

Interventional treatment and next step

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Lecture : HCC rupture is a well known poor prognostic factor, even in the group of patients who underwent hepatectomy. The proportion of HCC patients who had ruptured HCC varied across different studies and countries with a range from 1.6% to 26%.

Even though there is no good randomized trial, there is a general consensus in the treatment algorithm for HCC rupture. In the presence of continuous bleeding from the ruptured HCC, emergent transarterial embolization (TAE) should be performed for hemostasis. Because emergent dynamic CT scan can depict the location of tumor rupture and the presence or absence of active extravasation, TAE should be focused on the culprit lesion. In HCC rupture, TAE for hemostasis has a high success rate of 53% to 100%, usually higher than 80%. Once successful hemostasis is achieved, staged hepatic resection can be performed in selected patients with resectable conditions. For unresectable patients, transarterial chemoembolization (TACE) is the treatment of choice except in the conditions of far advanced tumors or severe hepatic decompensation.

Depending on selection criteria and baseline patient characteristics, the survival outcome of TACE and hepatic resection for ruptured HCC is quite variable. I will present the treatment pattern and survival outcome in Seoul National University Hospital cohort.