



**Step Head Receive Consider Conclude Fruit Boat Blockage Circuit
Chemical Clear Oil Thing Treatment Spoiled Letters Table Tissue Te Plant
Liver Original Played at Sick Core Big Year Old in Sick Institute Statistics
Best**

Dr. Truong *

***Correspondence to:** Dr. Truong, Medical Oncologist | Internal Medicine, Palliative Care for Cancer Patients. Nguyen Virtue School.

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Abstract

Objective: The aim of this study was to evaluate the result of Transarterial Oily Chemo Embolization (TOCE) in treatment of primary hepatocellular carcinoma in older patients at Thong Nhat hospital, from April 2005 to May 2009.

Materials and methods: We studied 66 older patients with primary hepatocellular carcinoma, 34 patients was treated by TOCE and 32 patients was not treated by TOCE. Methods: Prospective, descriptive, longitudinal cross-sectional study.

Results: 66 older patients included this study: 57 of them were male, 9 of them were female, and their mean age was 68.8 ± 6.07 years (60-80). In there, 34 patients was treated by TOCE and 32 patients was not treated by TOCE. There was no significant difference ($p > 0.05$) between these two groups at age, gender, Child-Pugh, clinical and paraclinical characteristics and viral hepatitis. The most common cause of primary hepatocellular carcinoma in older patients is: 75.8% hepatitis B virus (HBV), 16.7% hepatitis C virus (HCV) and 7.6% other. The session of TOCE for 1 time: 29.4%, 2 times: 41.2%, 3 times: 17.6%, 4 times: 11.8%. The mean tumor size before TOCE is 5.9 ± 2.51 cm and after TOCE 4.85 ± 2.04 cm ($p < 0.05$). The mean of survival time was 18.65 ± 4.79 months with TOCE and 12.81 ± 3.15 months without TOCE ($p < 0.05$). The mean of relapse time with TOCE was 10.62 ± 2.46 months. Correlation: a significant ($p < 0.05$) reverse correlated with the mean of survival time and the mean of relapse time to AFP. Complications (symptoms) after the first week treating by TOCE: the most frequent symptoms of TOCE are nausea (32.4%), vomiting (20.6%), pain and /or discomfort on the right side of the abdomen (11.8%), fever (35.3%).

Conclusion: The mean tumor size was significantly smaller and survival time was significantly longer in the older patients with primary Hepatocellular Carcinoma that was treated by TOCE.

Key words: Primary Hepatocellular Carcinoma, TOCE.

Problem

Primary hepatocellular carcinoma (HCC) is a malignant disease. Approximately 1.25 million people die from this disease worldwide each year (11). The annual incidence varies by region, ranging from 12.5 to 143.8 per 100,000 people (19). In Vietnamese Male, HCC stand row rank 3 after lung cancer and stomach cancer. It is a very common disease, the prognosis is still very poor (11). In the past 10 years, there have been many studies on evaluating the effectiveness of treatment. boat blocked circuit chemical oil TOCE live sick hepatocellular carcinoma, but research direction France This live sick core big year old still closed one shoulder game importance to the first quantity as well as treatment decisions. Therefore, we carry out the proposal This document aims to:

Find understand one number special point belong to spoiled letters epithelium economy cell liver original release (HCC) often meet in elderly patients and the Correlation between survival time and clinical and paraclinical features of the disease.

Evaluation of the efficacy, safety and survival of transcatheter chemoembolization in the treatment of primary hepatocellular carcinoma in elderly patients.

OBJECT- DIRECTION FRANCE RESEARCH RESCUE**Opposite to statue research rescue**

They I research rescue above 66 sick core, from 60 to 80 years old, divided into 2 groups.

Group 1: 34 patients with primary hepatocellular carcinoma who were diagnosed and underwent TOCE intervention.

Group 2: 32 patients with confirmed primary hepatocellular carcinoma and Are not Have can card TOCE by sick patient refused treatment.

Earth point and time space

Department Internal Pepper chemical - Sick institute Statistics No. 1 in Ho Chi Minh City.

Time space month 4/2005 arrive 5/2009.

Pepper standard select sick

Cancer Hepatocellular carcinoma is determined based on histopathology through ultrasound-guided liver biopsy or according to the World Health Organization's diagnostic criteria based on blood tests (Alpha-Fetoprotein), imaging (ultrasound, CT scan, MRI).

