

Outside Your IO Comfort Zone: Learning from Our Saves and Complications

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Disclosures

- Advisory Board: Quantum Surgical
- Research Grant: Echopixel Inc
- Shareholder: Neptune Medical

Hx

61-year-old Portuguese male

20 yr -hx NASH cirrhosis

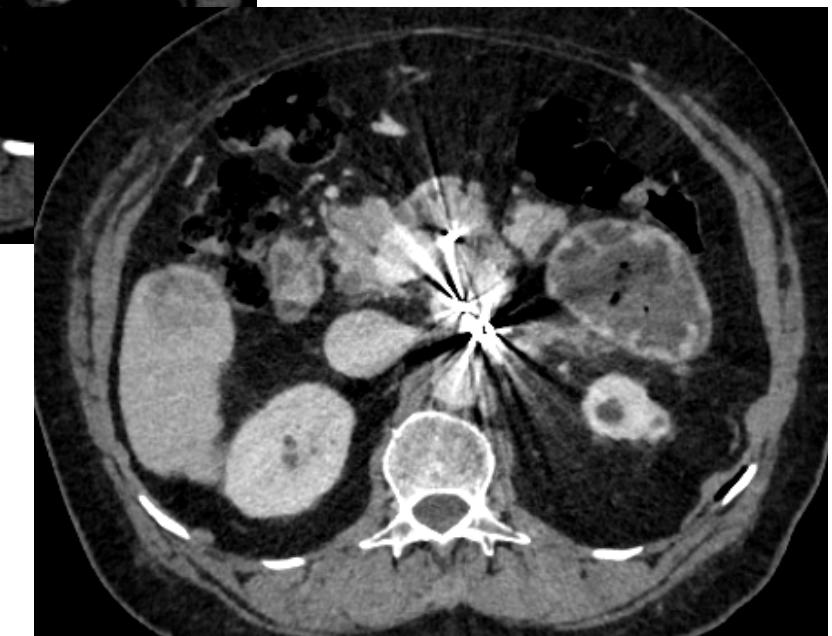
Mild CHF, mild ascites. No varices,
no enceph

Med MELD: 7, listed for Txp

?Left hepatic resection and
splenectomy 1981

Bili 1.3, Alb 2.9, INR: 1.1

AFP: 4



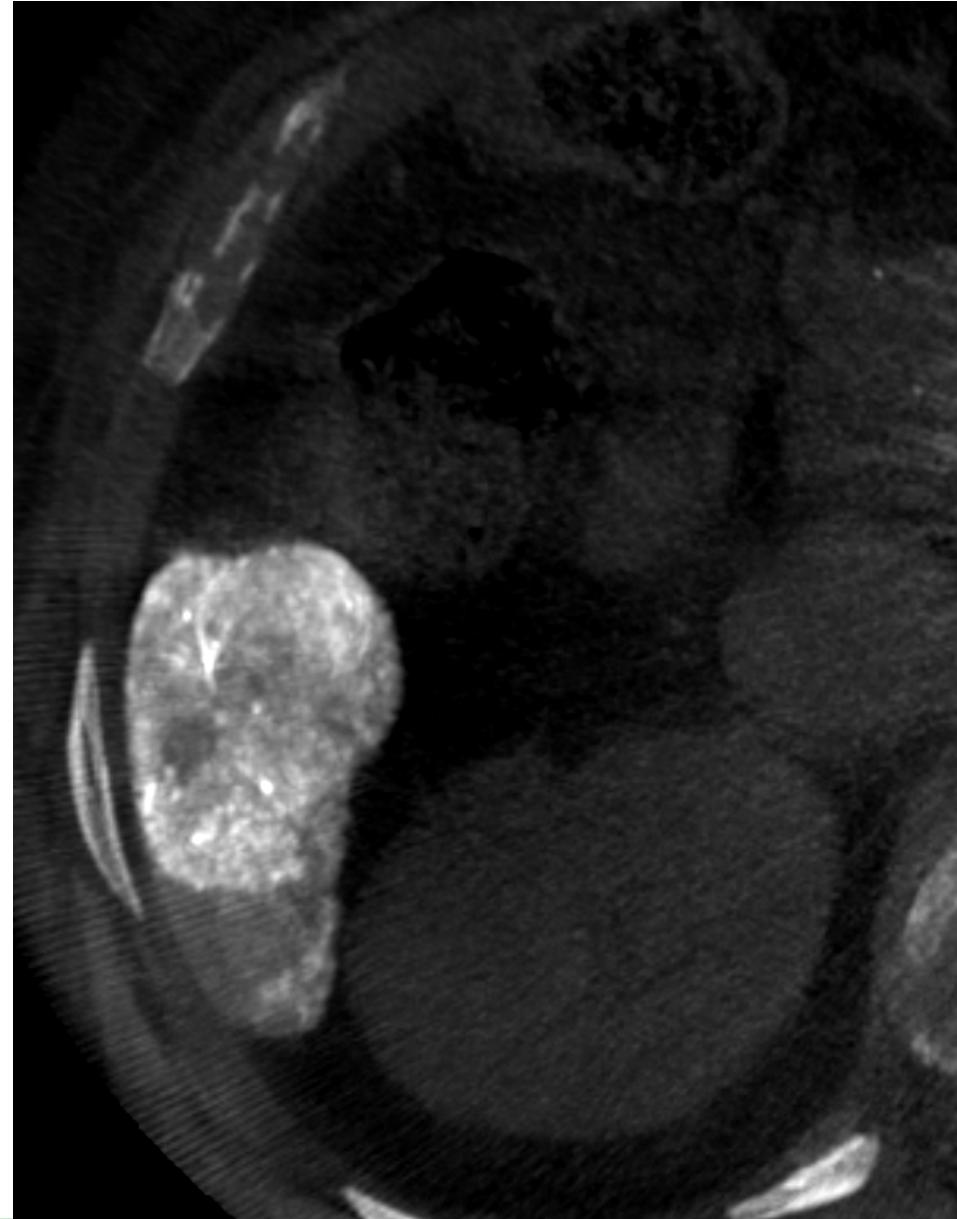
Triphasic contrast CT
3/27/2019:

