
Outcome of HCC Patients with Complete Pathologic Tumor Necrosis after Preoperative TACE and Curative Hepatectomy

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Background: The role of preoperative transarterial chemoembolization (TACE) in hepatocellular carcinoma (HCC) is unclear. 100% necrosis of the tumor by histologic evaluation after hepatectomy in this patient group has been assumed as a good prognosis marker. However, long-term outcome of this patient group is still unknown. The purpose of this study is to analyze the outcome of patients whose tumor showed pathologic complete necrosis by histologic evaluation after preoperative TACE and curative hepatectomy.

Methods: Between January 1997 and December 2008, nine HCC cases of complete pathologic tumor necrosis after preoperative TACE and subsequent hepatectomy were enrolled in this study. Patients who underwent preoperative ablation therapy were excluded.

Results: Median age of the patients is 55 (28~67) years. Only one patient had two tumors, and eight others had single tumor. Median size of the tumor was 2.5 (1.5~6.0) cm. Median value of initial AFP was 380.5 (3.8~1,897) ng/ml, and Median value of AFP measured after TACE was 3.8 (2.1~26.0). Median time interval between TACE and hepatectomy was 13.1 (2.1~69.1) weeks. Median follow-up period was 3.6 (0.4~10.2) years. Two patients showed recurrence. One patient showed intrahepatic recurrence 8.9 years after hepatectomy. Second curative hepatectomy was performed but multiple intrahepatic recurrences occurred 8 months later. The other patient showed intrahepatic recurrence and brain metastasis 4.1 years after hepatectomy. On the other hand, a patient whose left lateral sector of the liver was replaced by huge HCC underwent 3 sessions of TACE and curative resection, and he has been followed for 10.2 years without recurrence. No liver failure was identified among all the patients during the follow-up.

Conclusions: In our experiences, long-term outcomes of patients who showed complete necrosis after preoperative TACE and hepatectomy were complicated by tumor recurrences, and the recurrences could not be successfully controlled. Careful follow-up is always necessary and liver transplantation as an initial treatment should also be considered.