

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

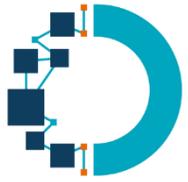
Dr Thomas CHARLEUX

CHU Bordeaux



**RADIOTHÉRAPIE - QUOI DE NEUF ?**

**POST-CONGRÈS 2019**

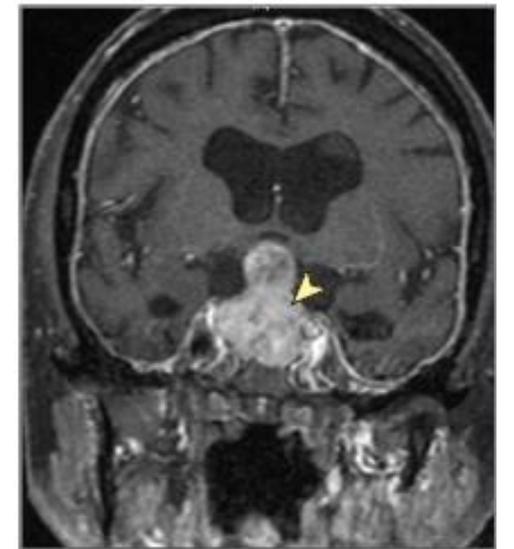


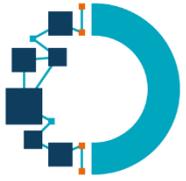
# Adénomes Hypophysaires

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

## Adénomes Hypophysaires Non Fonctionnels :

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

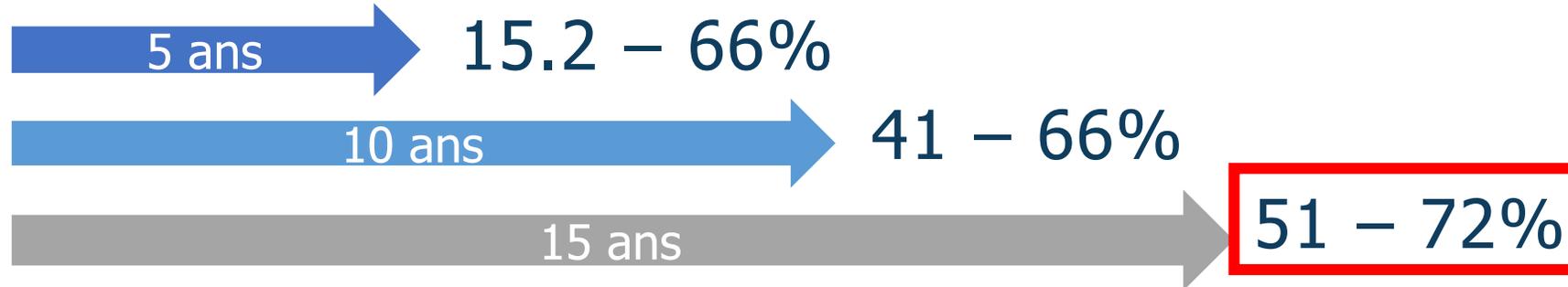




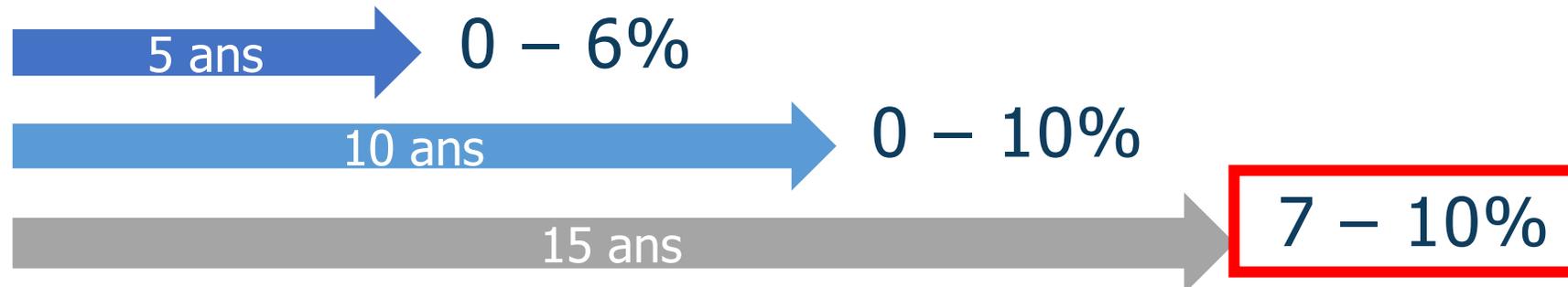
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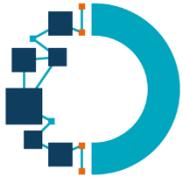
## Taux de rechute

- Chirurgie exclusive :



- Radiothérapie :

