

Prognosis of small hepatocellular carcinoma treated by percutaneous ethanol injection and transcatheter arterial chemoembolization

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摘要

Abstract

This study was conducted to assess the progression and prognosis of a total of 108 patients with hepatocellular carcinoma (HCCs) smaller than 5 cm in diameter treated by percutaneous ethanol injection (PEI) with or without transcatheter arterial chemoembolization. All patients were classified as Child-Pugh A (n = 84) or B (n = 24). Logarithm of hazard rate (per month) with time since therapy was assessed. The Weibull model was used to elucidate the effect of pretreatment clinico-pathologic variables on prognosis. The rate of death increased by 4.7% (95% CI: 3.7-5.7%) per month since treatment. Child-Pugh B status was associated with a 2.8-fold risk (95% CI: 1.52-5.16) of death. Those with a high level of AST or alcoholic cirrhotics had a two- fold risk (95% CI: 1.14-3.42) for death from HCC. Our results suggest the optimal frequency of clinical surveillance of small HCC cases after treatment should take account of increased hazard rate with time and the roles of pretreatment clinico-pathologic variables

Methods and Results— Endovascular recanalization for chronic ICAO was attempted in 54 consecutive patients (48 men; 69.2±9.8 years old) with either recurrent neurological deficit or objective ipsilateral hemisphere ischemia. Mean duration from occlusion documentation to the procedure was 237±327 days (range, 56 to 1424 days). Adverse events while in the hospital and during the 3-month follow-up were recorded. Successful recanalization was achieved in 35 of 54 patients (65%). Three-month cumulative stroke and death rate was 4% (2 of 54), including 1 in-hospital fatal nonipsilateral stroke and 1 in-hospital minor ipsilateral stroke secondary to systemic hypotension. Vascular complications developed in 3 of 54 patients (6%), including 1 late pseudoaneurysm formation 3 months after recanalization, 1 immediate carotid-cavernous fistula after recanalization, and 1 minor extravasation at carotid bifurcation after failed recanalization. However, no

clinical sequela was noted with close follow-up and adequate management.

Conclusion— Certain immediate or delayed vascular complications may develop during or after the endovascular recanalization for chronic ICAO. Although periprocedural death and stroke rate is limited in our study, further study combining neuroimaging tools and cognitive function evaluation is mandatory to assess its utility and appropriateness in patients with chronic ICAO.