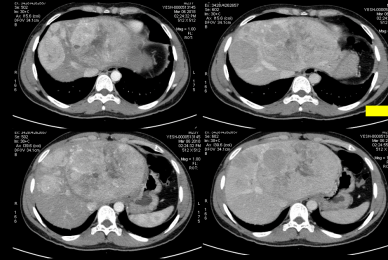


TACE AS A **BRIDGE** TO SURGERY

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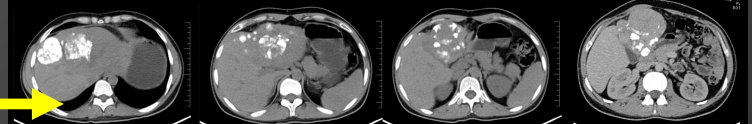
CLINICAL SCENARIO

- 24 Year old gentleman, diagnosed with multifocal hepatocellular carcinoma
- No obvious risk factors
- Serum AFP – 0.73 IU/ml
- Viral markers - negative
- Biopsy – well differentiated HCC
- Out of ablative/ surgical options
- Referred to IR
- PLAN : Controlling the tumor by cTACE



FURTHER TREATMENT COURSE

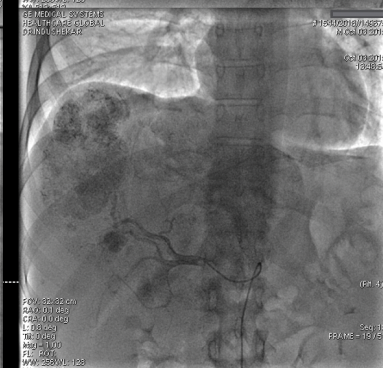
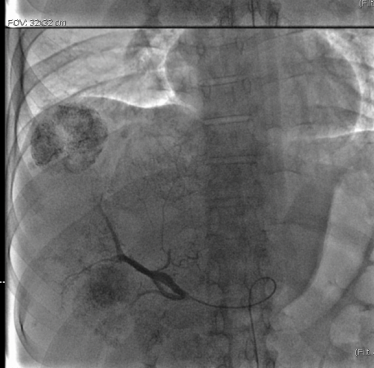
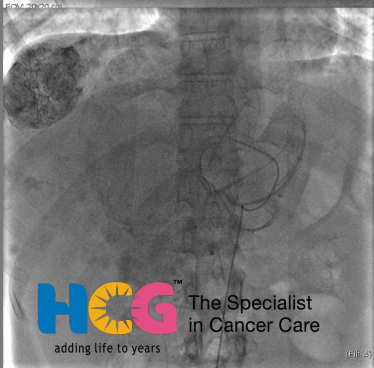
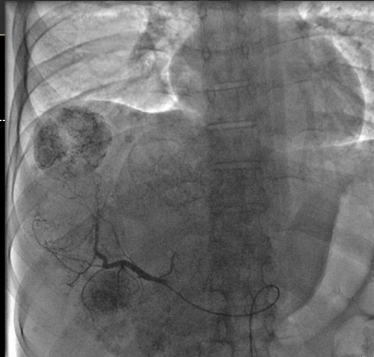
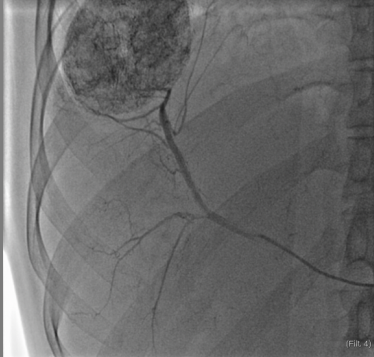
- Three cycles of TACE done at an interval of 3 months each which showed good lipiodol deposition and interval regression of lesions
- Genetic testing detected to have a mutation in CTNNB1 gene for which Sorafenib was started, but he couldn't tolerate it due to side effects.
- Due to significant regression of lesions post TACE, Surgical resection was considered after assessing residual normal liver volume.
- Left hepatectomy with partial right hepatectomy was done scooping out all the lesions.



TACE 1

TACE 2

TACE 3



FOLLOW UP & CONCLUSION

- He is doing extremely well on 3 months follow up. No residual lesions seen on follow up triple phase CECT scan



- TACE helps in controlling the tumor volume, activity and also in increasing normal hepatic reserve.
- TACE can act as a useful tool in downstaging the tumor and also can be a bridge to further definitive Surgery/Transplantation.

THANK YOU.