

Balloon-Occluded DEB-TACE for a single node HCC as bridge to transplantation

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CLINICAL CASE

A single 35 mm hepatocellular carcinoma (HCC) located in hepatic segment VI was diagnosed in a Child A cirrhotic patient. This 57 years-old patient was infected by virus C, B and delta during a blood transfusion in 1985. Liver transplantation was decided by our multidisciplinary tumor board. As the time on the waiting list is superior to 6 months a Trans-Arterial Chemoembolization (TACE) was performed.

PROCEDURE

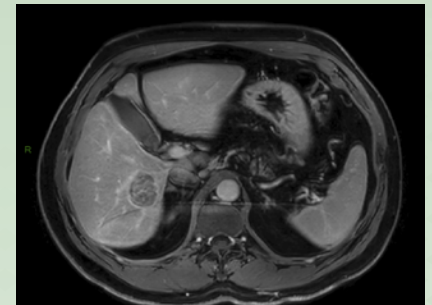
A selective catheterization of the artery of segment VI was performed. HCC was vascularized by a principal feeder. The balloon of the catheter was inflated in this feeder and the microspheres loaded with 75 mg of Doxorubicin were injected (total volume with contrast agent: 7 ml) with a good stasis at the end of the procedure.

FOLLOW UP/ CONCLUSION

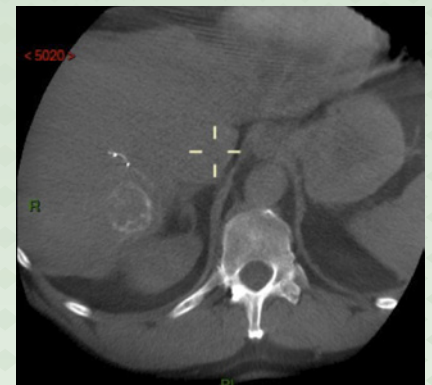
Balloon-Occluded DEB-TACE with Occlusafe was well tolerated by the patient and he was discharged at day 1. No alteration of liver function was observed. Grade 1 abdominal pain was present five days after the TACE. The MRI performed 1 month after the procedure had showed a complete devascularization of the tumoral nodule (complete response according to mRECIST).

PRODUCTS USED

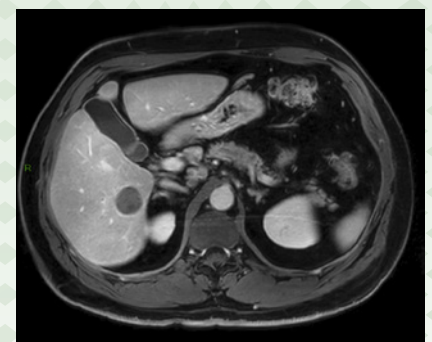
Occlusafe® + LifePearl® 100 µm 2 ml + 75 mg doxorubicin.



MRI before B-TACE



Cone beam CT injected through the Occlusafe.



MRI post B-TACE
Major necrosis

Occlusafe is not available for sale in all countries. Please contact your Terumo local sales representative for more information. Occlusafe has not been approved by the FDA and is therefore not available for sale in the U.S.A.

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

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