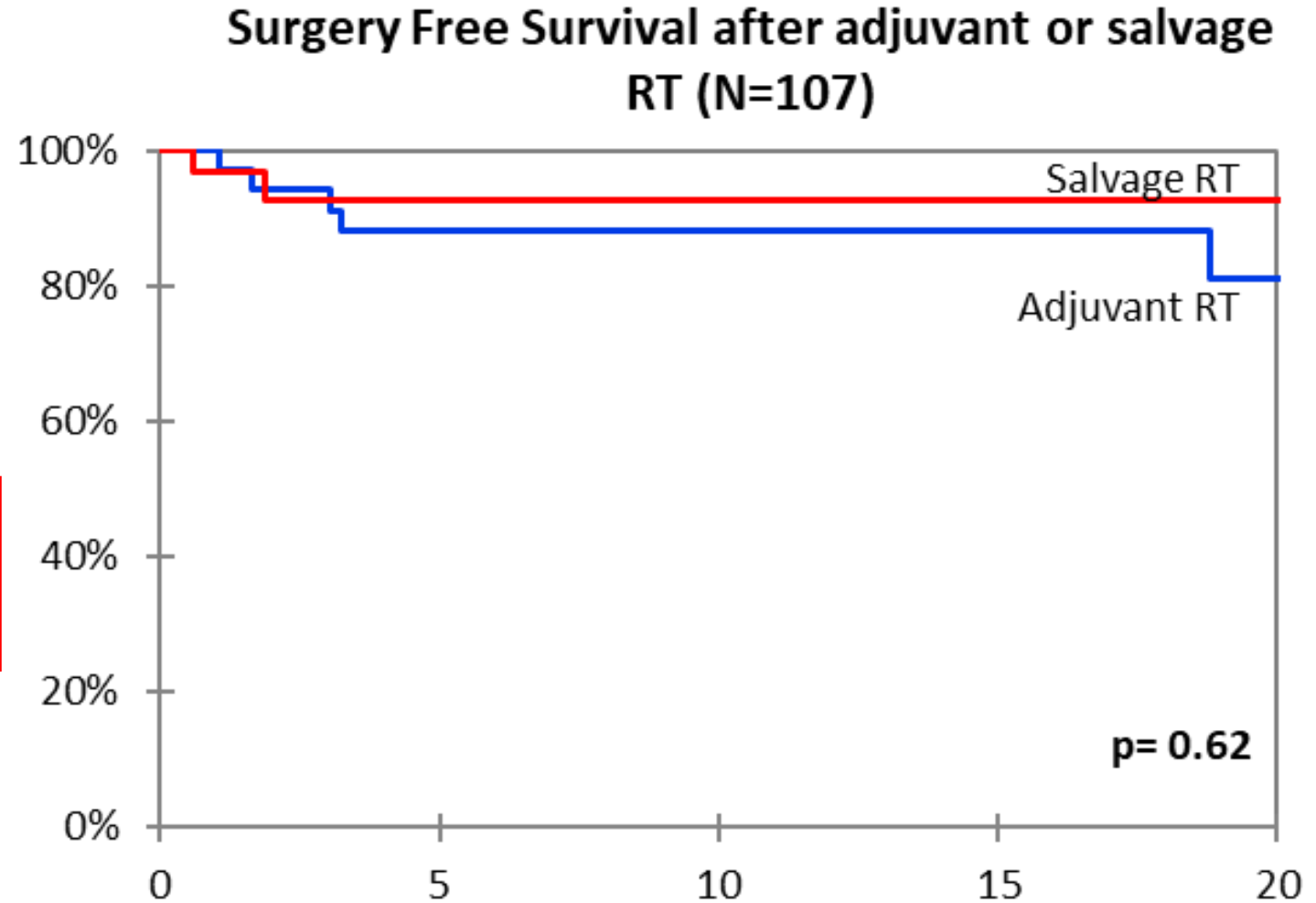