Spoiled letters expression tissue economy cell liver Satisfied too only surgery

Hepatocellular carcinoma indicated surgery but the patient refused surgery .

Hepatocellular carcinoma recurrence after liver tumor resection.

Pepper standard type apart from

Blood block static circuit door.

Move base outside liver.

Fiber liver stage paragraph last (Child-Pugh C)

too many comorbidities. heavy like: think heart, think kidney or Satisfied thing equal to direction France other before there cancel bad thing treat

Direction France research rescue

Research rescue tissue describe cut horizontal Have according to follow vertical, forward

CONCLUDE FRUIT RESEARCH RESCUE

In time space from 4/2005 arrive 5/2009, we progress onion research rescue above 66 sick core Primary hepatocellular carcinoma, including 34 patients core Okay real presently boat blocked circuit petrochemical embolization (TOCE) and 32 patients who did not undergo petrochemical embolization. There were no differences in gender, age, stool degree Child-Pugh, fiber liver also like the signs effect forest sieve, near forest sieve. Conclusion fruit is recorded as follows:

Special point sample research rescue

Board 1: Special point year old and gender belong to the opposite to research object

Sample character istics	Group I (Have TOCE, n = 34)	Group II (Are not TOCE, n = 32)	Total number n = 66	p
Year old	67.97 ± 6.13	69.84 ± 5.96	68.88 ± 6.07	> 0.05
Male	29 (85.3%)	28 (87.5%)	57 (86,4%)	> 0,05
Nữ	5(14,7%)	4(12,5%)	9(13,6%)	> 0,05

Gender characteristics of research subjects give see billion rate shared belong to male gender bag spoiled letter tissue economy cell liver occupy advantage position with billion rate 86.4% high than female 6 time. Year old central jar 68.88 ± 6.07, two group research rescue Have the similar to age and gender with p > 0.05.

Board 2 : Special point clinical belong to the opposite to research object

Special point sieve	Forest Group I (Yes) TOCE, n = 34)	Group II (No TOCE, n = 32)	Total number n = 66	p
Tired mine	29 (85.3%)	27 (84.4%)	56 (84.8%)	> 0.05
S weigh	15 (44,1%)	15 (46,9%)	30 (45,5%)	> 0,05
Đau vùng gan	27 (79,4%)	24 (75,0%)	51 (77,3%)	> 0,05
Gan to	18 (52,9%)	18 (56,3%)	36 (54,5%)	> 0,05
Xơ gan	31 (91,2%)	29 (90,6%)	60 (90,9%)	> 0,05

The most common clinical symptom is fatigue. tired, group I and II To be 85.3% and 84.4%, painful that is, liver area was 79.4% and 75.0%, hepatomegaly was 52.9% and 56.3%, weight loss was 44.1% and 46.9%, cirrhosis was accompanied by occupy billion rate High To be 91.2% and 90.6%, two The groups had similar clinical characteristics before treatment ($p > 0.05$).

Board 3 : Special point about stool degree Child-Pugh and causes of research subjects.

Special point sieve	Forest Group I (With TOCE, n = 34)	Group II (No TOCE, n = 32)	Total number n = 66	p
Child A	14 (41.2%)	10 (31.3%)	24 (36.4%)	> 0.05
Child B	20 (58.8%)	22 (68.8%)	42 (63.6%)	> 0.05
HBsAg	26 (76.5%)	24 (75,0%)	50 (75,8%)	> 0,05
Anti HCV	6 (17,6%)	5 (15,6%)	11 (16,7%)	> 0,05
NN Khác	2 (5,9%)	3 (9,4%)	5 (7,6%)	> 0,05

Most cases of carcinoma Hepatocytes in both groups had Child-Pugh B function: 58.8% and 68.8%. The cause of HCC was mainly HBV in both groups. The groups were similar in disease stage and liver function status.