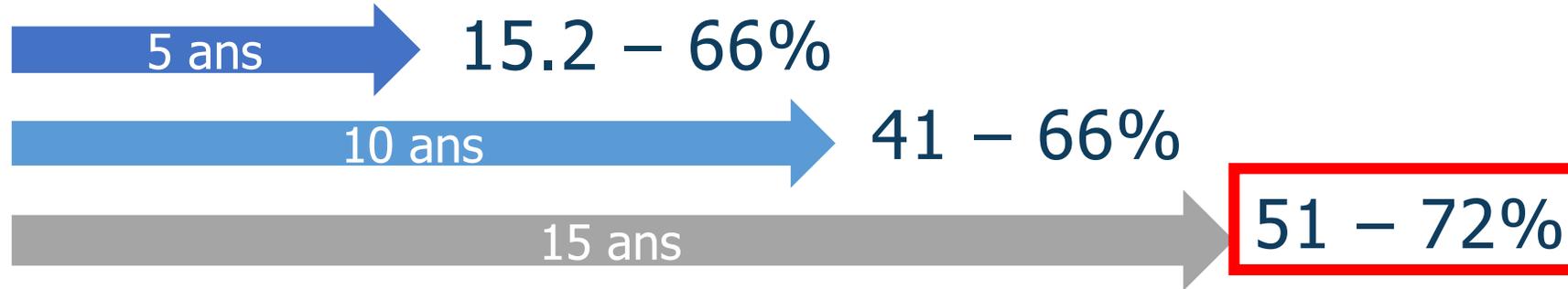




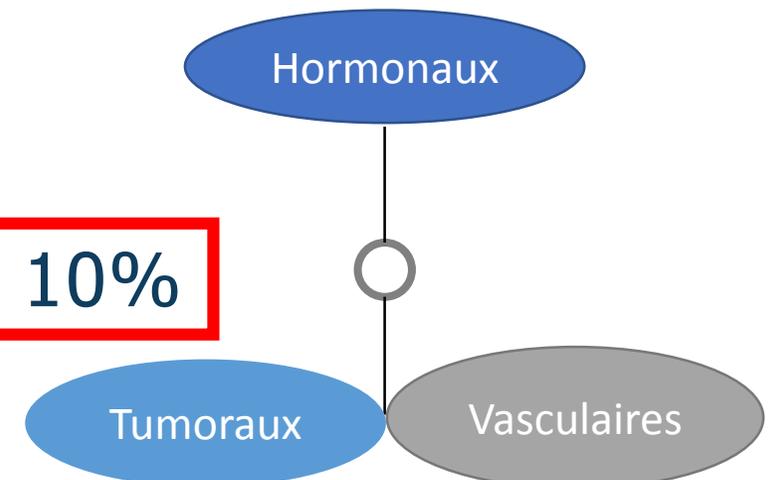
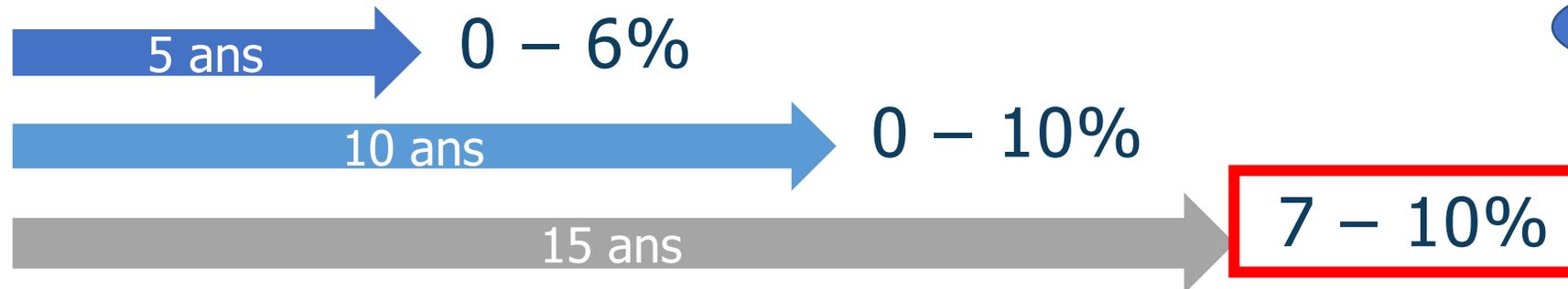
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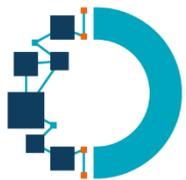
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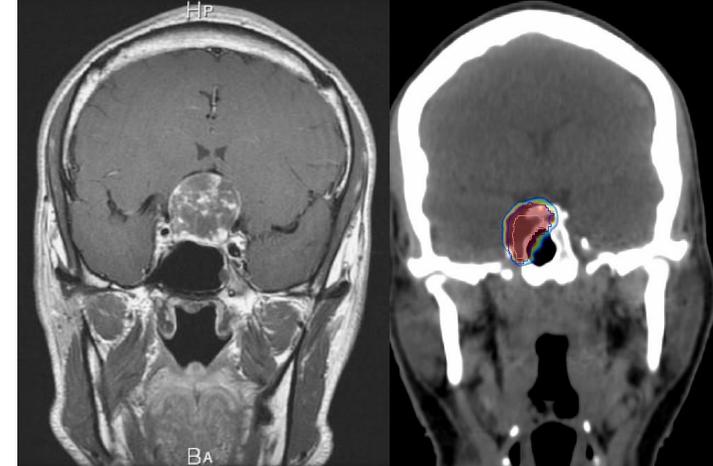
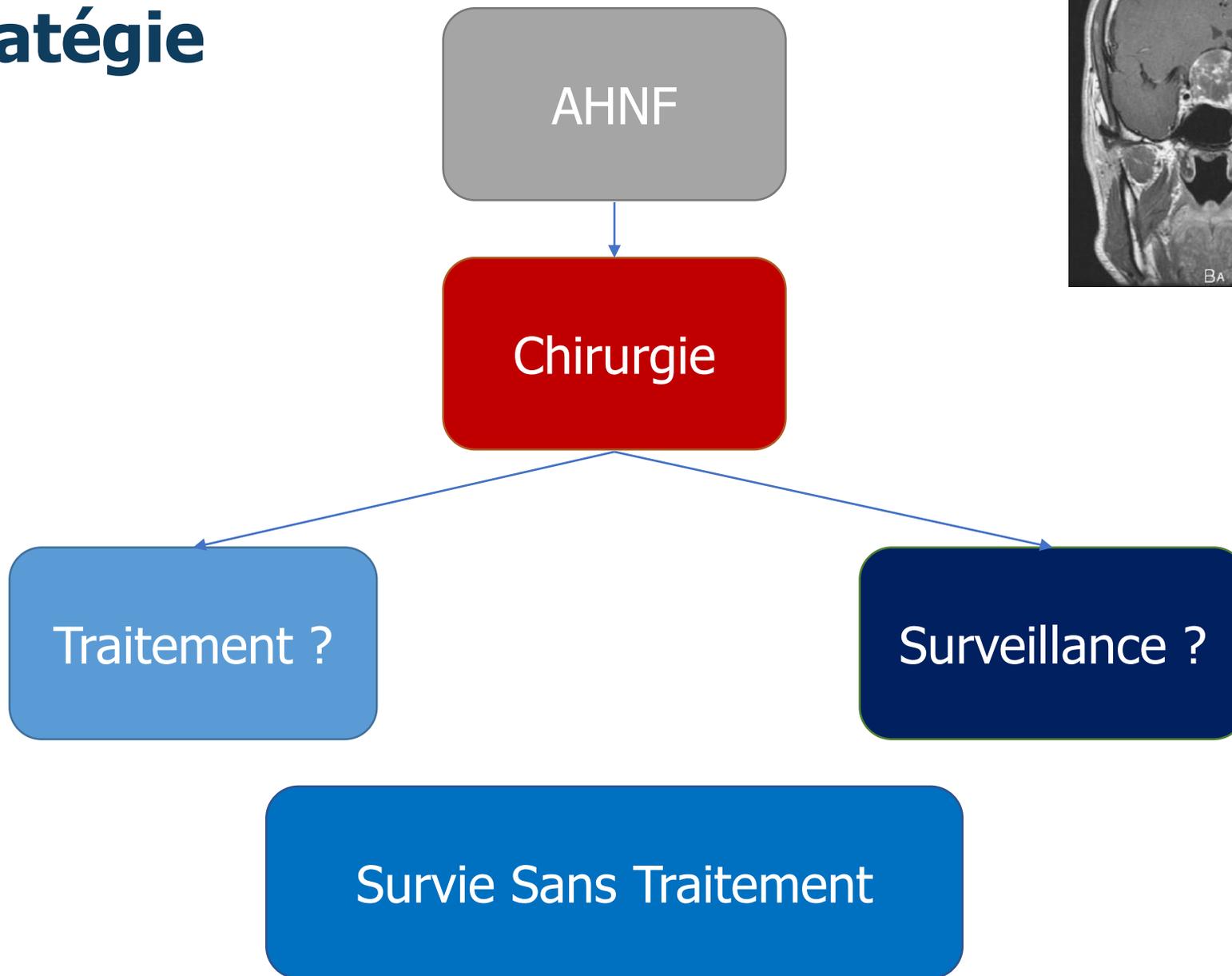


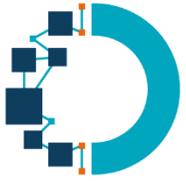
- Radiothérapie :





