

UPDATED MANAGEMENT OF HEPATOCELLULAR CARCINOMA

*Submitted for the Partial fulfillment
of Master Degree (M.Sc.) in General Surgery*

By

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(M.B., B.Ch.)

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3. Risk factors for hepatocellular carcinoma.
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Introduction

Hepatocellular carcinoma (HCC):

Hepatocellular carcinoma accounts for more than 90% of all primary liver malignancies. This tumor usually occurs in patients with underlying liver diseases (70%-80%). It occurs at high rates in areas where hepatitis B is endemic, it is also found at increased rates in noncirrhotic chronic carrier of hepatitis B and C (*Tong et al, 2007*).

Hepatocellular carcinoma is suspected in any patient with known cirrhosis and develops sudden clinical decompensation including worsening jaundice, encephalopathy, increasing ascites, cachexia and anorexia (*Izzo et al., 2006*).

Recently investigations have been developed in detecting early hepatocellular carcinoma. These investigations include doppler U.S. and helical C.T which is highly sensitive especially dual and triple phases with intravenous contrast, which can detect small liver masses less than (2cm), (*Marlele et al., 2006*). Magnetic resonance imaging (MRI) is highly sensitive in distinguishing HCC from macroregenerative nodules especially with contrast.

Diagnostic laparoscopy and laparoscopic ultrasound should be used in preoperative staging (*Peterson et al., 2005*).

Ultrasonography is commonly used in programs that screen high risk populations for development of hepatocellular carcinoma and has been shown to be superior to serum alpha-fetoprotein measurement to detect early hepatocellular carcinoma in chronic viral hepatitis.

Treatment options for liver cancer varies according to tumor stage. Preoperative portal vein embolization (PVE) allows safe liver resection and preoperative volumetric determination of the future liver remnant (*Abdallo et al., 2005*). HCC can be cured by surgery if the tumor is not diffuse and the remaining liver is sufficient to maintain adequate functions. Radio frequency ablation (RFA) was recently reported to treat (HCC) ranging from 1 to 7 cm by laparotomy and laparoscopic techniques (*Curley et al., 2006*). Laser interstitial thermotherapy guided by U.S. and micro wave coagulation therapy are used to treat unresectable hepatic malignancies. Trans arterial chemo embolization has provided minimal role in treatment of (HCC) (*Tubeuse et al., 2004*), At last liver transplantation has theoretical appeal for patient with HCC to remove

malignant tumor and provides hepatic replacement (*Tong et al., 2007*).

Aim of the Work

The aim of this study to review the recent diagnostic techniques and updated treatment of hepatocellular carcinoma (HCC).

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Ahmed Abd El-Razik

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Abstract

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