

Is There a Place for Resection of HCC in the Presence of Liver Transplantation and Interventional Radiology in Cirrhotic Liver?

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Abstract

Hepatocellular carcinoma is the fifth most common cancer worldwide and one of the leading causes of cancer-related mortality. The majority of patients with hepatocellular carcinoma have underlying liver cirrhosis as a result of hepatitis B or hepatitis C virus, and alcoholic hepatitis. Its management in the presence of liver cirrhosis is a complex condition. Selecting the appropriate treatment modality is dependent not only on tumor stage, but also on the severity of the underlying liver disease. Liver resection and transplantation remain the main course of treatment of HCC. However, liver transplantation is considered nowadays the standard of care for hepatocellular carcinoma because it removes both the tumor and the underlying cirrhotic liver; improving quality of life by restoring a normal liver status. However, the shortage of donors and high costs make liver transplantation less available. Therefore, liver resection remains the commonly used strategy for HCC patients with preserved liver functions. However, liver resection is associated with high peri-operative morbidity and mortality, and high incidence of HCC recurrence. Here, we review the role of liver resection in the era of liver transplantation and interventional radiology.

Key words: hepatocellular carcinoma, liver resection, liver cirrhosis