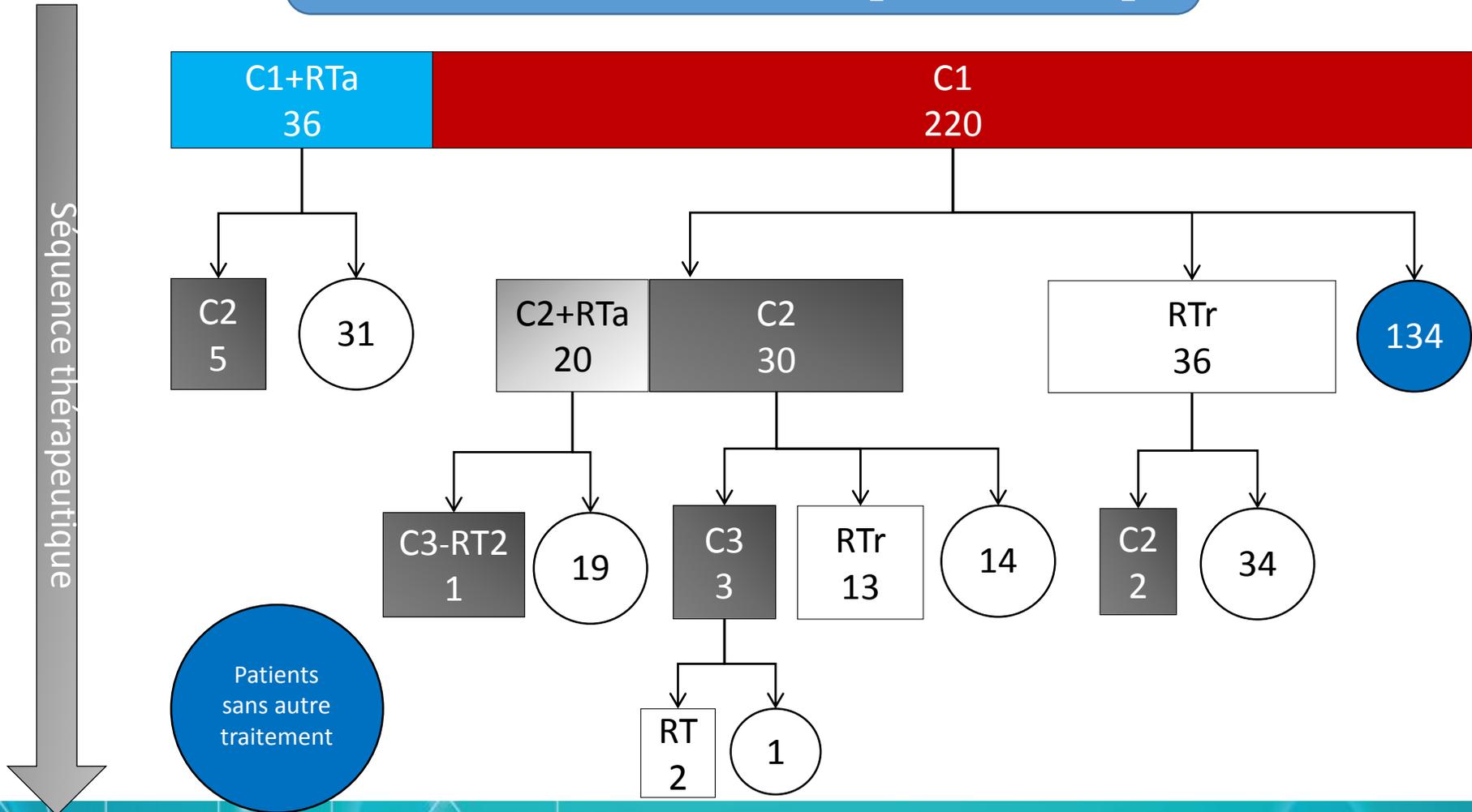
# Stratégie

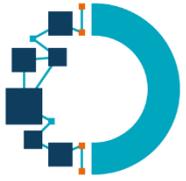




# Population et Séquence Thérapeutique

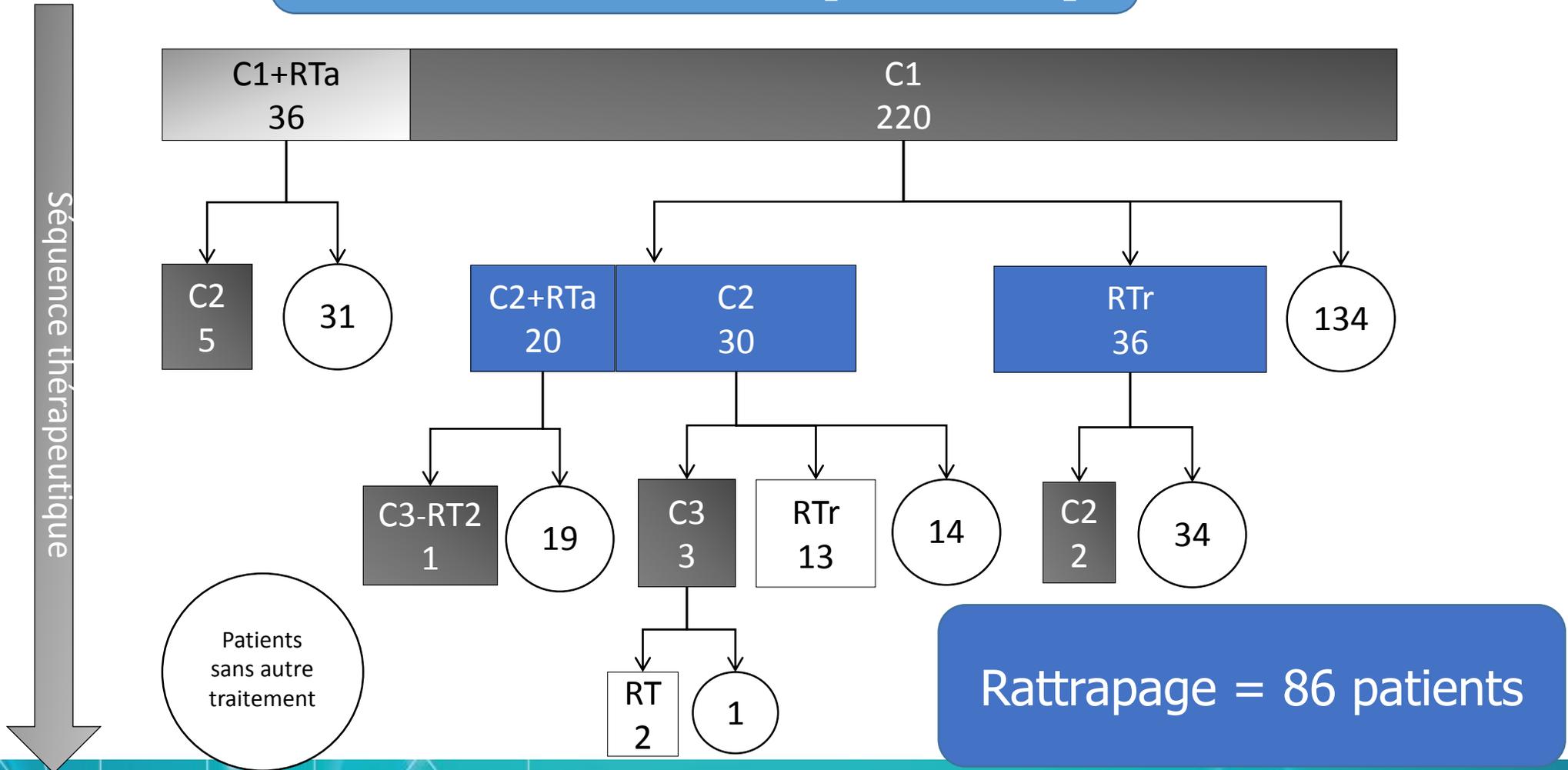
256 patients  
Suivi médian 10.2 ans [0.6 – 40.1]





