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Portal vein embolization effect on colorectal cancer liver metastasis progression:
lessons learned

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Abstract

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Colorectal liver metastasis (CRLM) is the major **15** cause of death in patients diagnosed with colorectal cancer (CRC). The gold standard treatment of CRLM is surgical resection. Yet, in the past, more than half of these patients were deemed unresectable **14** due to the inadequate future liver remnant (FLR). The introduction of efficient portal vein embolization (PVE) preoperatively allowed more resections of metastasis in CRLM patients by stimulating adequate liver hypertrophy. However, several experimental and clinical studies reported tumor progression after PVE which critically influences the subsequent management of these patients. The underlying pathophysiological mechanism of tumor progression post-PVE is still not fully understood. In spite of the adverse effects of PVE, it remains a potentially curative procedure in patients who would remain otherwise unresectable because of the insufficient FLR. Currently, the challenge is to halt tumor proliferation following PVE in patients who require this

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Current treatment for liver metastases from colorectal cancer

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This article reviews the natural history of colorectal cancer liver metastases, of metastases, it may not affect the progressive course of the cancer[59]. Portal vein embolization may be combined in the treatment of patients with huge Radiofrequency ablation of unresectable hepatic malignancies: lessons learned.

Johns Hopkins Liver Tumor Center: Colorectal Liver Metastasis

www.hopkinsmedicine.org/liver_tumor_center/conditions/cancerous_liver_tumors/col

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