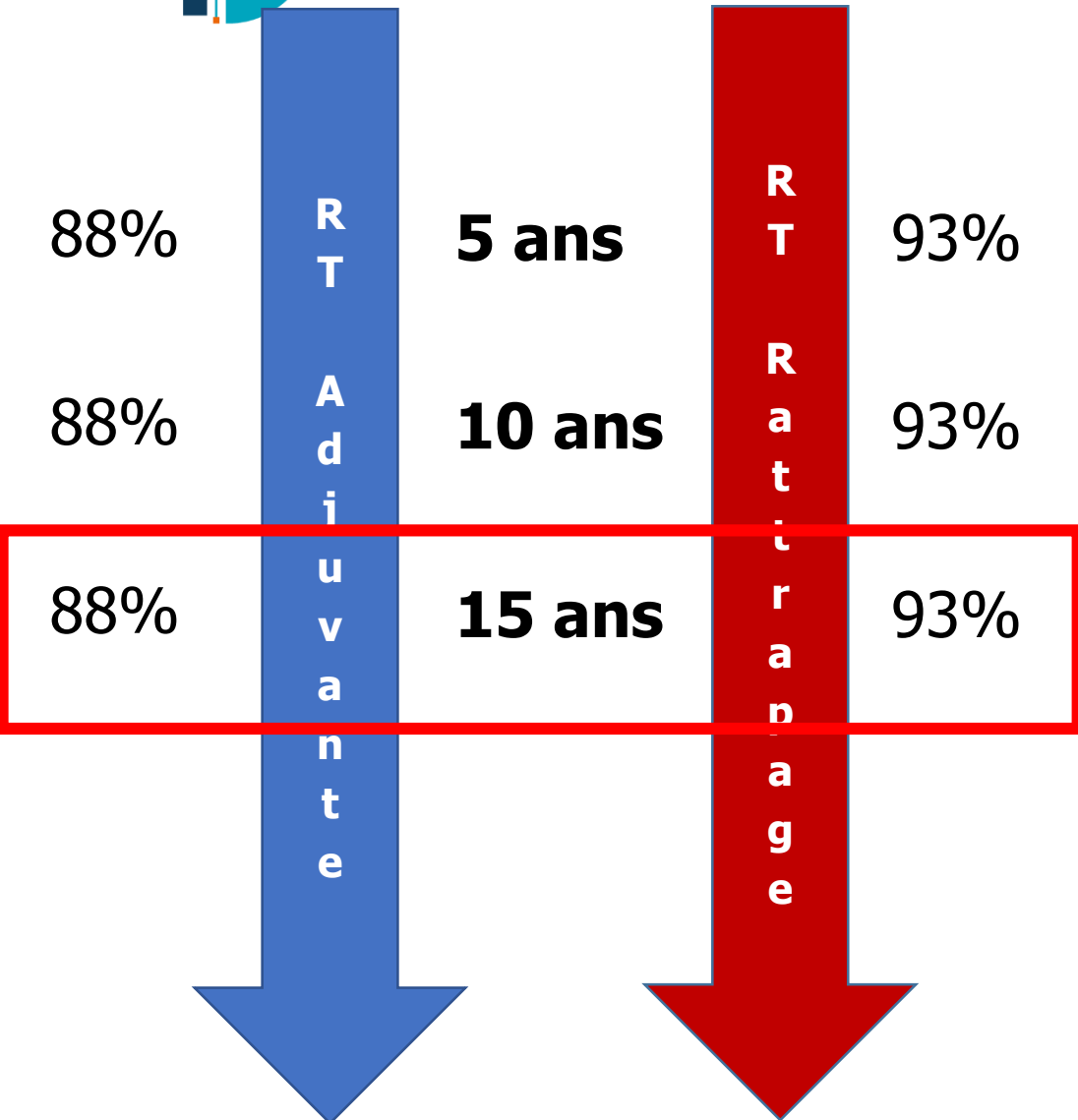


