

# Successful Balloon-Occluded DEB-TACE after failure of SIRT and DEB-TACE

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## CLINICAL CASE

A large hepatocellular carcinoma (HCC) in the right liver lobe was diagnosed in a 66-year old patient affected by a Child A alcoholic cirrhosis. Due to the large size of the lesion a radioembolization (SIRT) was performed. But disease progression was observed 1 month later (increase of the surrounding border of the lesion and alpha-fetoprotein). At that time, our multidisciplinary tumor board decided to shift to chemoembolization: one DEB-TACE was performed with a partial response; but no additional response was observed after a second DEB-TACE. We decided to perform a third TACE with an Occlusafe before starting Sorafenib.

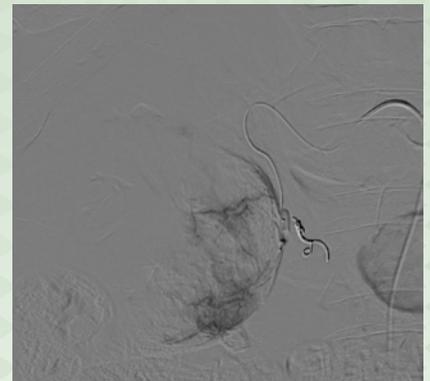


MRI pre B-TACE

## PROCEDURE

Performed a Cone-beam CT enhanced that finds three mains branches that vascularized the lesion. Each branch was catheterized by the microcatheter Occlusafe.

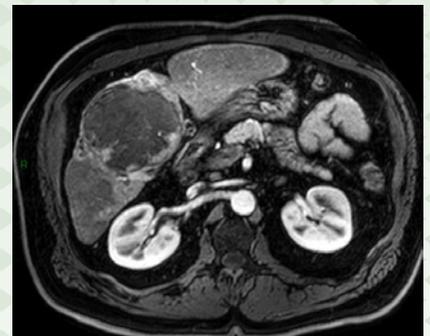
We embolized each branch with the balloon inflated. We used Lifepearl® 200 µm loaded with 75 mg of Doxorubicin diluted in 20cc of contrast. The full dose was injected until stasis of the branches. No reflux was observed during the injection.



Occlusafe inflated in one of the main branches.

## FOLLOW UP/ CONCLUSION

Major necrosis was observed after the third DEB-TACE with Occlusafe® (despite the absence of response of the second classical DEB-TACE!). One month after the procedure, Sorafenib was started. Seven months later, the patient still shows stable disease with a good performance status.



MRI one month after B-TACE

## PRODUCTS USED

Occlusafe® + LifePearl® 2 ml + 75 mg Doxorubicin.

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<https://www.terumo-europe.com/en-emea/Treat-liver-cancer-with-Terumo-2018>

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