Acute management and treatment algorithm

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Lecture : Spontaneous rupture of HCC occasionally occurs, and ruptured HCC with intraperitoneal hemorrhage is potentially life-threatening has a poor prognosis.. The most common symptom of ruptured HCC is acute abdominal pain. The tumor size in ruptured HCC is significantly greater than that in non-ruptured HCC, and HCC protrudes beyond the original liver margin. In the acute phase, hemostasis is the primary concern and tumor treatment is secondary. Treatment options consist of transcatheter arterial embolization (TAE), hepatic resection, and conservative therapy. Transcatheter arterial embolization (TAE) can effectively induce hemostasis. Although bleeding from ruptured HCC can be controlled by TAE in most cases, it rarely leads to complete tumor necrosis. A one-stage surgical operation is a treatment modality for selected patients. A complete resection achieved with hepatectomy for ruptured HCC would lead to a better prognosis. Conservative treatment is usually given to patients in a moribund state with inoperable tumors and thus has poor outcomes. Patients with severe ruptures of advanced HCC and poor liver function have high mortality rates. Liver failure occurs in 12 – 42% of patients during the acute phase. In the stable phase, tumor treatment, such as transarterial chemoembolization or hepatic resection should be concerned. The best therapeutic approach and prognosis is under debate. In selected patients, prolonged survival is possible using TAE as initial therapy with or without a delayed resection and systemic therapy. The combination of acute hemorrhage and cancer in patients with ruptured HCC requires a two-step therapeutic approach. TAE followed by elective hepatectomy is considered an effective strategy for patients with ruptured HCC. Contrary to our expectations, peritoneal recurrence was rarely found after complete resection of ruptured HCC. Here we evaluate and compare the outcomes of various treatment methods for ruptured HCC.