Clinical Experience for Obstructive Jaundice Secondary to Icteric Type Hepatocellular Carcinoma

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Background and Aims

- Obstructive jaundice caused by HCC thrombi is a rare event.
- Mallory et al. described the first such case in 1947.
- In 1975, Lin first named the tumor icteric type hepatoma.
- Reported incidence: 0.7% -11.7%.
- This study analyze the cholangiographic image, different drainage methods and prognosis of icteric HCC.
Patients and Methods

- A retrospective analysis
- 1996 January to 2002 December
- HCC was diagnosed by liver biopsy or serum AFP > 500 ng/dL
- Diagnosis for icteric type HCC: ERCP image with obstructive jaundice
- Clinical situation improvement is defined:
  - total bilirubin level declines, or
  - fever subsides within 2 days
Results

• HCC: 1199 patients during 7 years
• Incidence rate: 1.33% (16/1199)
• Male to female: 11 to 5
• Age: 41 to 75 y/o (mean: 57.5 y/o)
• Tumor size: 2.5 × 2.5 to 15 × 16 cm
• Tumor No.: Single to multiple: 11:5
• AFP: 3.04 to 1.3 × 10^7 ng/dL
• Presenting symptoms:
  - jaundice(100%)
  - fever(74%)
  - abdominal pain(47%)
## Results (biliary drainage)

<table>
<thead>
<tr>
<th>type</th>
<th>ERBD</th>
<th>ENBD</th>
<th>PTCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstruction (8)</td>
<td>0/3</td>
<td>0/1</td>
<td>3/5</td>
</tr>
<tr>
<td>Hemobilia (5)</td>
<td>0/3</td>
<td>2/3</td>
<td>1/1</td>
</tr>
<tr>
<td>Ext. compression(3)</td>
<td>0/1</td>
<td>0/1</td>
<td>1/1</td>
</tr>
</tbody>
</table>
## Results (Survival Time)

<table>
<thead>
<tr>
<th>Child’s score</th>
<th>Survival time</th>
<th>Treatment</th>
<th>Without TAE and/or PEI</th>
<th>With TAE and/or PEI</th>
</tr>
</thead>
<tbody>
<tr>
<td>B, dead</td>
<td>1, 1, 1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>C, dead</td>
<td>1, 2, 2, 4</td>
<td></td>
<td></td>
<td>1, 12</td>
</tr>
<tr>
<td>B, alive</td>
<td>1, 2</td>
<td></td>
<td></td>
<td>8,19</td>
</tr>
<tr>
<td>C, alive</td>
<td>1</td>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>
Discussion (I)

• Suggestive image of icteric HCC:
  - complete or incomplete CBD obstruction
  - amorphous filling defect
  - external compression

• Icteric HCC should be suspected if:
  - jaundice
  - hepatoma risk factors
  - cholangiographic appearances mentioned above

• No specific cholangiographic feature is diagnostic of icteric HCC.
Discussion (II)

- PTCD is superior to ENBD or ERBD:
  - HCC is easily bleeding. The blood clots tend to obstruct ENBD or stent.
  - inserting ENBD or ERBD usually results in tumor bleeding.
  - the flap of stent may cause massive bleeding while withdrawal.
Discussion (III)

- The ideal treatment of icteric HCC is hepatic resection.
- Unfortunately, most tumors are unsuitable for resection because:
  - the tumor is often close to the hepatic hilum
  - poor liver reserve
- Palliative treatment (TAE or PEI) seems to improve prognosis.
Conclusion

- PTCD is the drainage method of choice in patient with obstructive jaundice secondary to icteric HCC if no contraindication.
- In hemobilia type, ENBD is an alternative method.
- Palliative treatment such as TAE and/or PEI improve survival time if hepatic resection is not suitable.