CÁNCER HEPÁTICO

Hepatocellular carcinoma surgery outcomes in the developing world: A 20-year retrospective cohort study at the National Cancer Institute of Peru.

Ruiz, E., Rojas, T. R., Berrospi, F., Chávez, I., Luque, C., Cano, L., Doimi, F., Pineau, P., Deharo, E. & Bertani, S.

Heliyon. 2016; 2(1), e00052.

Abstract

In the developing world, most patients with hepatocellular carcinoma present with advanced-stage disease, considered to be incurable based on current therapeutic algorithms. Here, we demonstrate that curative liver resection is achievable in a portion of Peruvian patients not addressed by these treatment algorithms. We conducted a retrospective cohort study of 253 hepatocellular carcinoma patients that underwent a curative hepatectomy between 1991 and 2011 at the National Cancer Institute of Peru. The median age of the cohort was 36 years, and merely 15.4% of the patients displayed cirrhosis. The average tumor size was over 14 cm in diameter, resulting in 76.3% of major hepatectomies performed. The 5- and 10-year survival probability estimates were 37.5% and 26.2%, respectively. Age (>44 vs. ≤44 years old; P = 0.005), tumor size (>10 cm vs. ≤10 cm in diameter; P = 0.009), cirrhosis (P < 0.001), satellite lesions (P < 0.001), macroscopic vascular invasion (P < 0.001), allogeneic blood transfusion (P = 0.011), and spontaneous rupture of the tumor (P = 0.006) were independent predictive factors for prognosis. Hepatocellular carcinomas in Peru are characterized by a distinct clinical presentation with notable features compared with those typically described throughout relevant literature. Despite a large number of advanced-stage hepatocellular carcinomas, the outcomes of liver resection observed in the present study were in good standing with the results previously described in other series. It thus appears that staging systems and associated therapeutic algorithms designed for use in the developed world remain inadequate in certain populations, especially in the context of Peruvian patients. Our findings suggest that clinicians in the developing world should reconsider management guidelines pertaining to hepatocellular carcinoma. Indeed, we hypothesize that, in developing countries, a strict adherence to these therapeutic algorithms might create a selection bias resulting in the dismissal of patients who could eventually be treated.

Undifferentiated (embryonal) liver sarcoma: reviaew of 6 cases in National Cancer Institute, Lima, Peru. Review of the literatura.

Dueñas D, Huanca L, Cordero M, Webb P, Ruiz E.

Rev Gastroenterol Peru. 2016 Jan-Mar;36(1):71-6.

Abstract

Undifferentiated (embryonal) liver sarcoma is a rare tumor about 2% of all malignant liver tumors with a poor prognosis and usually occurs in children, this review aims to assess cases of primary embryonal sarcoma of the liver presented at our institution the past 8 years and improve recognition of its variants and evaluate immunohistochemical characteristics that help differentiated it from other tumors. Six cases of undifferentiated liver sarcoma were histologically evaluated and investigated by immunohistochemistry with a panel of antibodies using the equipment â€œAutostainer Link 48â€. Usually masses were on average more than 20 cm, with solid, cystic, mucinous areas. The microscopic features include cells of spindle cell appearance, oval, starry, epithelioid and multinucleated cells densely arranged in a myxoid matrix. Trapped bile ducts and hepatic cords often present in the periphery of tumors. Intracellular and extracellular PAS positive hyaline globules. Immunohistochemistry showed very divergent differentiation.