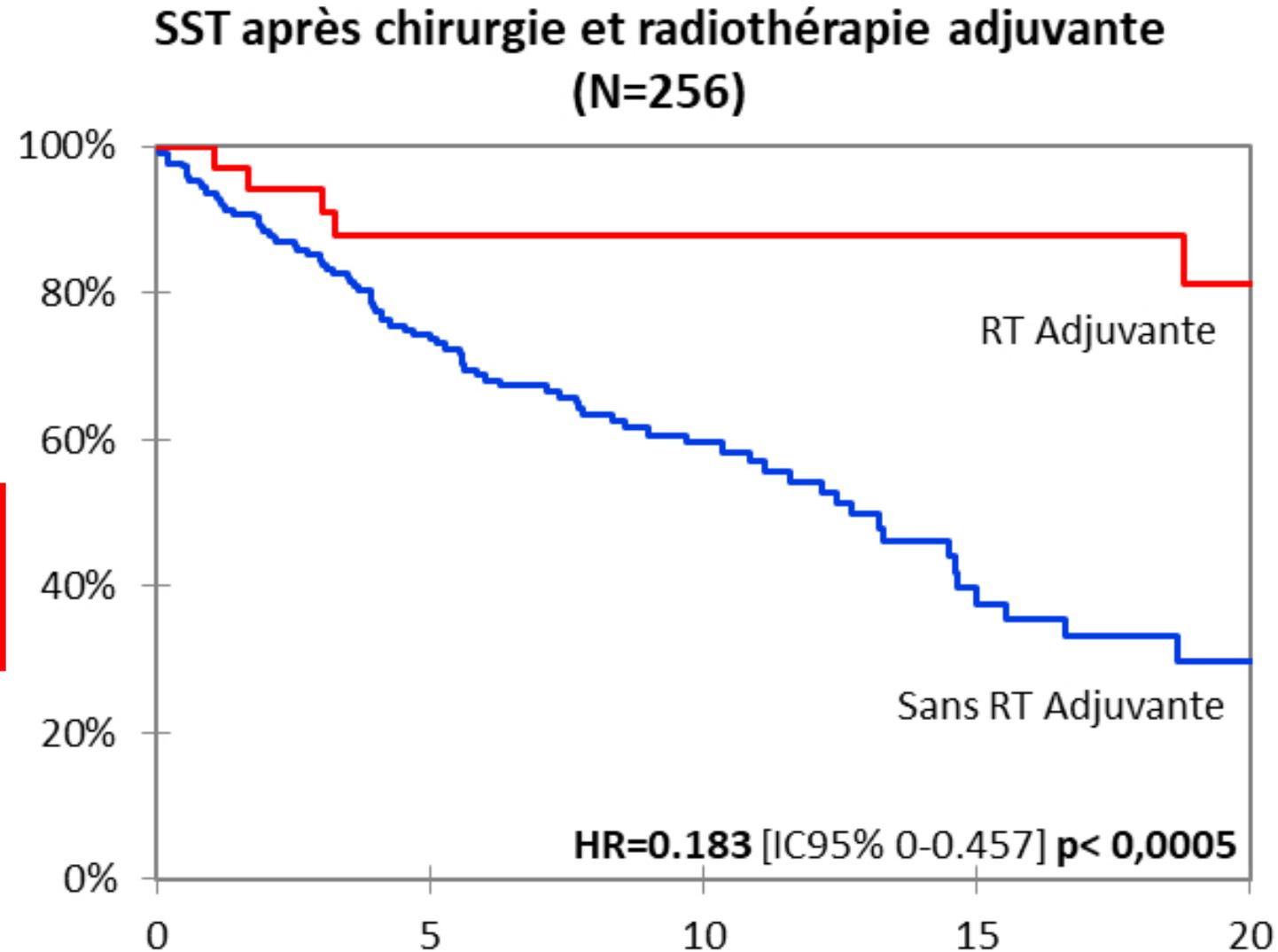
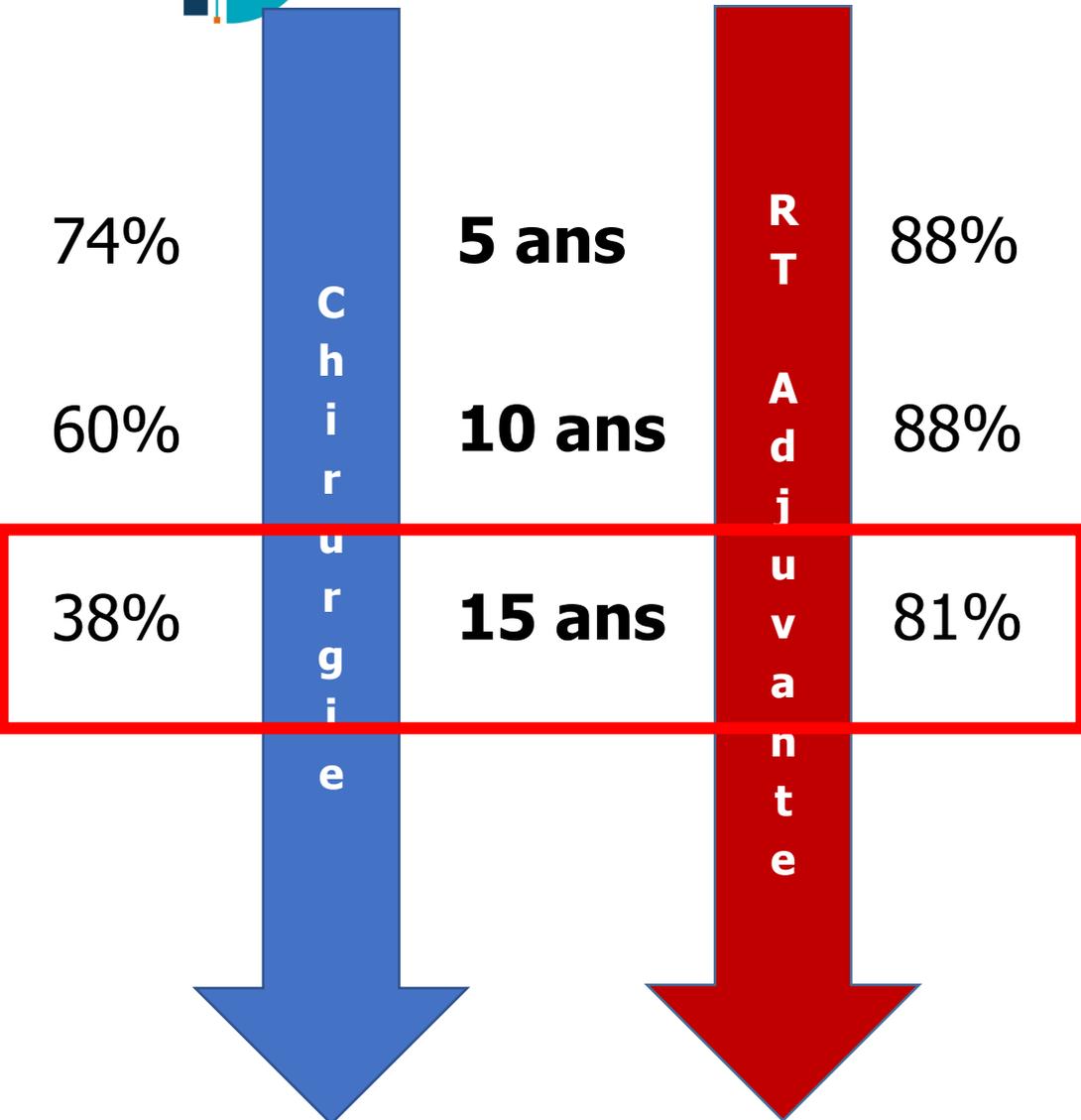
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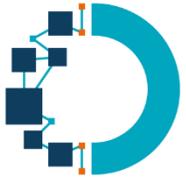
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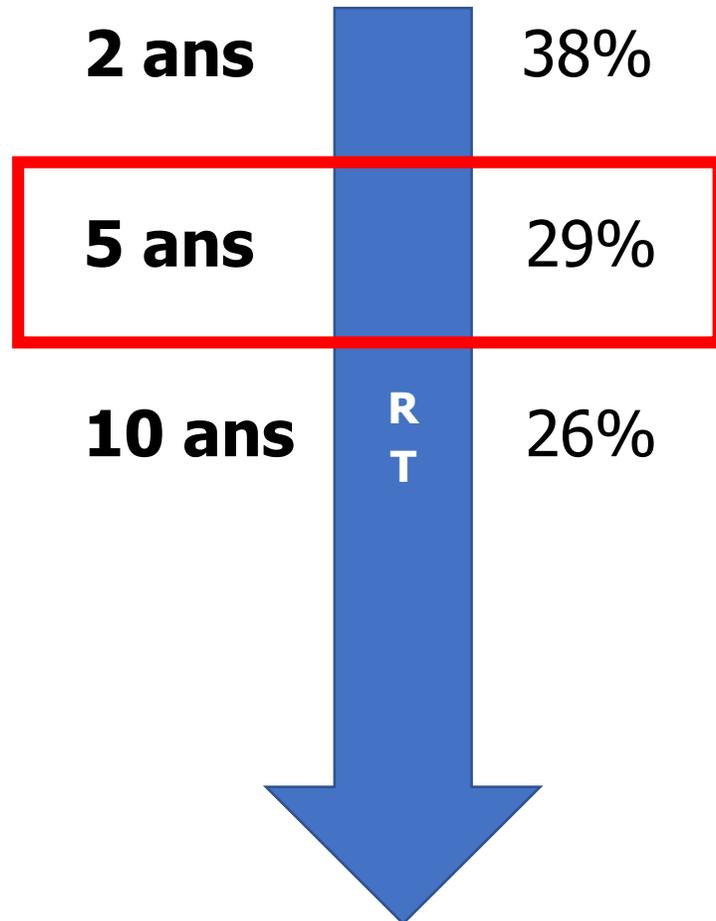


