

Técnica de liberación mejorada por convección CED

<html><iframe width="560" height="315" src="http://www.youtube.com/embed/uQgG_YvFS5o" frameborder="0" allowfullscreen></iframe></html>

La administración directa al tumor mediante la técnica de liberación mejorada por convección (CED), empleando catéteres insertados en el cerebro antes o después de una resección quirúrgica tumoral.

El objetivo se consigue con un gradiente de presión hidrostática a través de los espacios intersticiales del cerebro.

Se trata de una técnica junto a la administración intracavitaria de carmustina o reservorios subcutaneos para evitar la barrera hematoencefálica en la administración de quimioterápicos.

La administración de inmunotoxinas a los tumores cerebrales para eludir la barrera sanguínea del cerebro es un desafío importante.

La eficacia de la CED se determina a través de la distribución del agente terapéutico para la región objetivo. La gran mayoría de los pacientes no reciben una cantidad significativa de cobertura del área en riesgo de recurrencia tumoral (Mehta y col., 2011).

Una de las dificultades es conocer que localización y tejidos son los que se debe de evitar (ya que pueden estar asociados a la morbilidad quirúrgica), antes de planificar ensayos clínicos que utilizan la tecnología basada en la convección (Shahar y col., 2011).

Se han presentado problemas técnicos importantes, como el reflujo, que han contribuido a los decepcionantes resultados de dos ensayos clínicos de fase III que lo investigó con cintredekin besudotox y TransMid™ en pacientes con glioblastoma recurrente (Buonerba y col., 2011).

Otro de los problemas, es que tipo de catéteres pueden implantarse de una forma crónica (Bienemann y col., 2012).

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