



Repeated Resection for Pulmonary Metastatic Hepatocellular Carcinoma after Liver Transplantation— Case Reports and a Proposal of Negative Predictors for the Recurrence after the Operation

PDF (Size: 162KB) PP. 94-98 DOI : 10.4236/ojts.2012.24019

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ABSTRACT

Background: Orthotopic liver transplantation (OLTx) is recognized as a radical therapy for unresectable hepatocellular carcinoma (HCC) without distant metastasis. Although the outcome depends on distant recurrence of HCC, the predictors for recurrence after repeat resection are unknown. **Case 1:** A 52-year-old man, who had suffered from hepatitis B and underwent repeat local ablation therapies since 50 years old, underwent living-donor OLTx because of multiple HCC recurrence with tumor marker (TM) elevation but without distant metastasis. Histopathological diagnosis was moderately differentiated HCC. After the operation, he got TM normalization and was managed with cyclosporine A, without rejection. Although he underwent adjuvant chemotherapy, a pulmonary metastasis was found 1 year after the OLTx. He underwent wedge resection of the lung using video-assisted thoracoscopic surgery (VATS). Half a year after the operation, a recurrence was found in the transplanted liver with TM elevation. While a local ablation therapy was performed, TM was not normalized and new recurrence was found at the hilum of the right lung. Right upper sleeve lobectomy was performed, but he developed multiple recurrences, and died 4 months after the last operation. **Case 2:** A 32-year-old man, who has suffered from multiple HCC with hepatitis B and underwent hepatic resection and local ablation therapies since 28 years old, underwent living-donor OLTx because of multiple HCC recurrence without distant metastasis. Histopathological diagnosis was moderately differentiated HCC. He was managed using tacrolimus without rejection. Three years after the OLTx, a pulmonary recurrence was found without TM elevation. He underwent wedge resection using VATS. Four year after the last operation, a small recurrence was identified in the right lung without TM elevation, again. Wedge resection using VATS was performed. At the final follow-up visit, 3 years after the last operation, the patient was disease free with normal TM level. **Comments:** The long survivor without re-recurrence matched only few factors with negative predictors for recurrence after OLTx for HCC, while the other case had almost all factors present. The predictors may be useful also for the patients of the repeat pulmonary metastasectomy after OLTx for HCC.

KEYWORDS

Hepatocellular Carcinoma; Liver Transplantation; Recurrence, Lung

Cite this paper

T. Nakagiri, S. Funaki, Y. Shintani, M. Inoue, N. Sawabata, M. Minami and M. Okumura, "Repeated Resection for Pulmonary Metastatic Hepatocellular Carcinoma after Liver Transplantation— Case Reports and a Proposal of Negative Predictors for the Recurrence after the Operation," *Open Journal of Thoracic Surgery*, Vol. 2 No. 4, 2012, pp. 94-98. doi: 10.4236/ojts.2012.24019.

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