# Radiothérapie adjuvante

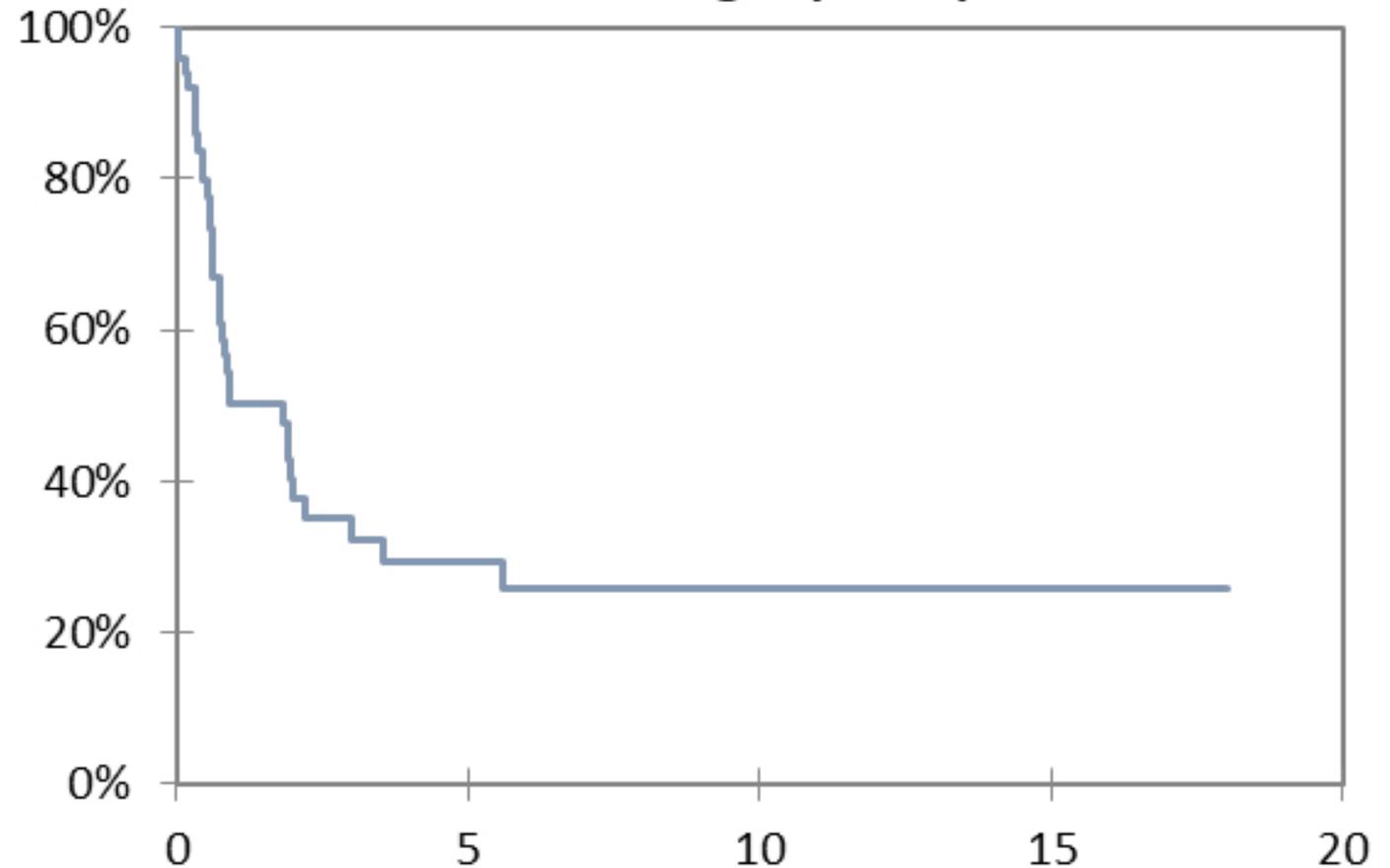


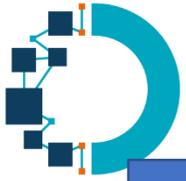


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