The CME questions in this issue are derived from the articles “Bland Embolization in the Treatment of Hepatic Adenomas: Preliminary Experience” by Deodhar et al and “Safety and Efficacy of Radiofrequency Ablation for Hepatocellular Adenoma” by van Vledder et al.

1. Minimally invasive treatments for hepatic adenoma are attractive because of all of the following EXCEPT:
   a) Surgical resection may be limited by lesion location or insufficient future liver remnant size.
   b) Liver transplantation requires lifelong immune suppression.
   c) Even small tumors have a high risk of malignant transformation.
   d) Conservative treatment with discontinuation of oral contraceptives or avoidance of pregnancy may be very undesirable for young female patients.

2. Regarding the two techniques described for the minimally invasive treatment of hepatic adenomas:
   a) Most patients were asymptomatic at presentation.
   b) Lesion biopsy was required for diagnosis.
   c) Most patients received moderate (conscious) sedation for the procedures.
   d) All lesions in each subject were treated using only the described technique.

3. When evaluating the results of the two studies:
   a) At least half of the patients in both studies required more than one treatment session.
   b) Because all patients treated with bland embolization demonstrated lesions that remained stable or decreased size and findings of complete lesion ablation on immediate postradiofrequency (RF) ablation imaging were found to be reliable, follow-up imaging was not felt to be necessary in either study.
   c) Histologic examination of treated lesions showed complete necrosis after both types of treatment.
   d) Both studies concluded that minimally invasive treatment should be considered as first-line treatment for hepatic adenoma.

4. In the two reported series, when considering procedural complications:
   a) They were rare in both series.
   b) Postembolization syndrome in those treated with bland embolization was self-limited and did not require a prolonged hospital stay.
   c) Major complications in the RF ablation series were all directly attributed to the tumor RF ablation itself.
   d) Hepatic abscesses were small and only required treatment with antibiotics, although for a prolonged duration.