Sir,

In the recent years, diagnosis of small renal tumors has increased as a result of the development of technology and imaging technique. Number of patients with renal cell carcinoma has been increasing by 2-3% every year [1]. Radiofrequency ablation therapy in the treatment of small renal tumors has been an alternative to other methods of treatment due to high radiological and oncological efficacy [2]. Radiofrequency ablation therapy is applied with success in the treatment of liver, kidney, lung, bone and breast tumors [3]. Radiofrequency ablation therapy can be performed to treat small renal cell carcinoma by both percutaneous and laparoscopic approaches. This modality has some considerable advantages, such as decreased morbidity rate, short recovery time and obtaining reliable oncological outcomes in the long term follow-up [4, 5].

In conclusion, although surgical management is still accepted as the gold-standard treatment for small renal cell carcinomas, Radiofrequency ablation therapy has become a safe and effective treatment alternative especially for T1 stage renal cell carcinomas. Recent progresses in imaging modalities and technological and technical developments have resulted in similar oncological and functional outcomes of Radiofrequency ablation therapy comparable with the surgical treatment of small renal cell carcinomas. Radiofrequency ablation therapy is an increasingly popular ablative treatment modality, which presents some advantages of lower surgical and anesthetically complication rates, shorter recovery time and hospital stay, no renal ischemia, and a curative, nephron sparing treatment choice to the patients who are not appropriate candidate for the surgery or do not prefer the surgical treatment [6].

References


