

Unpleasant Surprise After Atypical Liver Resection Using ICG

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Background : Hepatocellular carcinoma remains a global health problem, as being the most common type of liver cancer. Even if the risk factors are known, still a small percentage of cases have no comorbidities at the time of diagnostic.

Methods : We present the case of a 32-year-old female patient hospitalized in the Monza Oncology Hospital Bucharest. Prior to intervention, the patient was diagnosed incidentally by abdominal CT scan with a tumor in the segment 6 of the liver. The patient had no risk factors for liver disease or biochemical abnormalities.

Results : The CT scan revealed a tumor of 4,8/3,5/4cmm imagistically suggestive for an adenoma. The tumor did not invade the liver, but it had a mass effect on the right kidney. Considering the fact that the patient was young and without comorbidities, the treatment of choice was atypical segment 6 resection performed laparoscopically after intravenous injection of ICG (0,25mg/kg, in total 3ml). ICG staining helped guiding the resection in order to achieve negative edges . The patient was discharged without complications in the 3rd day. The unpleasant surprise was the pathology report that showed that the tumor was a WHO grade 2/3, Edmondson–Steiner grade III/IV hepatocarcinoma . ICG staining proved to be an useful tool for the surgical treatment, in this case.

Conclusions : Early detection of hepatocarcinoma is important in achieving effective treatment with good survival rate. Surgery guided by ICG staining combined with complementary treatment remains the best option for this patients.

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