

中文題目：合併食道或胃靜脈曲張之肝癌患者，接受射頻治療術後之長期預後

英文題目：Long term outcomes of hepatocellular carcinoma with esophagogastric varices after radiofrequency ablation

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Background: The curative treatment modality for patients with early stage hepatocellular carcinoma (HCC) includes surgical resection (SR), radiofrequency ablation (RFA), and liver transplantation (LT). Due to the potential risk of post-hepatectomy liver failure, the current international guidelines do not suggest SR for HCC patients with clinically significant portal hypertension (CSPH), such as the presence of esophagogastric varices (EGV). RFA is recommended as the front-line treatment in this clinical setting. Nevertheless, the long-term survival of patients with EGV after RFA has not yet been well investigated until now. This study aimed to analyze the long-term prognosis of HCC patients with EGV after RFA.

Method: This retrospective study enrolled the patients with treatment-naïve HCC and with EGV who underwent RFA as the first-line treatment from 2003 to 2017. EGV was diagnosed by an esophagogastroduodenoscopy at the time of HCC diagnosis. Prognostic factors were analyzed by the Cox proportional hazards model.

Result: A total 183 patients were enrolled. After a median follow-up duration of 42.3 months, 128 patients died. The 5-year overall survival (OS) rate is 36.8%. The peri-procedure morbidity incidence rate is 8.7%, and major morbidity incidence rate is 4.9%. The multivariate analyses showed age > 65 years (Hazard ratio (HR) 1.900, 95% confidence interval (CI) 1.288- 2.802, p=0.001), multiple tumors (HR 1.647, 95% CI 1.109-2.448, p=0.013) and presence of peri-RFA major morbidity (HR 2.962, 95% CI 1.471- 5.966, p=0.002) were the independent prognostic factors for poor OS. Regarding tumor recurrence, the multivariate analysis showed multiple tumors (HR 1.458, 95% CI 1.028-2.066, p=0.034) and albumin bilirubin (ALBI) grade > 1 (HR 1.434, 95% CI 1.021-2.015, p=0.038) were poor prognostic factors for poorer recurrence-free survival (RFS) after RFA.

Conclusions: RFA is safe treatment modality for HCC patients with EGV. Age older than 65 years, multiple HCC tumors and development of peri-RFA major morbidity were the risk factors for poor OS. Multiple tumors and ALBI grade >1 were the factors associated with poor RFS.