Board 4 : Special point block u belong to the opposite to statue pretreatment study

Đặc điểm khối u	Nhóm I (Có TOCE, n = 34)	Nhóm II (Không TOCE, n = 32)	p
1 khối u	29 (85,3%)	28 (87,5%)	> 0,05
2 khối u	4 (11,8%)	3 (9,4%)	> 0,05
> 2 khối u	1 (2,9%)	1 (3,1%)	> 0,05
Gan phải	27 (79,4%)	25 (78,1%)	> 0,05
Gan trái	4 (11,8%)	3 (9,4%)	> 0,05
Liver Right and left	3 (8,8%)	4 (12,5%)	> 0,05
Size ruler u (cm)	5.91 ± 2.51	5.78 ± 2.26	> 0,05

Number of tumors in the liver, tumor location as well as click ruler belong to block u between two group Have and no TOCE treatment made no difference .

Board 5 : Special point near forest sieve belong to the opposite to pre-treatment study subjects .

Special point paraclinical	Group I (With TOCE, n = 34)	Group II (No TOCE, n = 32)	p
SGOT	182.21 ± 98.58	147.34 ± 125.60	> 0.05
SGPT	101.91 ± 62.98	84.91 ± 78.08	> 0.05
Bilirubin TP	27,51 ± 15,95	34,19 ± 18,02	> 0,05
AFP	154,78 ± 63,50	161,25 ± 65,68	> 0,05

Are not Have the other special Have idea meaning system list about point near forest sieve like yeast liver SGOT, SGPT, Bilirubin TP, AFP and billion rate infected inflammation liver super en B, C between two group Have and Are not thing treat TOCE.

Conclude fruit after thing treat

Board 6: Special point block u belong to group I before and after thing treat TOCE

Special point block u	Before even TOCE value	After thing TOCE value	p
Are not Have u	0 (0%)	1 (2.9%)	> 0.05
1 block u	29 (85.3%)	24 (70.6%)	> 0.05

2 block u	4 (11.8%)	6 (17.6%)	> 0.05
> 2 block u	1 (2.9%)	3 (8.8%)	> 0.05
Liver Right	27 (79.4%)	25 (73.5%)	> 0.05
Liver left	4(11.8%)	3 (8.8%)	> 0.05
Liver Right and left	3 (8.8%)	5 (14.7%)	> 0.05
Size ruler u	5.91 ± 2.51	4.85 ± 2.04	< 0.05

After thing treat TOCE give see click ruler Tumor size was significantly reduced compared with pre-treatment with $p < 0.05$. In When there, number quantity block u and taste mind tumor Are not Have replace change Have idea meaning system list with $p > 0.05$ comparison before and after TOCE treatment.

Board 7 : *Special point near forest sieve belong to group I before and after thing treat TOCE.*

Đặc điểm cận lâm sàng	Trước điều trị TOCE	Sau điều trị TOCE	p
SGOT	182,21 ± 98,58	91,76 ± 57,51	< 0,05
SGPT	101,91 ± 62,98	64,24 ± 36,08	< 0,05
Bilirubin TP	27,51 ± 15,95	21,22 ± 11,07	< 0,05
AFP	154,78 ± 63,50	87,88 ± 48,10	< 0,05

After one month of TOCE treatment, it showed Liver enzymes SGOT, SGPT and TP Bilirubin, AFP decreased statistically significantly compared to before TOCE treatment with $p < 0.05$.

Board 8 : *Time living belong to group has and Not available thing treat TOCE.*

Special point	Group I (Yes) TOCE, n = 34)	Group II (Are not TOCE, n = 32)	p
Time space living	18.65 ± 4.79	12.81 ± 3.15	< 0.05
Time space re release	10.62 ± 1.46	-	-

There is a prolongation of life for the patient group Have thing treat TOCE than the group no TOCE treatment with $p < 0.05$.

Time space re release central jar give group Have thing treat TOCE To be 10.62 month.

Board 9 : *Number time thing treat TOCE live group sick core Have thing treat*

Number time TOCE	Number sick core TOCE (n = 34)
1 time	10 (29.4%)
2 time	14 (41.2%)
3 time	6 (17.6%)
4 time	4 (11.8%)

Number time TOCE Okay real presently give sick The factors in the study group were: 2 times TOCE accounted for 41.2%, 1 time TOCE occupy 29.4%, 3 time TOCE occupy 17.6% and 4 time TOCE occupy 11.8%.

