

## Case Report

# A Rare Complication Following Transarterial Chemoembolization for Hepatocellular Carcinoma

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### Abstract.

According to the Taiwanese government's official annual report listing the top 10 causes of death, cancer was the leading cause of death in Taiwan in 2013, with hepatocellular carcinoma ranking second among those cancer deaths. Transarterial chemoembolization has been shown to be widely used in the treatment for unresectable disease, and increase survival in patients with intermediate stage hepatocellular carcinoma according to the Barcelona Clinic Liver Cancer classification. Despite relatively low morbidity, however, major complications may be seen. We report the case of a 54-year-old male with hepatocellular carcinoma who suffered from severe abdominal pain after transarterial chemoembolization, where further studies found a rare complication of subcapsular hematoma of the right kidney.

**Keywords :** hepatic artery chemoembolization, hepatocellular carcinoma, complications

## 病例報告

### 肝動脈化療栓塞治療肝癌的罕見併發症

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### 中文摘要

根據 2013 年台灣年度十大死因報告，癌症仍然佔首位，其中肝癌是第二常見的癌症死因。肝動脈化療栓塞已廣泛用於治療不能手術切除的肝癌和提升巴塞隆納肝癌分類為中期患者的存活率。儘管肝動脈化療栓塞併發症不高，嚴重的併發症仍會發生。我們報告一位 54 歲肝癌患者在做完肝動脈化療栓塞後有嚴重腹痛，之後檢查發現右腎包膜下血腫之罕見併發症。

**關鍵字:** 肝動脈化療栓塞治療、肝細胞癌、併發症

## INTRODUCTION

Cancer was the leading cause of death in Taiwan in 2013, according to the official annual report issued by the Taiwan Department of Health. In particular, hepatocellular carcinoma (HCC) was the second lead-

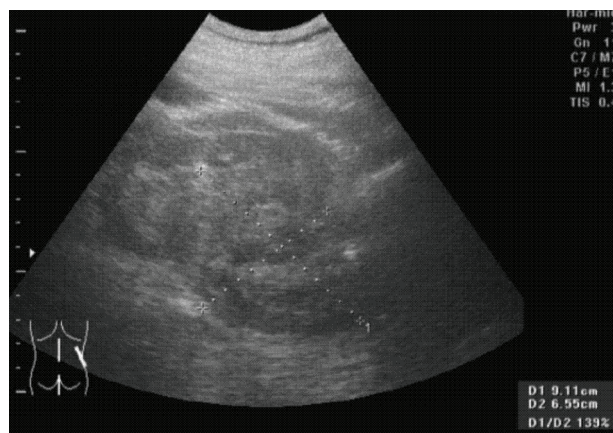
ing cause among those cancer deaths [1]. Compared with the frequently limited options for other cancers, treatment selection for HCC is variable, such as surgery, percutaneous ethanol injection, radiofrequency ablation, and transarterial chemoembolization (TACE).

Such options exist in part because patient prognosis depends not only on the tumor extent but also hepatic function reserve [2,3]. TACE is now widely used for the treatment of HCC in Taiwan. Major complications in the technique of TACE occur in 5% of patients, with a 1% risk of death [4]. Various complications associated with TACE for HCC include hepatic failure, hepatic infarction, liver abscess, bilomas, cholecystitis, gastrointestinal mucosal lesions, and multiple intra-hepatic aneurysms [5].

The most common vascular complication related to arterial access is hepatic artery injury [4]. Here, we report the case of a 54-year-old male with hepatocellular carcinoma who suffered from severe right abdominal pain after TACE. Additional investigation revealed a rare complication of subcapsular hematoma of the right kidney.

## CASE REPORT

A 54-year-old male with a past history of chronic hepatitis B and hepatocellular carcinoma was diagnosed 3 years ago after S6 partial hepatectomy. He didn't receive antiviral treatment for chronic hepatitis B (HBe Ag: negative, HBV DNA: 525 IU/mL). A 3.5 cm target-like mass in S7 was found by abdominal ultrasonography prior to admission during regular follow-up. Dynamic abdominal computed tomography (CT) showed a 4.1 cm hypervascular mass with washout of contrast enhancement. With a presumptive diagnosis of recurrent hepatocellular carcinoma, the patient received TACE by superselective catheterization of the feeding artery from the right hepatic artery and therapeutic chemo-embolization with 40 mg Doxorubicin mixed with 10 ml Lipiodol, 1.0 gm Cefazolin,



**Figure 1.** Ultrasonography. A heterogenous echogenic mass was found in the right kidney, 9.1x6.5 cm in size

and gelfoam piece as embolizers.

After TACE, the patient suffered from severe right flank pain and right upper quadrant pain. His hemodynamic status was stable. Laboratory data revealed deteriorate liver function, including GOT/GPT level (44/33 to 142/142 IU/L; normal range: 15-41/14-40 IU/L), and total/direct bilirubin level (2.6/0.6 to 4.5/0.8 mg/dL). The patient's hemoglobin level decreased rapidly (9.9 to 5.9 g/dL) in 2 days and presented with acute kidney injury (creatinine levels: 0.6 to 1.6 mg/dL). Follow-up ultrasonography showed a huge heterogenous mass in the right kidney (Figure 1). When the patient was administered a whole abdominal CT scan without contrast, retention of contrast medium in the right kidney and hyperdense lesion in the right subcapsular and perirenal space was noted, compatible with internal bleeding (Figure 2A). There was a large area of lipiodol collection in the liver presenting HCC post TAE (Figure 2B).

The patient was treated conservatively with blood transfusion and intravenous volume replacement. A protruding soft mass lesion in the right flank then ecchymosis over right flank was noted on day 7 post TACE. The hematoma had decreased when a follow-up ultrasonography was obtained 10 days after the procedure. He was discharged uneventfully on day

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