Hepatic chemoembolization: safety with portal vein thrombosis

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PURPOSE: Nine patients with unresectable hepatic malignancy and portal vein thrombosis underwent hepatic chemoembolization. PATIENTS AND METHODS: Six patients had primary malignancies (hepatocellular carcinoma in five, hepatoblastoma in one), and three had metastatic tumor (adenocarcinoma of the colon in two, glucagonoma in one). Chemoembolization was performed with 10 mg/mL of cross-linked collagen, 10 mg/mL of mitomycin, 3 mg/mL of doxorubicin, and 3 mg/mL of cisplatin. Each patient was treated until flow in the hepatic artery ceased completely. RESULTS: All treatments were technically successful. Eight patients responded to treatment, including two long-term survivors (> 2 years). One patient died 31 days after treatment of progressive hepatic malignancy and atherosclerotic disease. No patient developed hepatic infarction or insufficiency as a result of treatment. Follow-up ranged from 1 to 26 months (mean, 13 months). CONCLUSION: Portal vein thrombosis should not be considered an absolute contraindication to hepatic chemoembolization. Hepatic chemoembolization can be performed safely in the presence of adequate collateral circulation.

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