

# Re: Superselective Transarterial Chemoembolization as an Alternative to Surgery in Symptomatic/Enlarging Liver Hemangiomas

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Despite the important technical progress made in liver surgery, restriction of liver resection in patients with harmless lesions is a priority. The extremely low risk of hemangioma rupture should not affect the therapeutic management. Usually, the discovery of an hemangioma should be disregarded, the patients should be reassured, and there is no scientific argument that specific advice regarding any physical activity should be recommended. Similarly, there is no reason to interrupt the use of oral contraceptive or to avoid pregnancy. Finally, no specific follow-up is justified. Surgery remains considered for some giants (>10 cm) hemangioma clearly associated with discomfort or compression of abdominal adjacent organs. In order to avoid that surgery remains the main complication of hemangioma, there is a serious need to explore alternative treatments such as transarterial chemoembolization, which was described in this study. The inconstant efficiency of hepatic arterial embolization in this vascular lesion has led some authors to dare the adjunction of bleomycin as a sclerosing agent [1]. In the present series, confirming another study from Turkey gathering 26 patients [1], Ozden et al. [2] showed clearly that in “symptomatic” patients with a vast majority of giant hemangiomas, one or two sessions of transarterial

chemoembolization were well tolerated and efficient with a 50% reduction of both lesion volume and improvement in symptoms. This innovative approach requires a prospective study in specialized units collecting possible side effects of this local chemotherapy in non-cancerous patients including the occurrence of pulmonary fibrosis and biliary sclerosing [3]. However, these observations justify to consider this treatment before extensive resection or even liver transplantation in patients with huge hemangioma.

## References

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