RADIOFREQUENCY ABLATION WITH ENDOSCOPIC ULTRASOUND GUIDANCE AS A MINIMALLY INVASIVE, ADRENAL SPARING TREATMENT FOR LEFT ADRENAL ALDOSTERONE PRODUCING ADENOMAS (FABULAS) - OUTCOMES OF A MULTICENTRE FEASIBILITY STUDY

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A 3-centre feasibility study of 28 patients found endoscopic ultrasound-guided radiofrequency ablation to be a safe adrenal-sparing treatment for left-sided aldosterone producing adenomas in patients with primary aldosteronism unfit for surgery.

KEY POINTS

- No expected serious adverse events (perforation, haemorrhage, or organ infarction) occurred; one patient had a metanephrine rise managed medically and two had discharge-delaying events that rapidly resolved.
- Complete biochemical success occurred in 14 patients and partial in 3, with median aldosterone-renin ratio falling from 3975 to 880 at six months.
- Blood pressure remained unchanged but antihypertensive drug requirements decreased significantly, from a mean of 2.9 to 2.0 medications and defined daily dose from 4.9 to 2.7.
- Imaging showed complete ablation in 6 patients with preserved adjacent adrenal function in all, and 13 of 13 analysed fine-needle aspiration samples confirmed CYP11B2-positive adenomas.
- This feasibility study enrolled patients unfit for surgery or with ambiguous unilateral disease; a randomised controlled trial comparing the technique with surgery in 110 patients is underway.

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