

Management of Loco-Regional Interventions in HCC

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Abstract

Some patients are more susceptible to HCC (like HBV, Cirrhosis and ...). In these patients screening imaging (ultrasound) is highly recommended. In positive cases next step would be 4-phasic CT scan or dynamic MRI for confirm diagnosis and also staging. If there are typical signs of HCC (wash in, wash out), biopsy is not necessary in susceptible populations. Gold standard treatment of HCC is surgery (resection or liver transplantation). In those cases which are not candidate for surgery, Loco-Regional treatments are key players. The most noticeable of these are: TACE (Trans Arterial Chemoembolization) and Local Ablations (RF, Microwave, Alcohol injections and ...). Site and Size of tumors should be considered in decision for ablative techniques. Limitations for RF are 1) tumors more than 3 cm or 2) subcapsular location or 3) neighboring to large vessels, but there are less limitations in Microwave. TACE is one of the treatment of choice in cases which are not candidate for surgery or thermal ablations (intermediate stage). There are also some limitations for TACE which the most important one is decompensated cirrhosis (child B8, 9 and C). In this technique there are two factors (ischemia and chemotherapy) attenuating the tumors with synergistic effect. Generally TACE has a palliative situation in the guidelines but could be used as a bridge for curative plan (surgery or liver transplantation) alone or in combination with ablation techniques.

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