Lifepearl loaded with doxorubicin in a patient with HCC pre-transplant

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CLINICAL CASE
55 years old male with alcoholic/hepatitis C virus related cirrhosis (abstinent in the last 10 years) and elevated serum liver enzymes (ALT, AST, ALP, GGT) with a Child-Pugh score of 6 points (A).
He developed two hepatocellular carcinoma (HCC) on the right liver lobe - VII (28 mm) and VIII (23 mm) segments – under the Milan criteria.
Tumor board decision was to perform DEB-TACE as a bridging procedure until liver transplantation.

PROCEDURE
After local anesthesia of the skin and subcutaneous tissue, a 5 F Simmons 2 catheter was placed through a 5 F introducer in the coeliac trunk. DSA confirmed both lesions arising from the right hepatic artery.
Superselective embolization of the feeding arteries was performed by means of a microcatheter Progreat 2.7 F.
Two vials of LifePearl (200 µm), charged with 75 mg of doxorubicin each, were administered (one vial per lesion) until near stasis (stasis of contrast during 5 heartbeats).

FOLLOW UP/ CONCLUSION
The patient underwent CT scan at 1 and 6 months after the procedure. Complete response was achieved with total tumor necrosis and volumetric shrinkage of both liver lesions. No new lesions were detected during follow-up and the patient was successfully transplanted 8 months after DEB-TACE.

PRODUCTS USED
LifePearl 4 mL of microspheres + 150 mg doxorubicin (1 session)
5 F Simmons 2 catheter, 2.7 F progreat microcatheter and 0.021 GLIDEWIRE® GT Guidewire.

LifePearl™ Microspheres are indicated for embolization of blood vessels supplying primary-typervascular tumors or metastases in the liver.
Note: LifePearl™ Microspheres can be loaded with chemotherapeutic drugs. When used for drug loading, drug loading should be done under a physician's direction, choice and responsibility, based on type and dose of drug most beneficial to the patient.
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