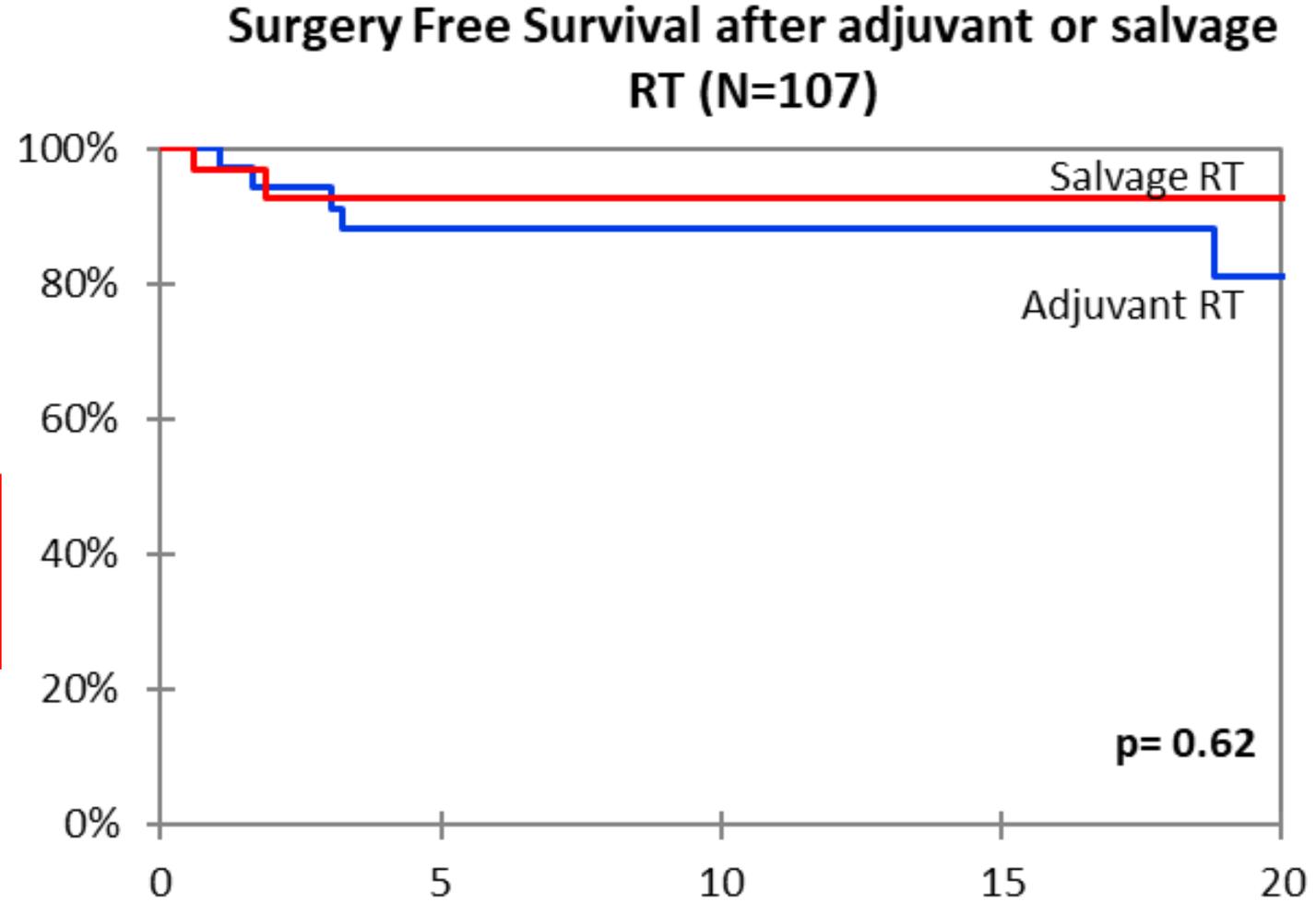
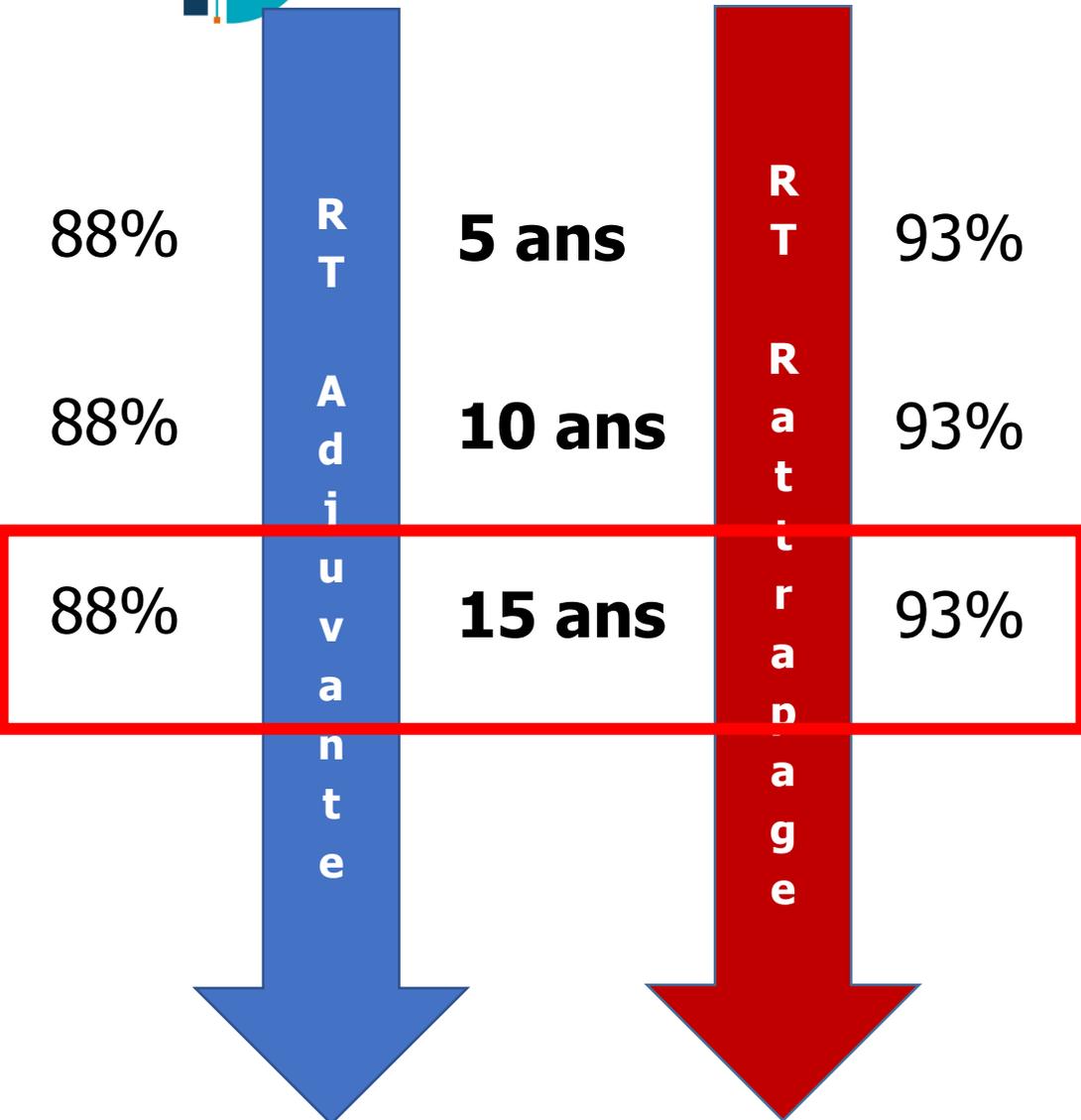


Survie sans radiothérapie après seconde chirurgie (N=50)