Survie sans radiothérapie après seconde chirurgie (N=50)



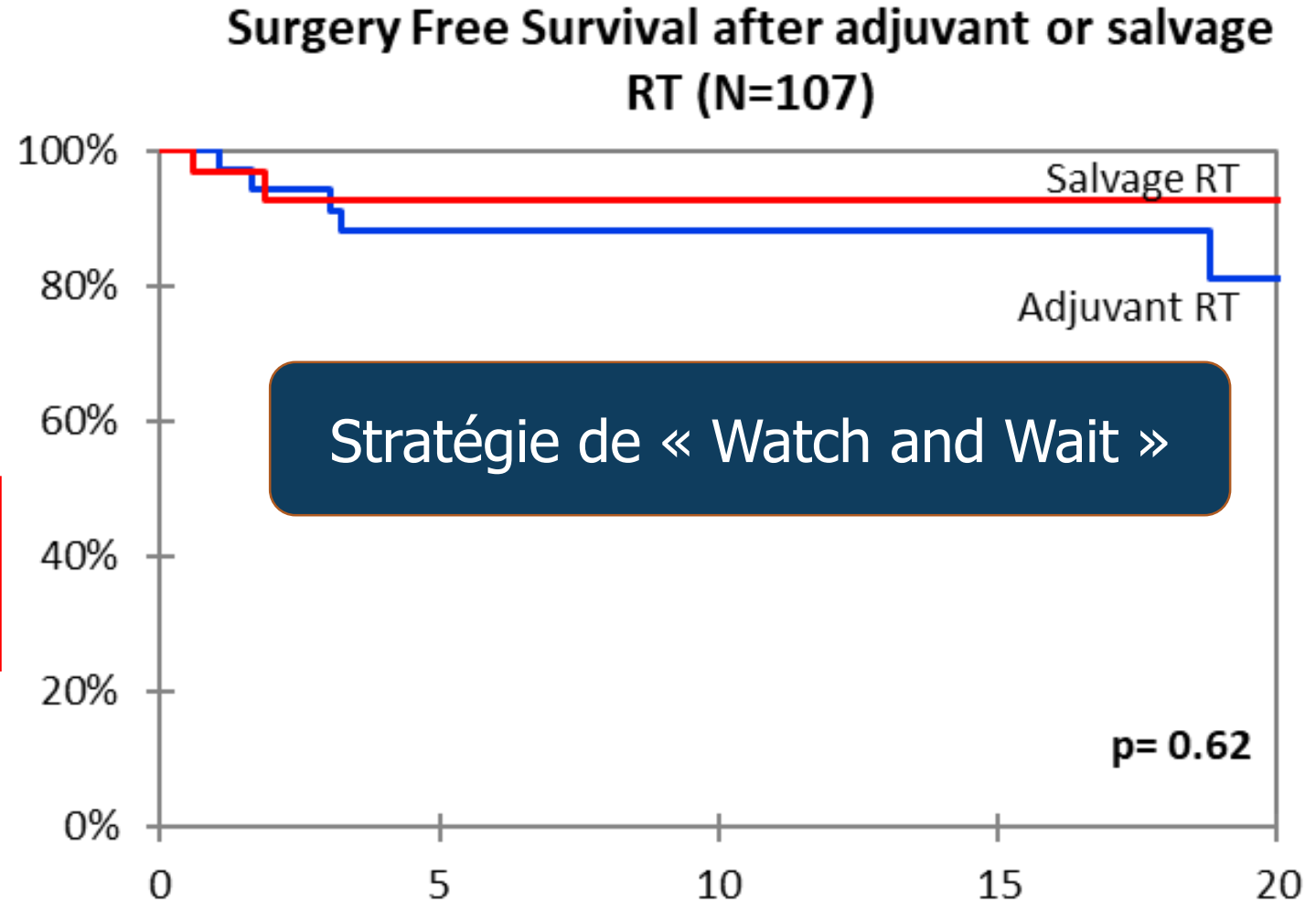
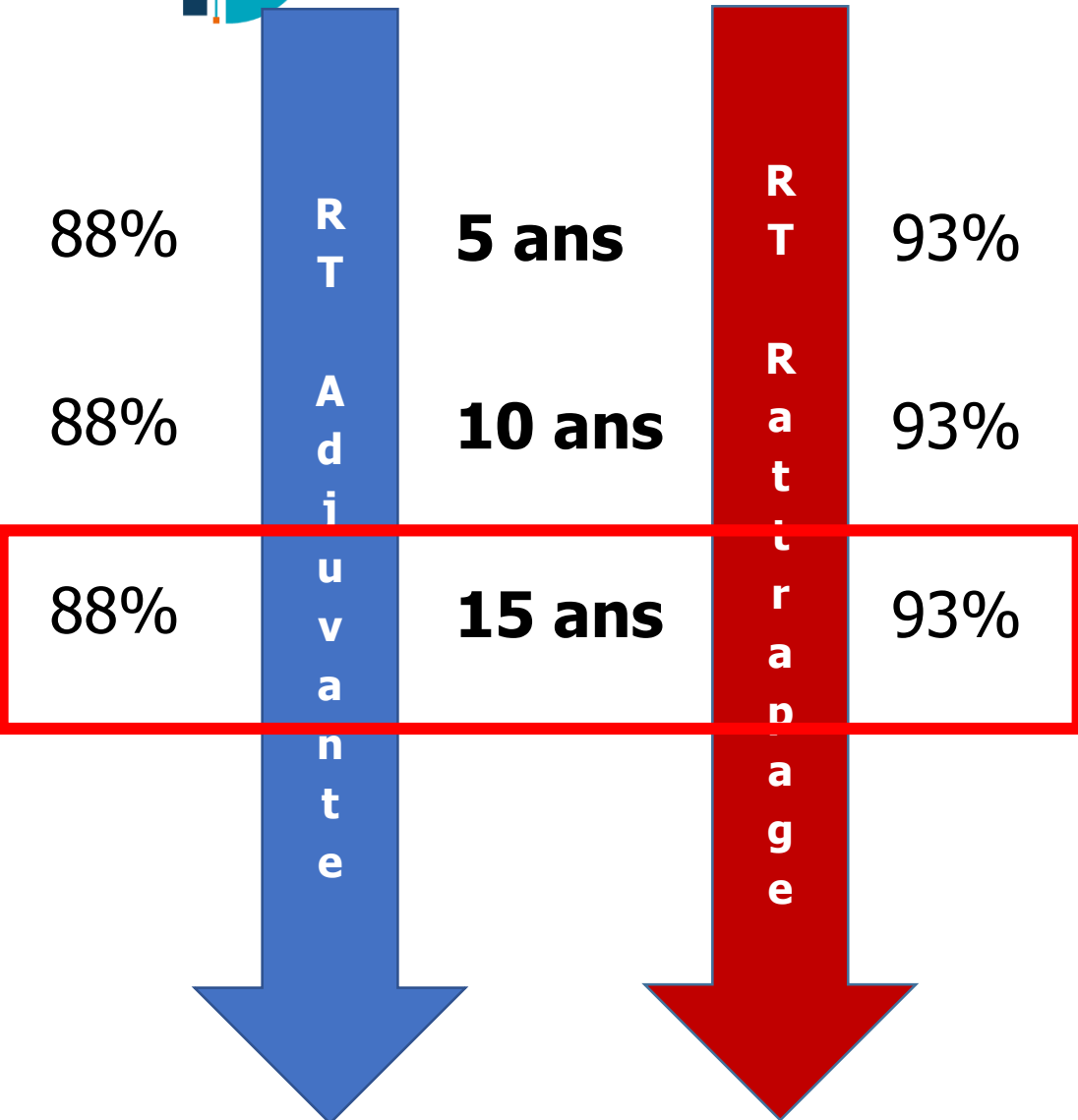


