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10-year-survival With Repeated Liver Resections And Locoregional Therapies Of Recurrent Hepatocellular Carcinoma

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Background : Hepatocellular carcinoma (HCC) is the 6th most common cancer and the 3rd most frequent cause of cancer related deaths worldwide. Despite available curative treatments, it still has poor prognosis, 5 year overall survival is less than 20%. Among all factors affecting overall survival, tumor recurrence and background liver cirrhosis influence the most. Liver resection is still preferred treatment as well as for recurrent HCCs. However, liver resection is limited due to severity of cirrhosis, location of tumors etc. Locoregional therapies including RFA, TACE and PEIT are used for those who are not LR candidates with curative intent and have been reported safe and prolong survival after intrahepatic recurrence of HCC. Herein, we report an exceptional outcome of repeated resections and locoregional therapies on a patient with multiple recurrence of HCC.

Methods : Resection is preferred option for most of the patients who are initially diagnosed with HCC as well as recurrence HCC if resectable. Locoregional therapies are indicated not only for those who are ineligible for resection, but also for early stage HCCs as first line treatment with curative intent.

Results : In Dec 2012, a 58-year-old female patient was admitted to the National Cancer Center of Mongolia and diagnosed with solitary HCC in segment 6 of liver measuring 2cm. Considering the location, size and stage of tumor, we recommended RFA as first line treatment. After the procedure, she was followed up 3 monthly with US, serum AFP and annual Contrast enhanced CT. 3 years post RFA, recurrent HCC in segment 5 was diagnosed measuring 3cm. She underwent uneventful hepatic resection of segment 5 and histology demonstrated a moderately differentiated HCC. After the operation, she continued her 3 monthly follow up examination. At 5th year of initial diagnosis, recurrent HCC in segment 5 and segment 8 of liver was detected on surveillance CECT, she underwent uneventful operation central bisectionectomy. 2 years later, she underwent hepatic resection of segment 6 due to intrahepatic recurrent HCC. At 9th year post initial diagnosis, recurrent intrahepatic HCC was detected in segment 4a of liver measuring 3cm. She underwent TACE procedure. Currently, she is being followed up with 3 monthly examinations with US, serum AFP and annual CECT.

Conclusions : Our patient has now survived 10 years following the initial diagnosis of HCC with combined repeat surgery and locoregional therapies. She demonstrated that best outcome comes from close surveillance, early detection of relapse and multimodality approach.

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