

中文題目：經動脈灌流化學栓塞治療之少見的併發症—栓塞後膿瘍：病例報告

英文題目：An Uncommon Complication of Transarterial Chemoembolization -

Post TACE liver abscess: A Case Report

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Background: Embolization and chemoembolization have been used for treatment of liver malignancies, including primary or metastases. There are some possible complications following the hepatic artery embolization, such as acute hepatic failure, liver infarction or abscess, cholecystitis, splenic infarction, gastrointestinal mucosal lesions. We presented a case who received TACE for multinodular hepatocellular carcinoma and diagnosed to have post TACE liver abscess.

Materials and Methods: A 55-year-old man has history of hepatitis B virus and alcohol-related liver cirrhosis, HCC status post RFA on 2011/10/20, 2015/11/06. He also has history of type 2 diabetes mellitus for years with diet control. He was found to have recurrent HCC at bilateral lobes of liver so he was admitted for further evaluation and management. After admission, TACE was arranged to treat his HCC. The next day post-TACE, intermittent fever developed. Besides, he also had chills. Abdominal sonography showed a suspected focal gas located at previous embolized tumor site. We followed up that gas and found that the focal gas enlarged. With his toxic appearance, intraabdominal infection is considered. Abdominal CT scan was arranged and it demonstrated liver cirrhosis with four HCCs post TACE with abscess formation. Therefore, percutaneous drainage was performed for him and broad-spectrum antibiotics was used. Pus culture and blood culture both yielded *Klebsiella pneumoniae*. After treatment, he was discharged with OPD follow-up. We performed a Pubmed search with use of the key words “TACE” and “liver abscess” for a brief review of incidence, clinical manifestations, risk factors, diagnosis and treatment.

Result: Post-TACE/TAE liver abscess is relatively rare and the incidence was reported to be 0.2 to 4.5%. Delayed diagnosis is possible because symptoms are similar to postembolization syndrome, such as pain, nausea, vomiting, and fever. The risk factors included bilioenteric anastomosis, diabetes mellitus, large HCC and biliary tract disease. Besides, the imaging of abscess can resemble tumor necrosis. Once post-TACE/TAE abscess is diagnosed, the treatment strategies include image-guided percutaneous drainage, broad-spectrum of antibiotics and even surgical intervention if generalized peritonitis or abscess rupture. Close follow-up for liver abscess via imaging is required.

Conclusion: Post-TACE liver abscess resembles post-embolization syndrome and may be fatal. To avoid delayed diagnosis, we should have this differential diagnosis in mind.