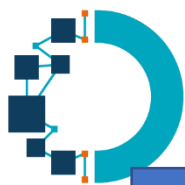
Adénomes Hypophysaires Non Fonctionnels



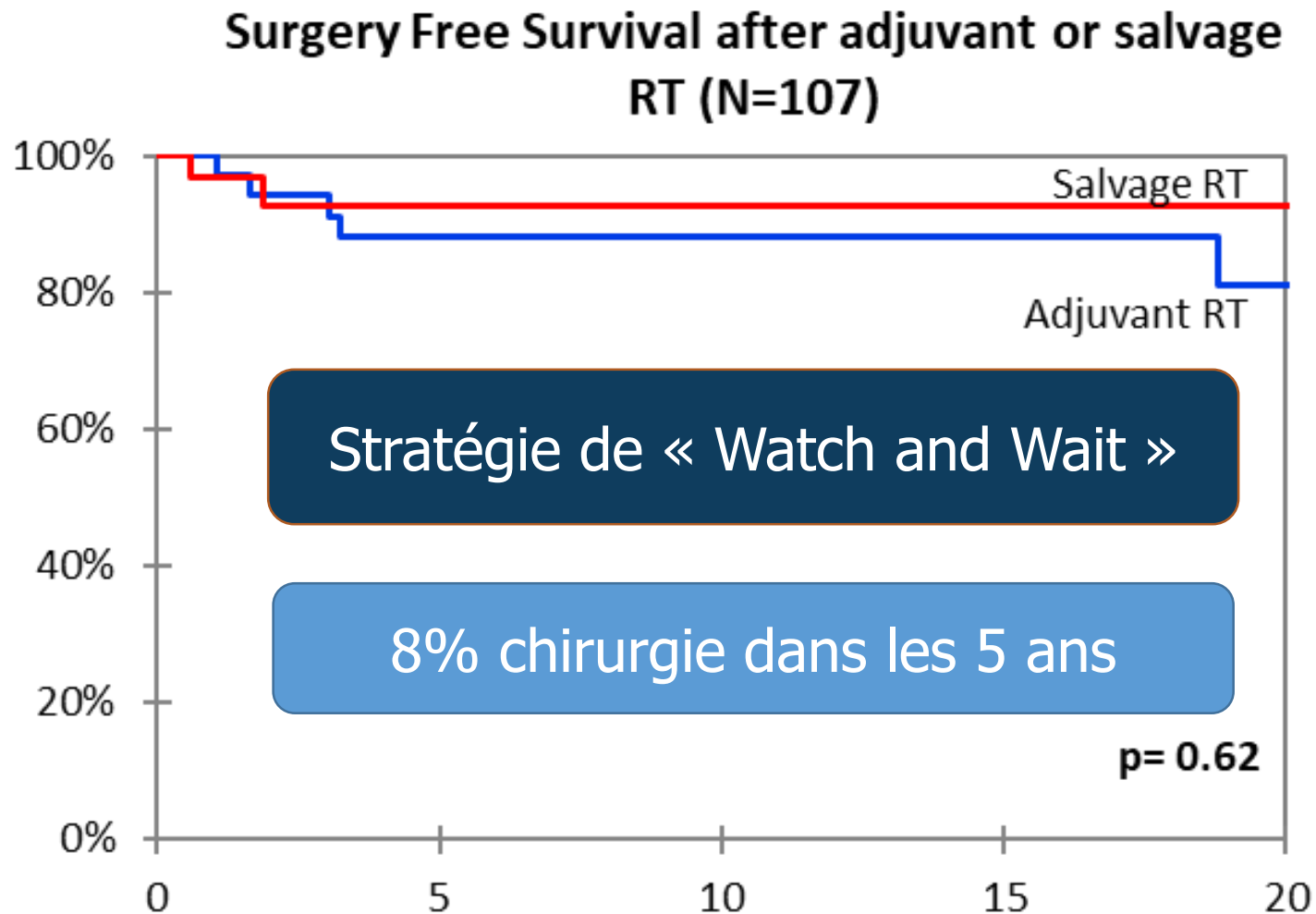
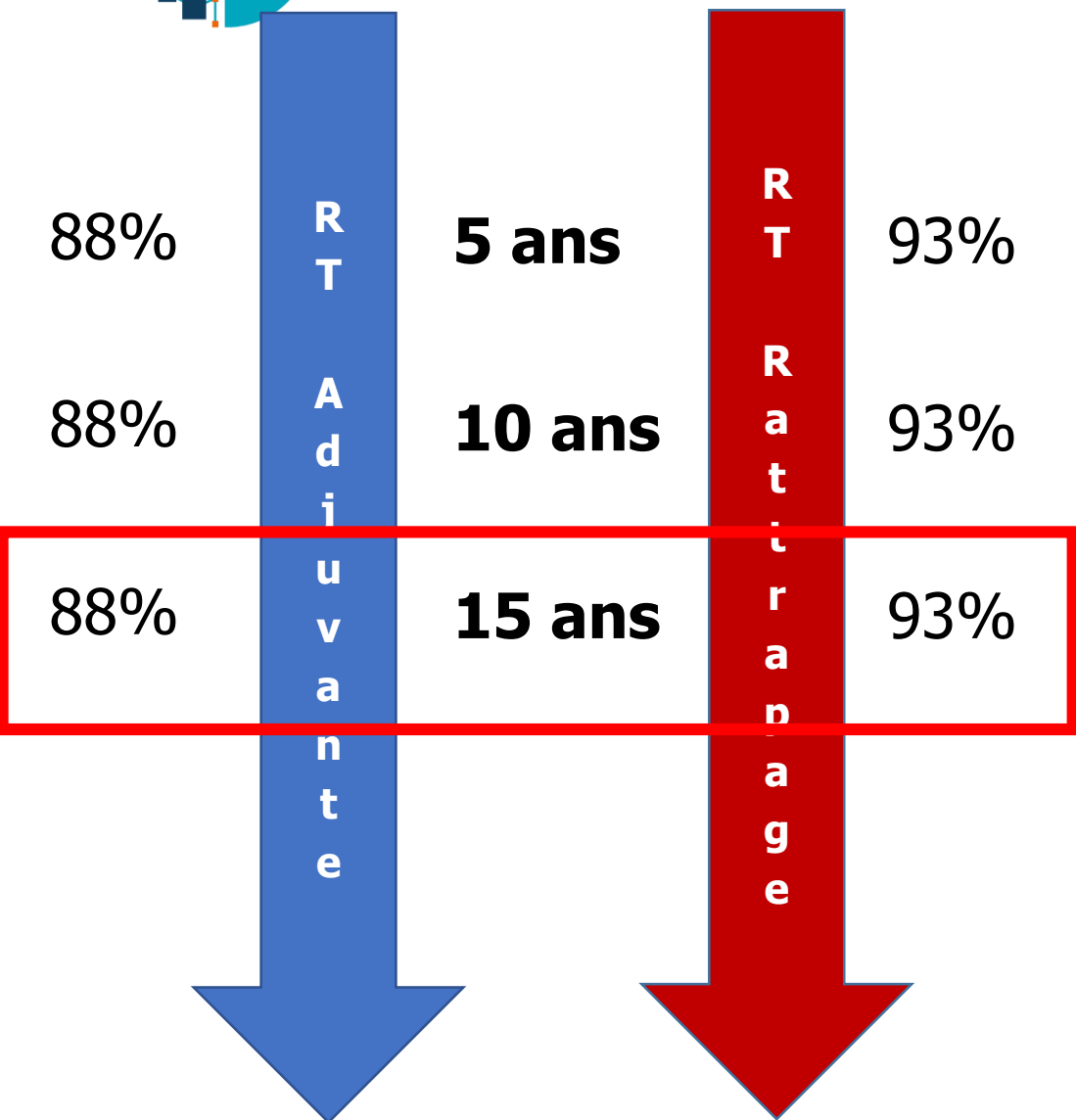


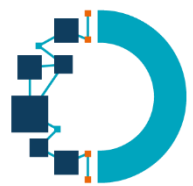
Adénomes Hypophysaires Non Fonctionnels





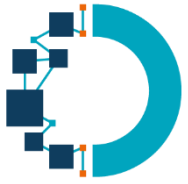
Adénomes Hypophysaires Non Fonctionnels





A retenir

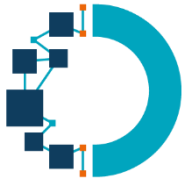




A retenir

1^{ère} chirurgie = indispensable

Fort risque de récurrence



A retenir

1^{ère} chirurgie = indispensable

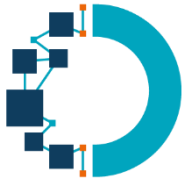
Fort risque de récurrence

2^{nde} chirurgie

3/4 RT dans les 5 ans

RT rattrapage = RT adjuvante

8% chirurgie dans les 5 ans



A retenir

1^{ère} chirurgie = indispensable

Fort risque de récurrence

2^{nde} chirurgie

3/4 RT dans les 5 ans

RT rattrapage = RT adjuvante

8% chirurgie dans les 5 ans

Stratégie de « Watch and Wait »



Merci pour votre attention

