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DOI: 10.17235/reed.2018.5784/2018

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Larrea Oleaga Jasone, Prieto Calvo Mikel, Gastaca Mateo Mikel. Supraumbilical skin necrosis after repeat transarterial chemoembolization. Rev Esp Enferm Dig 2018. doi: 10.17235/reed.2018.5784/2018.



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CE 5784 inglés

Supraumbilical skin necrosis after repeat transarterial chemoembolization

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Key words: TACE. Skin necrosis. Supraumbilical.

Dear Editor,

Transcatheter arterial chemoembolization TACE is an effective treatment for stage BCLC-B hepatocellular carcinoma (1). The development of skin lesions in the supraumbilical region is an unusual complication following this procedure.

Case report

We report the case of an 80-year-old male with alcoholic liver cirrhosis, portal hypertension PHT (Child-Pugh A) and multifocal hepatocellular carcinoma. The patient had already undergone four radiofrequency ablations, one alcoholization procedure and four TACEs via femoral access. In 2015, a TACE procedure was performed and 50 mg of adriamycin-loaded DC beads were administered from the right internal mammary artery with access via the right radial artery. The patient developed erythematous, painful, necrotic skin lesions in the right upper quadrant of the abdomen 24 hours later (Fig. 1). These lesions were managed with silver sulfadiazine and oral antibiotic and disappeared after seven months.

Discussion

TACE involves selective catheterization of the artery that supplies the lesion via the hepatic artery and local administration of chemo-loaded microspheres (2,3). Supraumbilical skin lesions are an unusual complication of this procedure and isolated cases are described in the literature, predominantly in Asia. This complication results from the passage of the chemotherapeutic drug to the falciform artery (4), a branch of the left or middle hepatic artery, which runs along the falciform ligament and then off branches around the navel (5). Chemotherapy drugs induce arteriole occlusion and ischemia (3). Falciform arteries are present in 2-25% of patients according to angiography studies (3). Lesions, which are erythematous, indurated and even necrotic in nature, develop mainly in the supraumbilical region. Treatment includes topical agents such as silver sulfadiazine, corticoids and antibiotics and local excision, among others. Pentoxifylline has been suggested as a potential therapy (5). Prophylactic, selective embolization of the falciform artery may also be used to avoid this complication (3,5).

References

1. Gómez Senent S, Gómez Raposo C, Segura Cabral JM. Guía para el diagnóstico, estadificación y tratamiento del HCC. Med Clín 2007;128:741-8. DOI: 10.1157/13106134
2. Alcívar Vásquez JM, Ontanilla Clavijo G, Ferrer Ríos MT, et al. Pancreatitis aguda necrotizante posterior a quimioembolización transarterial de hepatocarcinoma: una complicación infrecuente. Rev Esp Enferm Dig 2014;106(2):147-9.
3. Del Alcázar Viladomiu E, López Pestaña A, Tuneu Valls A, et al. Supraumbilical cutaneous lesions after transcatheter arterial chemoembolization for hepatocellular carcinoma. J Am Acad Dermatol 2014;71(2):e49-e50.
4. Arias Fernández J, Martín Martín B, Pinheiro da Silva N, et al. Vasos extrahepáticos dependientes de la arteria hepática. Identificación y manejo. Radiología 2011;53:18-26. DOI: 10.1016/j.rx.2010.07.007



Fig. 1. Skin erythematous, flat and painful lesions in the supraumbilical right hypochondrium area, which developed within 24 hours after the percutaneous procedure. They are also associated with necrotic patches.