Board 10: *Million proof forest sieve often meet after TOCE.*

Million proof	Sick core (Group has TOCE n = 34)
Sad vomit	11 (32.4%)
Vomit	7 (20.6%)
Painful region liver	4 (11.8%)
Fever	15 (35.3%)

Author use Are not expect want often happen Post-TOCE nausea occurred in 32.4%, vomiting in 20.6%, liver pain in 11.8%, and fever in 35.3%.

Board 11 : *Termites soy sauce mandarin between time space living and relapse with the characteristics of research group*

Soy sauce mandarin with	Time living space (Group research rescue n = 66)	Time space re release (Group Are not TOCE n = 32)
Year old	r = - 0.34 (p < 0.05)	r = - 0.28 (p > 0.05)
Gender	r = + 0.03 (p > 0.05)	r = + 0.02 (p > 0.05)

Soy sauce mandarin with	Time living space (Group research rescue n = 66)	Time space re release (Group Are not TOCE n = 32)
Size ruler u	r = - 0.17 (p > 0.05)	r = - 0.16 (p > 0.05)
Number amount u	r = - 0.18 (p > 0.05)	r = - 0.16 (p > 0.05)
AFP	r = - 0.34 (p < 0,05)	r = - 0,30 (p < 0,05)
SGOT	r = - 0,25 (p > 0,05)	r = - 0,18 (p > 0,05)
SGPT	r = - 0,16 (p > 0,05)	r = 0,10 (p > 0,05)
Bilirubin TP	r = - 0,23 (p > 0,05)	r = - 0,16 (p > 0,05)

Have termites soy sauce mandarin inverse Have idea meaning statistical between time space living with year old and hot degree AFP blood in the study group.

TABLE DISCUSSION

One number special point forest sieve and near forest sieve

Table presently forest sieve

In the early stages of the disease, carcinoma asymptomatic hepatocellular carcinoma Early diagnosis is difficult if there is no regular examination and screening of at-risk subjects (5) . When symptoms If the clinical symptoms are too obvious, the disease is in an advanced stage: the tumor is large, liver function is poor, and the patient's physical condition is declining (19) . Therefore, treatment will be difficult, radical surgery is no longer indicated, and local measures also have limited results, high mortality rate, many complications, and short survival time.

Love status infected virus inflammation liver

Hepatitis B virus is a high risk factor for hepatocellular carcinoma. Studies have shown that the rate of HbsAg (+) in patients with hepatocellular carcinoma is very high (60-90%). rescue belong to we give the result fruit

like Therefore, the rate of HbsAg (+) is up to 75.8%. Consistent with the study Literature Frequency 1999 (18) . Positive Bright Win 2009 (3) . Infection HBV romantic calculate Have danger muscle High bag spoiled epithelial economy cell liver To be by DNA belong to virus Have body integrates into the genetic machinery of liver cells wall work core cause spoiled letters very strong (20.15) . The HCV rate in our study was lower at 16.7%, with no patient co-infected with both B and C viruses (3) .

Cirrhosis with according to

There are about 85% - 90% UBTG release develop on cirrhosis

KurtJ.I.Cs1990 (6) , CrawfordJ.M 1994 (14) ,

Duong Minh Thang 2009 (3) for 92.3% compliance fit with research rescue belong to they I billion rate HCC has fiber liver To be soy sauce present each other 91.2% and 90.6%. **Alpha Fetoprotein (AFP)**

AFP To be sign press born learn Okay history use most, Have price treat diagnosis guess, fairy quantity sick in hepatocellular carcinoma (12) .

In research rescue belong to they I, jaw AFP level increased 154.78 ± 63.50 and 161.25 ± 65.68 IU/ml live two group Have and Are not Have thing treat TOCE has no distinctive significant with $p > 0.05$.

AFP changes after treatment: AFP is very price treat in fight price treatment effectiveness and monitoring the treatment of hepatocellular carcinoma, changes in AFP levels after treatment reflect the inhibitory effect on the growth of hepatocellular carcinoma. liver cell tissue. In our study I group with TOCE AFP treatment from 154.78 ± 63.50 down to 87.88 ± 48.10 is statistically significant with $p < 0.05$. Checking AFP levels after treatment as well as during follow-up is an indispensable factor to evaluate treatment effectiveness, as well as detect recurrence for timely treatment (13,16) . This is consistent with the study of Huynh Duc Long 2000 (5) .

