Acute pancreatitis as fatal complication after chemoembolization of hepatocellular carcinoma

Dear Editor,

The transarterial chemoembolization (TACE) of hepatocellular carcinomas (HCC) is performed as treatment, also palliative for these patients with stage B tumors of Barcelona Clinic Liver Cancer (BCLC), as well as a treatment during the waiting period towards the liver transplantation(1,2).

Case report

We report the case of an 82-years-old man with a history of hypertension, smoker and drinker of alcohol who was diagnosed with cirrhosis by abdominal ultrasound for hypertransaminasemia. In the same test, three hepatic lesions were observed, and by computerized tomography a multicenter HCC was diagnosed, being the largest of these lesions 55 mm in size.

The patient had compensated cirrhosis (Child-Pugh A5) and he was found in the BCLC intermediate stage, so he underwent palliative treatment through TACE.

Arteriography of the celiac trunk and superior mesenteric artery (SMA) was carried out. The left hepatic artery was a branch of the celiac trunk and the right hepatic artery of the SMA. The TACE was done through a superselective way with a microcatheter to the branch from the segment II of the celiac trunk. Thirty milligrams of adriamycin charged in DC Beads particles between 300 and 500 microns were administered. Micro-catheterization of the artery of segment VII was also done from the branch of the SMA and twenty milligrams of adriamycin charged in the same particles were injected.

It was a procedure without incidents and no immediate complications. A good result of the embolization through posterior catheterism was obtained.

The patient remained in good general state for 24 hours and he was discharged.

Ten days later he returned with nausea, vomiting and fever of a week of evolution. In the physical examination, the regular general state was observed, and the abdomen was painful with decreased bowel sounds. The blood analysis showed a clotting alteration, mild hypertransaminasemia and leukocytosis with neutrophil prevalence. He was admitted and treated with a wide spectrum antibiotic. In the computerized tomography hypodense and hypervascular small lesions were observed and the largest of segment II with air in its interior which could correspond to necrosis or abscesses. There was also bilateral pleural effusion and large peripancreatic collections which extended to the transverse mesocolon, hepatic hilum and right anterior pararenal space. There was alteration in the structure of the gland and pancreatic necrosis, basically in the head and neck of the pancreas, all of the data demonstrating a serious acute pancreatitis (AP) (Fig. 1). The patient suffered respiratory insufficiency, renal failure and sepsis, causing death four weeks after.

Discussion

There are few studies evaluating the incidence of AP after TACE (3-7). It is an invasive treatment, which can give rise to complications, the most frequent of them have been the post embolization syndrome (3) which symptoms consists in abdominal pain, fever, nausea, vomiting and malaise. Between 2 to 7 % of the procedures have serious complications and a mortal-
We recommend that in all those patients submitted to this technique who developed abdominal pain, vomiting, fever or paralytic ileum their pancreatic enzymes should be determined or carried out by a pertinent test to achieve the diagnosis, so adequate therapeutic measures can be taken.

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References


Fig. 1. Axial cut of abdominal computerized tomography at the level of the pancreatic head. Peripancreatic collections and necrosis areas in the head of the pancreas are noted.