

Preresection transarterial chemoembolization for hepatocellular carcinoma

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Sir,
The recent report on “preresection transarterial chemoembolization for hepatocellular carcinoma” is very interesting [1]. Goel et al. concluded that “encouraging outcomes in terms of disease recurrence and overall survival need to be balanced with the risk of surgical dropout and perioperative complications when selecting patients for transarterial chemoembolization (TACE) prior to resection” [1]. There are some concerns on the use of preresection transarterial chemoembolization for hepatocellular carcinoma. As noted in a different series of patients, TACE was associated with a higher prevalence of hepatic artery stenosis if liver transplantation was finally used for the management of hepatocellular carcinoma [2]. Also, in another report from Korea, the totally different finding can be observed [3]. Kim et al. noted that “preoperative transarterial chemoembolization for initially

resectable hepatocellular carcinoma worsens overall survival rate” [3].

References

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