

**Lipiodol Uptake and Wash-out Rate Detection on Computed Tomography as Predictors for Tumor Recurrence in Hepatocellular Carcinoma Treated by Transcatheter Arterial Chemoembolization**

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**Abstract**

**Background:** Transcatheter arterial chemoembolization (TACE) is a dedicated method for treating intermediate stage hepatocellular carcinoma (HCC). The Lipiodol used in conventional TACE presents the advantage of being easily visualized and quantified on Computed Tomography (CT).

**Methods:** Immediate postprocedural (baseline) and follow-up CT examinations of twenty patients treated by TACE for HCC were evaluated in this study. Lipiodol uptake on baseline images and progressive washout on follow-up examinations were assessed.

**Results:** Statistically significant lower baseline Lipiodol densities are found in patients that develop tumoral recurrence at some point on follow-up examinations ( $p=0.0280$ ). Using the treated nodule density as a predictive factor for tumoral recurrence, we obtained a diagnostic sensitivity of 92.31% in patients with cut-off values  $\leq 545.36$  HU, albeit with a low specificity. All patients develop a quantifiable Lipiodol density decrease over time, regardless of tumoral recurrence implication ( $p=0.0298$ ). There is evidence to suggest that specific Lipiodol accumulation patterns may be associated with a higher risk of tumor recurrence.

**Conclusions:** Baseline post-procedural Lipiodol accumulation levels may serve as a predictor for tumoral recurrence in patients treated for HCC using TACE, with good sensitivity provided a high cut-off value is set for the measured densities.

**Key words:** transcatheter arterial chemoembolization, hepatocellular carcinoma, Lipiodol, wash-out, surveillance, tumoral recurrence.