Special point damage love u liver

Number quantity and stool dad u liver: Research rescue of them I Multi number Have 1 block u liver (85.3%) owner weak in the right liver (79.4%), tumor size from 5.9 ± 2.51 cm. The tumor distribution mainly in the right liver has been agreed upon by domestic and foreign authors. Number quantity u often meet from 2 return go up, best is in a different lobe, which is an obstacle to surgery, but again Are not difficult towel with blocked circuit chemical oil (6) , because ability power blocked circuit select filter Have body Intervene in 2-3 tumors in one treatment while still ensuring liver function (3) .

Size ruler block u: From year 1999 (5.7) , blocked vascularization oil (TOCE) Satisfied return wall Technically technique universal The variant is indicated for hepatocellular carcinoma. click ruler from 3cm return go up,

number quantity u To be element fairy quantity Have idea meaning about time space living more later treatment (15) . In our study, we found that patients with smaller tumors had a shorter treatment time. space living more long and fairy quantity more good (20) .

Answer application thing treat

Answer application block u after treatment

The effectiveness of killing cancer cells after treatment is evaluated by the state of cancer tissue necrosis, the level of Lipiodol deposition in the tumor, the level of tumor size reduction and further reduction through the reduction of AFP content. On CT Scanner or MRI images, we see a reduction in tumor size. ruler block u after thing treat blocked circuit chemical average size oil from 5.91 ± 2.51 cm down 4.85 ± 2.04 cm with $p < 0.05$. Manure product the Lipiodol deposition with tumor size reduction showed a reduction Tumor size is inversely proportional to Lipiodol deposition (3) .

Re release after thing treat

Hepatocellular carcinoma often recurs after treatment, which is a difficult problem in treatment. Recurrence is a characteristic feature of hepatocellular carcinoma because 80-90% of hepatocellular carcinomas Hepatocellular carcinoma appears on a background of cirrhosis. Cancer cell proliferation and cancer cell infiltration into blood vessels often occur. from a very early stage, because So rebirth recurrence rate will be very high after treatment (6) .

In research group rescue belong to Our mean recurrence time was 10.62 ± 1.46 months, the earliest recurrence time was after 2 months, the latest was 22 months. Duong Minh Thang's study gave similar results. Therefore re Emissions can occur at any time. Job according to follow determine period each 2 month after thing treat very Have idea meaning to release presently damage love new to thing treat in time time (3) .

Time space living after thing treat

Post-treatment survival time is important in assessing the effectiveness of embolization . chemical oil live sick core big year old, with method This in thing treat spoiled letters expression tissue hepatocyte carry again effect fruit To be drag long time space live for sick core. In research rescue belong to they I show the median survival time after TOCE treatment To be 18.65 ± 4.79 months compared with the control group treat TOCE To be 12.81 ± 3.15 month and Have idea unity list with $p < 0.05$. Time space living central The average post-TOCE of Duong Minh Thang's study was 19.9 ± 1.2 months (3) .

CONCLUDE DISCUSSION

Through a study of 66 elderly patients with cancer letters expression tissue economy cell liver, in there Have 32 In 34 patients not treated with chemoembolization and 34 patients treated with chemoembolization at Thong Nhat Hospital from April 2005 to May 2009, we drew the following conclusions:

The common causes of hepatocellular carcinoma in elderly patients are 75.8% hepatitis B virus infection, 16.7% hepatitis C virus infection. hepatitis C and 7.6% other causes.

There is an inverse correlation between life expectancy with hot degree AFP Have idea meaning system with $p < 0.05$.

There was a statistically significant reduction in mean tumor size, reduction in mean serum AFP concentration, and prolongation of median survival in patients treated with TOCE compared with untreated patients with $p < 0.05$.

Some common symptoms after TOCE are: fever 35.3%, liver pain 11.8%, nausea 32.4% and vomiting 20.6%.

