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Multi-Detector Computed Tomography (MDCT) Findings of Seven Cases with Spontaneous Regression of Hepatocellular Carcinomas

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Purpose: To review the multidetector CT findings of seven cases with spontaneous regression of hepatocellular carcinomas (HCC).

Materials and methods: This retrospective study included 7 patients confirmed with diagnosis of HCC. Triphasic CT scan using multidetector CT scanner was done for all patients. They were 2 women and 5 men. 1st patient with presented with metastatic HCC underwent fine needle aspiration cytology (FNAC) from vertebral metastasis. 2nd patient underwent only one session of trans-arterial chemo-embolization. 3rd patient exposed to blunt trauma to chest wall with rib fissure fracture. 4th patient presented with two HCCs underwent radio-frequency ablation of one lesion. 5th patient underwent FNAC from HCC and exposed to fracture neck femur. No interventional technique done in 6th patient. 7th patient underwent FNAC from hepatic focal lesion.

Results: Complete regression of primary HCC and metastases occurred in 1st patient. 2nd patient showed partial lipidol uptakes of HCC with complete regression of HCC on follow up. Incomplete regression of HCC detected in 3rd, 6th and 7th patients. Partial regression of non-ablated lesion detected in the 4th patient. Complete regression of HCC occurred on 5th patient.

Conclusion: Spontaneous regression of HCC is an interesting phenomenon. It has been hypothesized that invasive techniques may be linked. Invasive techniques may initiate immunologic mechanisms that may be involved in the regression.

Clinical application: More reports and accumulation of such cases should help to clarify the mechanisms, contribute to a further understanding of this phenomenon and may lead to a new treatment strategy for HCC.

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Multi-detector computed tomography (MDCT) findings of chemotherapy induced hepatic changes

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Purpose: to evaluate the role of multi-detector computed tomography (MDCT) in detection& characterization of chemotherapy induced hepatic changes.

Materials and methods: This retrospective study included 400 patients with confirmed 15 malignancies and treated by standard chemotherapy regimens. The most common malignancy was non Hodgkin lymphoma and mostly chemotherapy regimen was Cyclophosphamide, Hydroxydaunomycin, Oncovin and Prednisolone (CHOP). All patients underwent CT scan using 64 MDCT scanner (Brilliance 64, Philips) before chemotherapy and follow up after 6 months from last session of chemotherapy. Pre contrast series and post-contrast triphasic study were done for all patients. All the patients underwent radiological evaluation for hepatic changes after chemotherapy treatment. All CT scans were evaluated for fatty liver, capsular retraction, ascites, veno-occlusive disease and biliary sclerosis. Four patients with capsular retraction underwent liver biopsy.

Results: Forty patients (32 females and 8 males) had hepatic changes due to effect of chemotherapy. The most common CT finding was fatty liver. Hepatic fatty changes detected in 36/40 patients. These fatty changes were diffuse, focal fatty and diffuse with fatty spare area in 31, 3 and 2 cases respectively. Four patients had capsular retraction; 1 patient with HD and 3 patients with metastatic cancer breast. Veno-occlusive disease and biliary sclerosis were not detected.

Conclusion: MDCT can accurately detect and evaluate chemotherapy induced hepatic changes, differentiation of these changes from progression of the disease and/or super added pathology. Fatty liver is the commonest hepatic induced changes.

Clinical application: Awareness of chemotherapy induced hepatic changes can help the radiologist to detect these at early stages, which helps in appropriate management.

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