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#### Hypertonic Saline Enhanced Radiofrequency Versus Chemoembolization Sequential Radiofrequency In Medium And Large Sized Hepatocellular Carcinoma

#### **Thesis**

Submitted For Partial Fulfillment of The M.D Degree In Tropical Medicine

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# HYPERTONIC SALINE ENHANCED RADIOFREQUENCYE VERSUS CHEMOEMBOLIZATION SEQUENTIAL RADIOFREQUENCY IN TREATMENT OF MEDIUM AND LARGE NODULAR HEPATOCELLULAR CARCINOMA El-Kady NMa ESMAT GDa, MAHMOUD EHa, MAHMOUD SHHa,ELAGAWY WAb

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**Background:** Hepatocellular carcinoma (HCC) is currently the fifth most common solid tumor worldwide and the third leading cause of cancer-related death. Large tumor size appear to be a major obstacle for RFA, so attempts to increase the volume of coagulation by injecting hypertonic saline before,during or both before and during RFA application. Trans arterial chemoembolization(TACE) combines the effect of targeted chemotherapy with that of ischemic necrosis induced by arterial embolization and eliminate heat loss mediated by tissue perfusion if combined with RFA. For nodular, HCC larger than 5cm combined therapy of RFA and TACE has an effective therapeutic effect on nodular lesion but larger infilterative lesions are still a challenging problem.

**Aim of the work:** The aim of this study was to compare the efficacy of hypertonic saline enhanced radiofrequencye and chemoembolization sequential radiofrequency in treatment of medium and large nodular hepatocellular carcinoma

**Patients and methods:** This prospective study was conducted on 40 patients with 40 focal HCCs between 2008 and 2011. They were divided into 2 groups, the first group included 20 patient underwent hypertonic saline enhanced radiofrequency(RFA+HS), the second group included 20 patients underwent chemoembolization followed by RFA. Effectiveness was compared between medium (3.1-5.0 cm) and large (5.1-7.0 cm) HCC by triphasic CT after one month and 6 months and cases with partial ablation underwent additional sessions of the same technique.Complete laboratory investigations were done before and after the procedures and complications were recorded. Survival analysis was conducted for 6 month duration following the last session of ablation.

**Results:** After one month: The triphasic spiral CT done one month after the procedure in both group showed that, 85% of patients (34 patients) had complete ablation in both groups (17 patients in each group) while 15% (6 patients) had partial ablation (3 patients in each group), 4 patients were re-ablated using the same technique and 2 patients underwent no further therapy due to development of PV thrombosis. As regard the diameter of ablated lesions, 20/21 (95%) of medium HCC lesions and 14/19 (73%) of large HCC lesions were successfully ablated. In RFA+S group 12/13 (92%) of medium HCC were successfully ablated, and 5/7 (71%) of large HCC lesions were ablated. In the TACE+RFA group 8/8 (100%) medium HCC were ablated and (9/12) (75%) of large lesions were ablated successfully. After six months In 29 patients (78.4%) showed maintained ablation (73.7% in group 1 and 83.3% in group 2) (p=0.86) while 8 patients (21.6%) showed residual enhancement. Fever, abdominal pain and ascites were the main complications with 3 cases developed haematemesis caused by rupture oesophageal varices.

**Conclusions:** The results of this study show that RFA+HS and TACE+RFA are safe and equally effective treatment for HCCs 3.1 up to 7.0 cm in diameter, even for patients with cirrhosis with suboptimal hepatic function. However, studies with long-term follow-up data are awaited to further clarify their role in the treatment of this group of patients, and prospective randomized trials are needed to compare its effectiveness with that of other currently available treatments for HCC

**Key words:** Hepatocellular carcinoma – Chemoembolization – Radiofrequency ablation – Hypertonic saline - local ablation.