TALENT MATERIAL GREED EXAM

1. Bronowicki JP and al (1996). "Comparison of resection, liver transplantation and transcatheter oily chemoembolization in the treatment of hepatocellular carcinoma". *J Hepatology*, 24 (3): p.293-300.
2. Bruix J, Llovet JM, Castells A, Montana X, Bru C, Ayuso MDC, Vilana R, Rodes J (1998). "Transarterial embolization versus symptomatic treatment in patients with advanced hepatocellular carcinoma: results of a randomized controlled trial in a single institution". *Hepatology*, 27: p.1578-1583.
3. Positive Bright Win, Tomorrow Pink Bang, Dig Literature Long Cs (2009). Thing treat spoiled letters expression tissue economy cell liver equal direction awake conclude fit blocked circuit chemical oil with injection Ethanol via skin. *Miscellaneous will department learn pepper Vietnamese culture* : p.1154 – 1160.
4. Harrison SA, Bacon BR (2005). "Relation of hemochromatosis with hepatocellular carcinoma: epidemiology, natural history, pathophysiology, screening, treatment, and prevention". *Med Clin North Am*,89: p.391-409.
5. Huynh Virtue Long and CS (2000). Application use direction France cause congestion circuit conclude fit with injection medicine chemical treat TOCE in thing treat spoiled letters liver original release newspaper fox 201 school fit in sick institute Market farm Time the y medicine learn 10: p.233-237.
6. Kurt J.I, Jack R.W (1990). Liver neoplasm. In *Harrison's Principle of internal. Medicine*, 12th edition, P1530-1532.

7. Pear Literature School (2006). Research rescue spoiled letters economy cell liver original release click ruler 5cm equal direction France blocked circuit chemical oil Have select filter Discussion sentence progress officer y learn, learn institute army yes
8. Marrero JA (2005). "Screening tests for hepatocellular carcinoma". *Clin Liver Dis*, 9: p.235-251.
9. Nakagawa N (1999). "Transcatheter Chemoembolisation for HCC". *Interventional Radiology*, William & Wilking third edition, p.138-158.
10. Nakamura T (1999). "Lipiodol Chemoembolisation: Principles and Techniques in Interventional Radiology". *Ilchokak*, 8: p.96- 105.
11. Nguyen Shock Hung and add the (2000). "Build build the chapter room against spoiled letters live Ho Chi Minh City". *Miscellaneous will Y learn Ho Chi Minh City, extra copy No.1, episode 4*, p.170-176.
12. Nomura F, Ohnishi K, Tanabe Y (1989). "Clinical features and prognosis of hepatocellular carcinoma with reference to serum Alpha - Fetoprotein levels: analysis of 606 patients". *Cancer*, 64: p.1700-1707.
13. Patthamaruedee S (2005). "Transarterial Chemo Embolization in ruptured hepatoma. Symposium of 10th congress of AAR", p.126-127.
14. Rawford.JM (1987): *The liver and Biliary tract*. In *Robbins Pathologic basic of deseases*, 5th, edition p.831-896.
15. Sithinamsuwan P, Piratvisuth T, Tanomkiat W, Apakupakul N, Tonyoo S (2000). "Review of 336 patients with hepatocellular carcinoma at Songklanagarind Hospital". *World J Gastroentero* 6 (3): p.339-343.
16. Takao T (1991). "Recurrent hepatocellular carcinoma after partial hepatectomy: value of treatment with transcatheter arterial chemoembolisation". *AJR*, 56: p.1177-1179.
17. Literature Frequency (1990): *Spoiled letters liver live People above 60 year old. Sick foreign department live People much year old – Festival y medicine learn HCMC and sick institute Jar People 1990.*
18. Literature Frequency, Hoang Name Ton (2000): *Special point diagnosis guess thing treat and fairy quantity spoiled letters liver original release in sick institute Jar People from year 1991- 1999, newspaper fox in festival grass department learn the measure France new in diagnosis guess thing treat U liver month 9 year 2000.*
19. Martial arts Festival Central Direct, Lake Ton Play, Bare Market Diem Page (2001). "Fight price preliminary set after 1 year thing treat spoiled letters economy cell liver original release equal direction France boat blocked chemical oil via dynamic circuit". *Newspaper fox festival proposal internal pepper chemical whole country month 5/2001 in Need Verse.*

20. Yamada G (1999). “Hepatic Artery Chemoembolization and Infusion Chemotherapy in Interventional Radiology”, *Ilchokak*, 7: p.75-95.



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