



Side effects and complications of hepatic arterial infusion and embolization of liver carcinoma in aged patients and its management

Fu-Gui Huang, Yun Li, Xiao-Dong Xie

Fu-Gui Huang, Yun Li, Xiao-Dong Xie, Shenyang Military General Hospital, Shenyang 110015, Liaoning Province, China

Author contributions: All authors contributed equally to the work.

Correspondence to: Dr. Fu-Gui Huang, Shenyang Military General Hospital, Shenyang 110015, Liaoning Province, China

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Abstract

AIM: To study postoperative morbidity and treatment of hepatic arterial infusion and embolization of hepatic carcinoma in the elderly.

METHODS: There were 125 patients, 98 men and 27 women, aged from 60 to 78 years. All the diagnosis were made according to the standard of the Country's Study Group for the treatment of liver cancer. Hepatic arterial infusion and embolization were performed after hepatic arterial angiography using Seldinger puncture technique.

RESULTS: Side-effect: (1) Nausea, Vomiting occurred in 51 patients after the procedure, lasting 2-4 d. It was improved after inhalation of O₂ and metoclopramide injection im. (2) Pain of right-upper abdomen: presented in 95% mitigated by use of analgesics. (3) Fever, occurred in 123 patients, relieved by using: indomethacin. Complications: (1) Liver abscess: occurred in 5 patients. Chief manifestations were severe pain of right-upper abdomen, fever, ameliorated after one week adequate antibiotic treatment. If the abscess is huge, percutaneous puncture and drainage should be carried out intraabscess injection of antibiotics as well time. (2) Upper gastro-intestinal Hemorrhage (U.G.H.): The catheter should be positioned just above the lesion (pass through gastroduodenal artery) as much as possible. If U.G.H. is present, injection of H₁-receptor antagonist is indicated. (3) Right pleural effusion: Usually permission

can be achieved by conservative therapy. (4) Lipoid pneumonia: cure is induced by adequate antibiotic therapy. (5) Cholecystitis: occurred in 1 patient. Symptomatic relieve after antibiotic therapy. (6) Myocardial poisoning of E.P.I. presented in one patient: inhalation of O₂ instantly and myocardial-protection therapy were taken, and the patient got improved. (7) Damage of liver function: A.L.T rise in 30 patients, decreased to normal after liver-protection therapy. (8) Acute pancreatitis: recovered quickly after symptomatic treatment. (9) Paralytic intestinal obstruction: presented in one patient 2 d following the operation, and diminished after decompression of gastrointestinal luminal pressure and the usage of gastrointestinal tract peristaltic drugs.

CONCLUSION: HAE is a little-damaged and good-effecting therapy for liver carcinoma and can be carried out repeatedly. But the complication would be descend the treatment effect. How to avoid and treat the complication is important. Control the Indication. Potentiate nursing of perioperation, advance operator's inserting catheter level could be decrease the complications.

HAE is of therapeutic value for hepatic carcinoma, and of little injury which can be carried out repeatedly. Nonetheless complications after the intervention affect the result of it. Consequently much emphasis should be drawn on the avoidance and timely management of complications by the physician. In order to avoid the various complications, the following measures are required; be strict with indications pay more attention to perioperative care, and be skillful in performing the cannulation technically.

Key words: Liver neoplasms/therapy; Embolization, therapeutic; Hepatic artery; Perfusion, regional; Postoperative complications

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