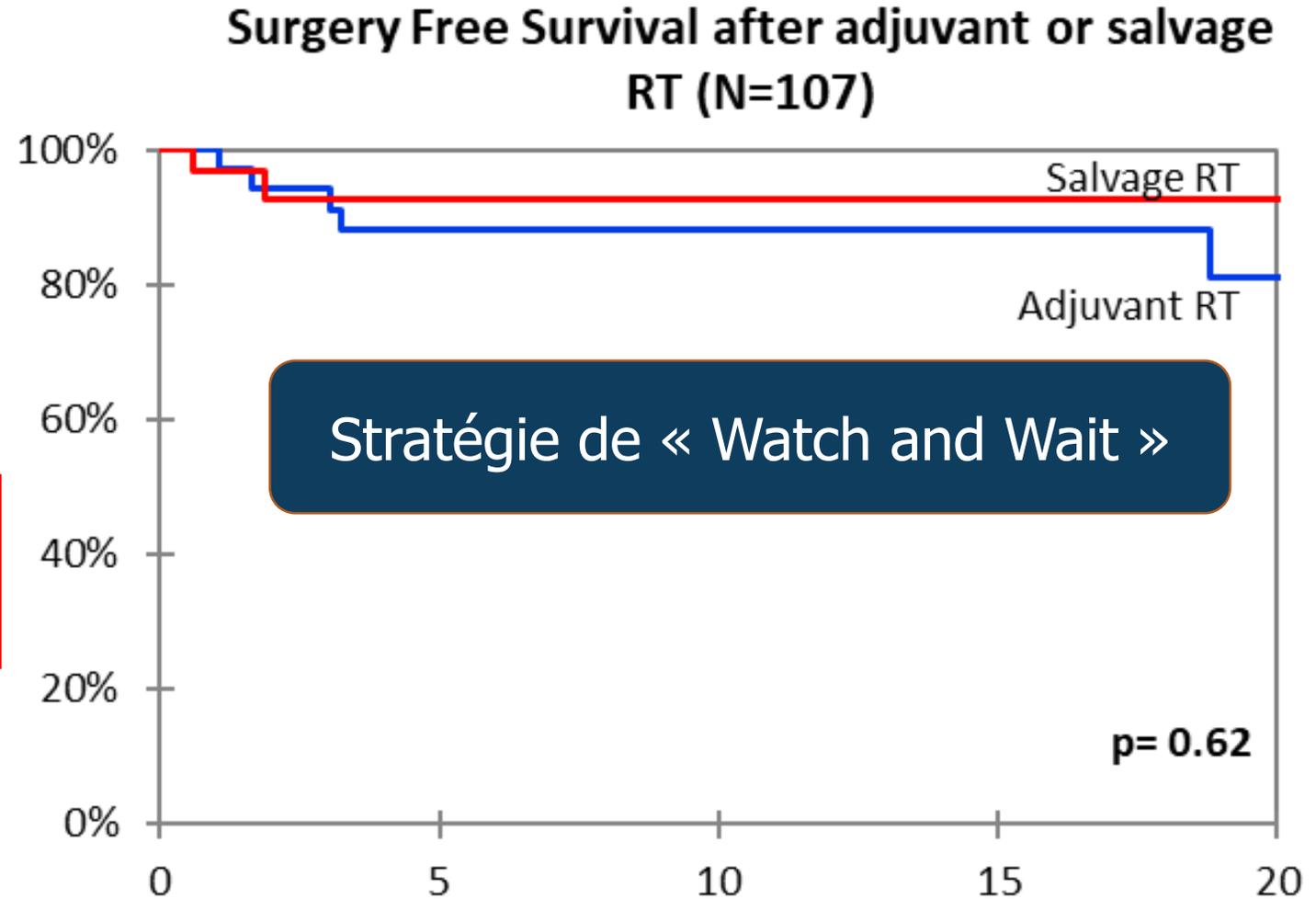
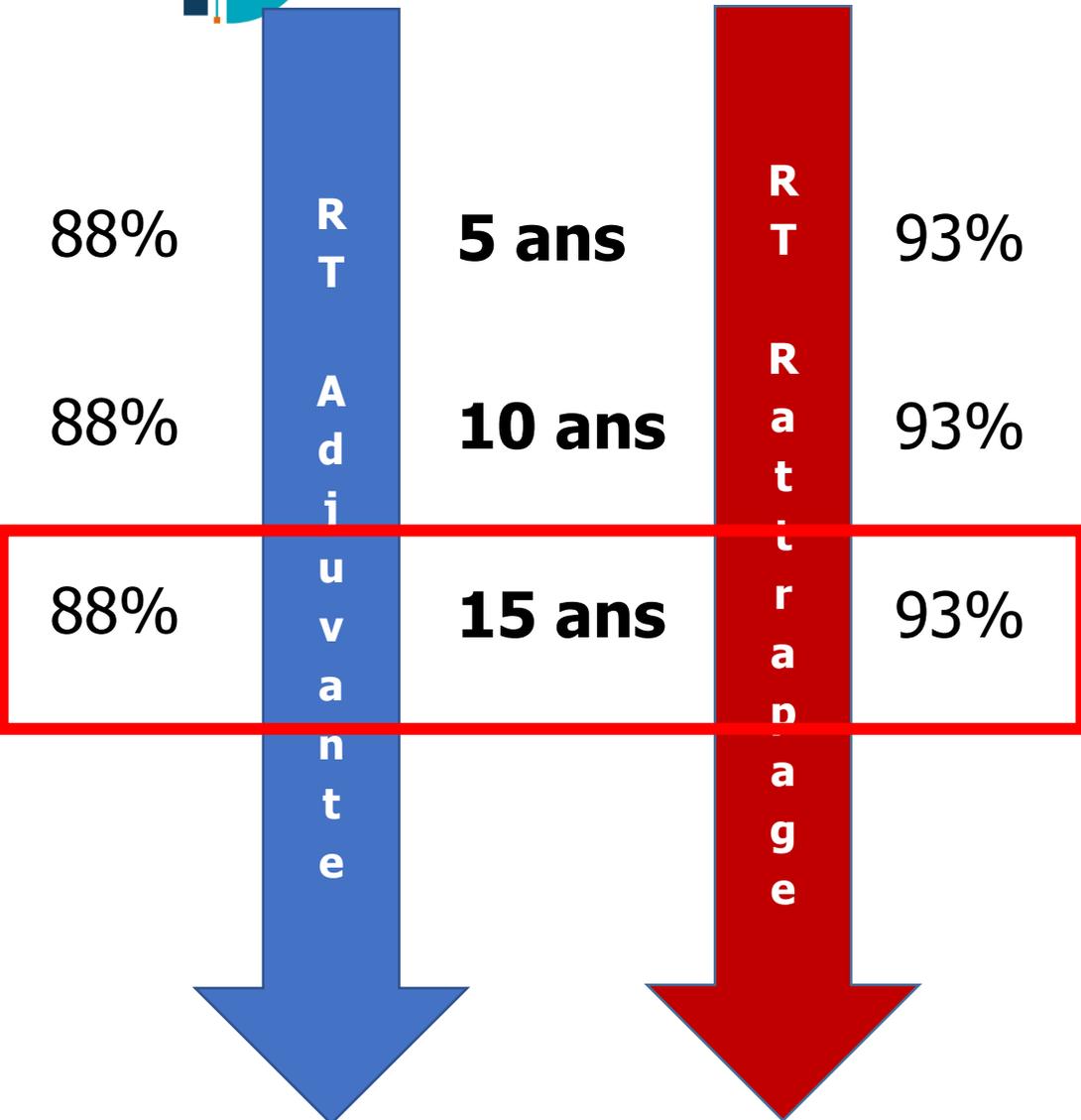


