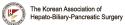
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Magnetic Resonance Elastography Predicts De Novo Recurrence After Resection For Hepatocellular Carcinoma

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Background : Hepatocellular carcinoma (HCC) is one of the most common cancers in the world. The best curative treatment for hepatocellular carcinoma is liver resection. But, , it has been known that there is a high possibility of recurrence if there is cirrhosis even after liver resection. Most HCC patients has liver fibrosis/cirrhosis. Magnetic resonance elastography (MRE) acqure images that can be referred for LSM and a larger sampling area.

Methods : Between January 2014 and December 2018, 603 patients underwent Hepatic resection (HR) for HCC. Among 603 patients, 245 patient checked MRE, but 5 cases had technical failure. We analyzed 241 patients. HCC recurrence was defined according to previous studies and the recent AASLD guidelines as early (if occurring <24 months) or late (if occurring >24 months). The follow-up protocol included a clinical assessment by physical examination, US and laboratory exams every 3 months. HCC recurrence was diagnosed according to modifications of alpha-fetoprotein levels and US appearance, confirmed either by multiphasic CT or multiphasic MRI. Clinical data were analyzed disease-free survival rate (DFSR) according to serum alpha-fetoprotein (AFP) level, Magnetic resonance elastography (MRE).

Results : Between January 2014 and December 2018, HR for HCC group has incidence of recurrence is 40.2% (97/241). Early recurrence rate is 22.0% (53/241) rate recurrent rate is 18.3% (44/241).

Conclusions : Magnetic resonance elastography that measure liver fibrosis predict de novo recurrence after hepatic resection for hepatocellular carcinoma. So we consider liver transplantation in severe stiffness liver parenchyma

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