

**Silymarin對於罹患無法切除之肝腫瘤病人在進行經肝動脈
栓塞合併化學治療後之肝功能的影響**

**Effect of silymarin on hepatic function of
patients with unresectable hepatocellular
carcinoma after transcatheter hepatic arterial
chemoembolization**

李志明;邱仲峰;梁庭繼

Lee CM;Leung TK;Chang CC;Kuo YC;Chiou JF;Wang
HJ;Chen YY

摘要

經肝動脈栓塞合併化學治療是治療無法切除之肝腫瘤常用的方法。Silymarin 是水飛薊植物的衍生物，它被廣泛地使用在慢性肝疾病上。在台灣，有一些醫師會建議病患在進行經肝動脈栓塞合併化學治療後，服用 silymarin 來作為保肝劑。本研究探討 silymarin 在此模式下之有效性。本研究共有 244 位接受經肝動脈栓塞合併化學治療之病患，這些病患在術前之 Child-Pugh classification 皆無顯著差異。其中 111 位在經肝動脈栓塞合併化學治療後，每日服用 280 毫克的 silymarin 持續兩週，另外 133 位在治療後不服用 silymarin。紀錄病患術前、術後第二、四、六天及二、三、四、五週之肝功能相關數據。結果顯示，兩組病患之肝功能（包括 ALT、AST、鹼性磷酸酶、總膽紅素、白蛋白、乳糖脫氫酶）在各個不同的時間點時，皆無顯著差異。每日服用 280 毫克的 silymarin 持續兩週，並不能顯著改善經肝動脈栓塞合併化學治療後病患之肝功能，顯示 silymarin 投與之劑量及時間長短須經更嚴密的設計。

Abstract

Transcatheter hepatic arterial chemoembolization (TACE) is common treatment for unresectable hepatocellular carcinoma. Silymarin, derived from milk thistle, is widely used internationally for chronic liver disease. Some Taiwanese physicians prescribe silymarin as a hepatoprotective agent after TACE, although there is no evidence on its efficacy in this setting. Retrospectively compare two groups of patient undergoing TACE at our institution: 111 given silymarin postoperatively and 133 who underwent the same procedure and

received similar postoperative care but were not given silymarin. The postoperative liver function was evaluated. Patients prescribed silymarin took 280 mg orally daily for two weeks. Liver function tests were checked at baseline and on post-TACE days 2, 4, and 6 and weeks 2-5. Groups were comparable for age, gender, and Child-Pugh class. There were no significant differences between the two groups at different time points in serum levels of aspartate aminotransferase, alanine aminotransferase, alkaline phosphatase, total bilirubin, albumin and lactate dehydrogenase. Oral silymarin did not accelerate recovery of hepatic function following TACE; there is no basis for its use in this setting.