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> Waleed El-Agawy 2011

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#### LIST OF ABREVIATIONS

Five fluorouracil  American association of study of liver disease  Aflatoxin B 1  Aflatoxin M1  A	DUS FU ASLD AFB1 AFM1 AFP
American association of study of liver disease  Aflatoxin B 1  Aflatoxin M1  A	AASLD AFB1 AFM1 AFP
Aflatoxin B 1 Aflatoxin M1 Aflatoxin M1	AFB1 AFM1 AFP
Aflatoxin M1 A	AFM1 AFP
	<b>AFP</b>
Alpha fetoprotein	
Alpha letoprotein	ED I 2
Fucosylated AFP (Lens culinaris agglutinin)  A	AFP-L3
	\H
Alkaline phosphatase A	LP
Alanine transaminase A	LT
Hepatits C virus antibody A	Anti HCV
	ASCO
	AST
Bacelona clinic liver center B	BCLC
Biological focal region B	BFR
	CECT
Common hepatic artery C	СНА
	CLIP
Centimeter cı	m
Computed tomography C	CT
CT angioportography C	CTAP
CT hepatic angiography C	СТНА
Des gamma carboxy prothrombin D	<b>OCP</b>
Desoxyribo nucleic acid D	ONA
Epidermal growth factor	EGF
Food and drug administration F	<b>TDA</b>
Fluoro-deoxy-glucose F	TDG
Fine needle aspiration cytology F	FNAC
Focal nodular hyperplasia F	TNH
Gastrodudenal artery G	GDA
Gadolinium-diethylene-triamine-penta-acetic acid G	Gd-DTPA
•	GP73
Hepatic arterial phase H	IAP
Hepatits B surface antigen H	IBsAg
Hepatits B virus H	IBV

hepatitis B X protein	HBx
hepatocellular adenoma	HCA
Hepatocellular carcinoma	HCC
Hepatits C virus	HCV
Human hepatocyte growth factor	HHGF
Hepatic intra arterial	HIA
High intensity focused ultrasound	HIFU
Human immunodeficiency virus	HIV
Interferon	IFN
Insulin like growth factor	IGF
Insulin growth factor binding protein	IGFBP
Interstitial laser photocoagulation	ILP
International normalization ratio	INR
Inferior Vena cava	IVC
Japan integrated scoring system	JIS
Left hepatic artery	LHA
Millimeter	mm
Magnetic resonance imaging	MRI
Messenger RNA	mRNA
Non-alcoholic fatty liver disease	NAFLD
Non-alcoholic steatohepatitis	NASH
Non contrast enhanced CT	NCECT
Nuclear factor kappa B	NFĸB
Orthotopic liver transplantation	OLT
Osteopontin	OPN
Percutaneous acetic acid injection	PAI
Percutaneos acetic acid injection	PAI
Periodic acid Schiff	PAS
Primary biliary cirrhosis	PBC
Platelet derived growth factor receptor	PDGFR
Protein disulfide isomerase	PDIA3
Percutaneous ethanol injection	PEI
Percutaneous ethanol lipiodol injection therapy	PELIT
Positron emission tomography	PET
Prothrombin induced by vitamin K absence or antagonism	PIVKA
Percutaneous saline injection	PSI
percutaneos saline injection	PSI
Prothrombin	PT

Partial thromboplastin time	PTT
Portal vein	PV
Portal venous phase	PVP
Radiofrequency	RF
Radiofrequency ablation	RFA
Right hepatic artery	RHA
Radiofrequency interstitial thermal ablation	RITA
Ribonucleic acid	RNA
Squamous cellular carcinoma antigen	SCCA
Study sorafenib HCC assessment randomized protocol	SHARP
Selective internal radiation therapy	SIRT
Superior mesenteric artery	SMA
Transarterial chemo embolization	TACE
Transcatheter arterial embolization	TAE
transarterial radioembolization	TARE
Transforming growth factor	TGF
Tumour node metastasis	TNM
University of California San Francisco	UCSF
United network for organ sharing	UNOS
Ultrasound	US
Vascular endothelial growth factor	VEGF
Vascular endothelial growth factor receptor	VEGFR
World health organization	WHO