SUMMARY

Hepatocellular carcinoma is the most frequent primary tumor of the liver, the incidence of which is increasing worldwide. Cirrhosis of the liver, regardless of etiology, is considered to be the main risk factor for the onset of HCC. Hepatitis C and B virus are the main factor related to the presence of cirrhosis of the liver in patients with hepatocellular carcinoma.

To best assess the prognosis of hepatocellular carcinoma patients it is recommended that the staging system takes into account tumor stage, liver function and physical status. Currently, the BCLC system is the only staging system that accomplishes these aims.

Patients who have intermediate-stage hepatocellular carcinoma according to the BCLC staging system are the optimal candidates for transcatheter arterial chemoembolization as a palliative treatment. Palliative options should aim to improve survival without greatly impairing the quality of life.

Due to recent advances in radiofrequency technology, radiofrequency ablation also has been used to treat patients with intermediate-stage hepatocellular carcinoma. Preliminary reports have shown that radiofrequency ablation performed after transcatheter arterial chemoembolization results in increased volumes of coagulation necrosis, thus enabling successful destruction of large hepatocellular carcinoma lesions. The combination of RFA with TACE appears to be a safe procedure with virtually negligible side effects. There was no lasting impairment of liver function, liver failure, or death directly caused by the procedure.

Studies concluded that RF ablation combined with transcatheter arterial chemoembolization showed superior therapeutic effect than transcatheter arterial chemoembolization alone on the treated intermediate stage hepatocellular carcinomas and appears to benefit the patient in terms of improved early survival due to the lower local recurrence rate.

The size of the largest tumor was found to be a significant factor for early intrahepatic recurrence rate that was significantly higher in patients with large tumors (more than 5 cm) than those with intermediate sized (3-5 cm) tumors.

The two modes of treatment shows boosting effect for the other mode by making it easier to act.

This combined therapy worth further studies as control of large hepatocellular carcinoma is still a challenging problem, and to assess the long-term clinical efficacy.