شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

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RECENT TRENDS IN MANAG MENT OF HEPATOCELLULAR CARCINOMA (HCC)

Essay

Submitted for partial fulfillment of master degree in general surgery

By

Reda Ahmed Mostafa

(M. B, B. ch.)

under supervision of

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The clinical picture of HCC is very variable, the patient may be completely asymptomatic with no physical signs other than those of cirrhosis, the tumor may have been diagnosed incidentally. Alternatively, the presentation may be so florid and great that the picture resembles a liver abscess. (Di Bisceglie, et al., 1998).

Because HCC is slow-growing, with a doubling time of 4 to 5 months for small HCCs, ultra sound examination every 6 months and serum AFP and liver function tests are estimated every 3 months. There is little diagnostic doubt in a patient with a liver mass consistent with HCC and a serum AFP of more than 500ng/ml. This combination is diagnostic, and treatment can be instituted without tissue diagnosis. (Collier & Sherman, 1998).

The therapeutic modalities in patients with (HCC) depend on the number, size and location of the lesions as well as the stage of the underlying liver disease and the physical condition of the patient. In patients with small and solitary lesions, resection, liver transplantation and in some cases percutaneous ethanol injection (PEI) can be curative. In more advanced stages of the disease with larger or multiple lesions, PEI and/or trans-arterial chemotherapy. With or without embolization (TACE or TAC) can slow the progression of the disease. In disseminated disease, a radio therapeutic approach can be taken in selected cases. The therapeutic strategy in patients with HCC should be individualized, frequently

Summary

The liver is the largest gland in the body, weights around 1500g and receives 1500ml of blood per minute in adults. Its form has nothing to do with its function; the large wedge-Shaped mass is merely a cast of the cavity into which it grows. It has two surfaces, diaphragmatic and visceral. The diaphragmatic surface is boldly convex, while the visceral or inferior surface is rather flat and slopes down wards, forwards and to the right from the posterior surface. In the hardened dissecting room specimen, this surface bears faint impressions from adjacent viscera. The junction of the visceral and anterior surfaces makes the sharp inferior border of the organ. Most main vessels and ducts enter or leave at the porta hepatis, which is on the visceral surface, but the hepatic veins emerge from the posterior surface. (chummy S. Sinnatamby et al ., 2000)

Hepatocellular carcinoma is one of the commonest malignancies in the world and is responsible for an estimated one million deaths annually. (Sherlock & Dooley, 1993).

Hepatocellular carcinoma comprises approximately 98% of human primary liver cancer, It soon became evident that racial and genetic factors were of no importance and incidence rates were found to be closely related to environmental factors, in particular, the prevalence of chronic hepatitis B and C virus infection and exposure to aflatoxins (Schafer & Sorrel, 1999).

involving a combination of therapeutic modalities. In contrast to the earlier dismal prognosis, for most HCC patients there is today a therapeutic strategy that results in prolongation of life and in some cases even cure. (Allgaier, et al., 1999).

The treatment of HCC is either surgical or non-surgical, the outcome is directly related to the stage of hepatocellular cancer and the degree of liver function impairment. The treatment of choice for hepatocellular carcinoma remains surgical resection or liver transplantation in carefully selected cases. (Hussain SA, Ferry DR, et al., 2001).

Ablative percutaneous procedures such as alcohol injection, radio frequency or thermal therapy are most effective in the destruction of solitary tumor (3cm or less). Arterial embolization or chemo-embolization have an anti-tumor effect, but it has not been shown to affect patient outcome (Cructnio and Palieri, 2001). Other non-surgical methods of treatment include radiation therapy, chemotherapy, hormonal manipulation (Liovet and Bru, 2001). Non surgical methods of treatment are not curative but may slow tumor progression and can provide palliation (Ciono and Bartolozzi, 2000).

The Protocol

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