Ballooon-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
Ballooon-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.