

Liver abscess as complication of drug-eluting bead TACE in HCC: report of two case

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Transcatheter arterial chemoembolization (TACE) offers a survival benefit to patients with intermediate hepatocellular carcinoma (HCC). A widely accepted TACE regimen includes administration of doxorubicin-oil emulsion followed by gelatine sponge—conventional TACE. Recently, a drug-eluting bead TACE (DEB-TACE) has been developed to enhance tumor drug delivery and reduce systemic toxicity. Liver abscess after DEB-TACE has been rarely reported, so we report on two cases of liver abscess after DEB-TACE. The first case was liver abscess after DEB-TACE for HCC that occurred in a 71-year-old man with liver cirrhosis due to chronic hepatitis B. He was on stage B on the Barcelona clinic liver cancer (BCLC) staging system and had a Child-Turcotte-Pugh (CTP) score of 6, which was equivalent to class A. Liver abscess on computed tomography (CT) scans taken a week after the procedure was treated with antibiotics. In laboratory findings, alanine aminotransferase (ALT), prothrombin time-international normalized ratio (PT-INR) and total bilirubin improved within a week. The other case was found in a 73-year-old male without hepatitis, alcohol and drug abuse. Ruptured HCC was diagnosed in the CT scans taken to assess the cause of abdominal pain. He was on stage B on the BCLC staging system and had a CTP score of 9, which was equivalent to class B. A month after the embolization, CT scan showed liver abscess and it was treated with antibiotics and percutaneous catheter drainage (PCD). ALT, PT-INR and total bilirubin were improved after 5 weeks.

