

Radiofrequency ablation versus partial hepatectomy for recurrent hepatocellular carcinoma after liver transplantation

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Background: Radiofrequency ablation (RFA) is a widely used, effective, and reliable therapy for HCC; however, whether RFA is as effective as surgical resection for recurrent HCC after liver transplantation (LT) remains unknown.

Methods: 394 consecutive HCC patients were given LT from February 1996 to February 2009 in our centre, 202 had recurrence, of which 58 patients with localized intrahepatic recurrence who were treated by either surgical resection or RFA included. Patients were followed-up regularly after treatment until death or the end of the study period.

Results: The 5-year overall survival rate after treatment was 14.5% for the surgical resection group and 16.7% for the RFA group. No significant difference was found in overall survival from the date of treatment ($p=0.518$). The 5-year overall survival rate from the date of liver transplantation was 22.4% for the surgical resection group and 20.1% for the RFA group. Difference was not significant in overall survival from the date of liver transplantation ($p=0.726$). The 5-year re-recurrence-free survival rate was 10.0% for the surgical resection group and 9.5% for the RFA group. There was no significant difference in re-recurrence-free survival as well ($p=0.448$). Interval of recurrence from LT ≤ 1 year had a relative risk of 11.932 (95% CI=4.145-23.327) and microvascular invasion had a relative risk of 22.751 (95% CI=8.542-32.155) for overall survival.

Conclusion: RFA for isolated intrahepatic recurrent HCC after LT has similar long-term survival as surgical resection, but RFA is less invasive.

Biography

Jiwei Huang has completed his Ph.D. and M.D. at the age of 33 years from West China Medical School of Sichuan University and works in the Department of Hepatobiliary Pancreatic Surgery, West China Hospital, Sichuan University. He is an outstanding young surgeon and clinical researcher who has received many awards. He is in charge of several major registered clinical trials. He has published more than 30 papers in reputed journals (including "Annals of Surgery") and books.

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