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Summary

DUODENAL PERFORATION AND EXTENSIVE NECROSIS AFTER TRANSARTERIAL CHEMOEMBOLIZATION OF MULTIFOCAL HEPATOCELLULAR CARCINOMA

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A 68-year-old male with non-cirrhotic hepatocellular carcinoma developed duodenal perforation from necrotic liver collections seven days after repeat transarterial chemoembolization, managed with conservative therapy followed by surgical resection.

KEY POINTS

- Three hepatocellular carcinoma nodules (24, 42, and 72mm) were diagnosed by biopsy in a non-cirrhotic liver discovered incidentally on CT for abdominal aortic aneurysm surveillance.
- Repeat TACE was performed after three months due to inability to catheterize one nodule and persistent viable tumor in another.
- Seven days post-TACE, the patient developed pain and elevated inflammatory markers; CT revealed two necrotic collections (47 and 87mm) with apparent over-infection, one perforated into the duodenal bulb.
- Conservative management (antibiotics, percutaneous drainage, total parenteral nutrition) was followed by successful surgical intervention (antrectomy, segmental duodenoectomy, gastrojejunal anastomosis) 46 days after TACE.
- The material notes that gastrointestinal ischemia from visceral artery embolization is a rare TACE complication with nonspecific symptoms, typically appearing within two weeks post-procedure.

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