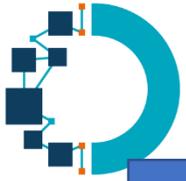
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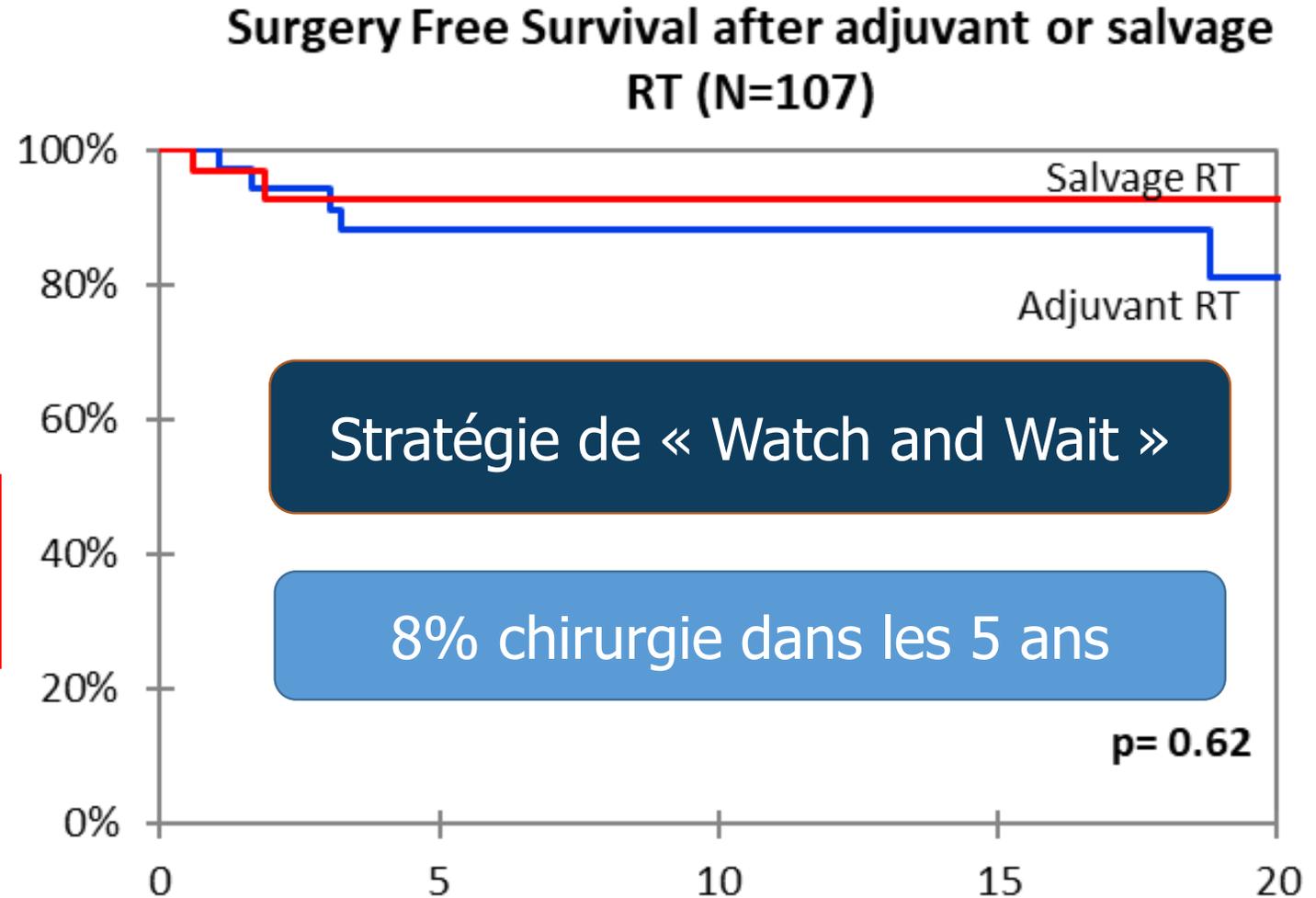
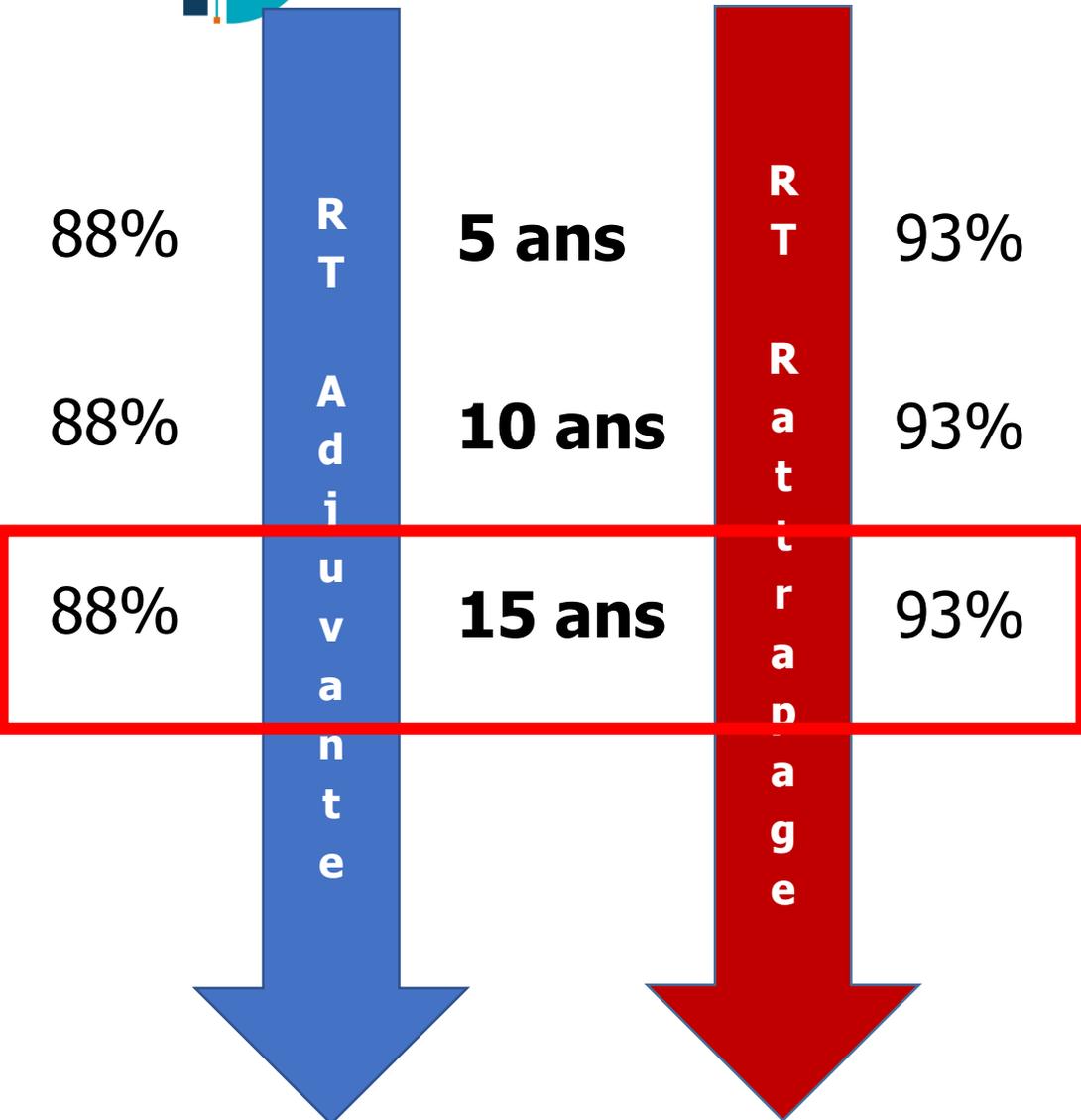


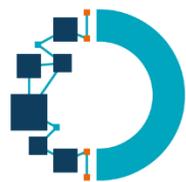
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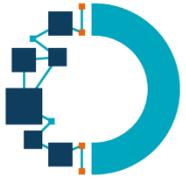
# Adénomes Hypophysaires Non Fonctionnels





**A retenir**

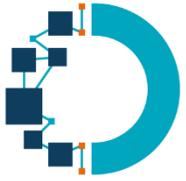




## A retenir

1<sup>ère</sup> chirurgie = indispensable

Fort risque de récurrence



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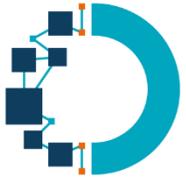
Fort risque de récurrence

2<sup>nde</sup> chirurgie

3/4 RT dans les 5 ans

RT rattrapage = RT adjuvante

8% chirurgie dans les 5 ans



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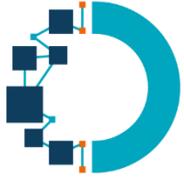
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Stratégie de « Watch and Wait »



**Merci pour votre attention**