Bridge to Txp

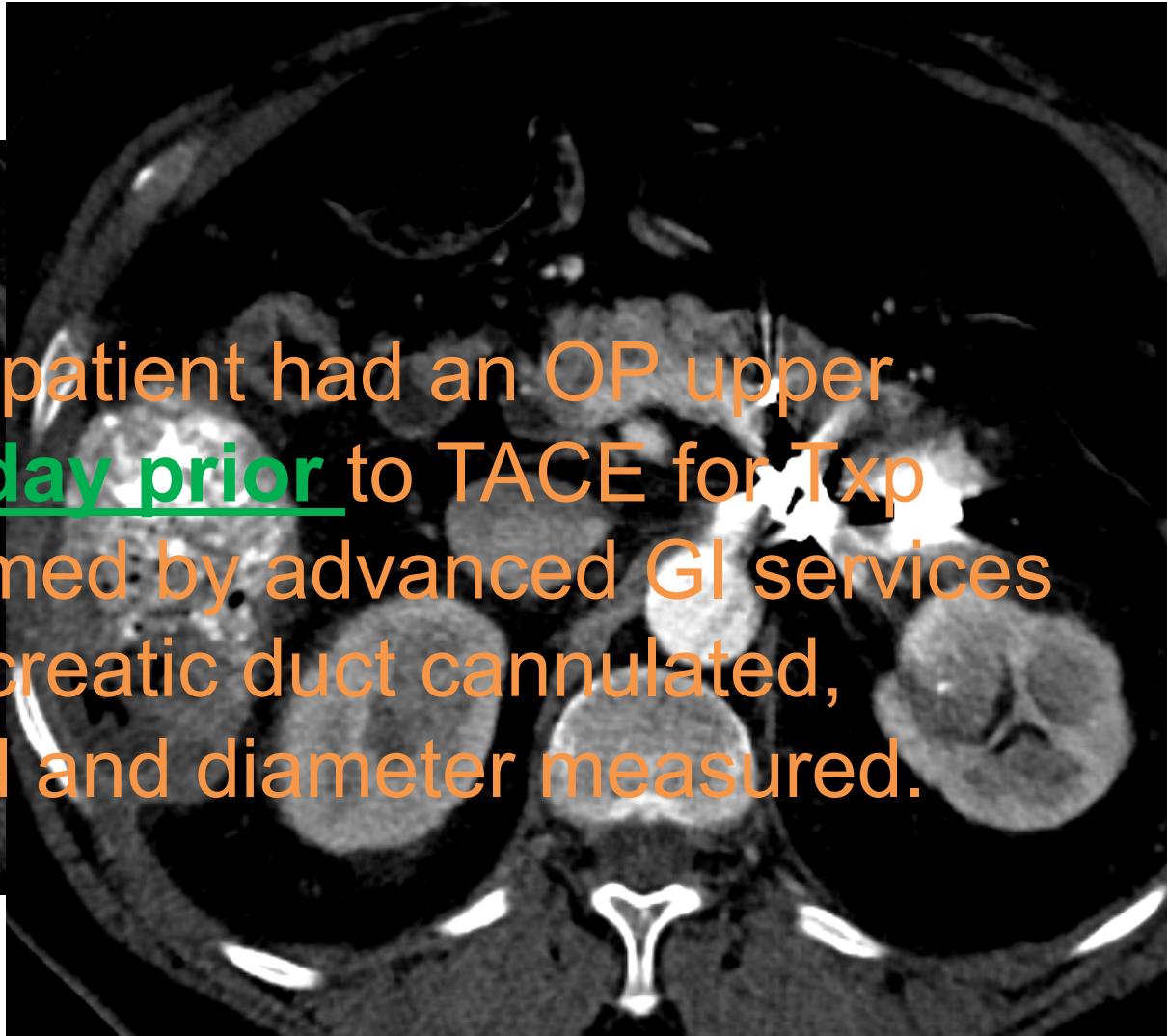
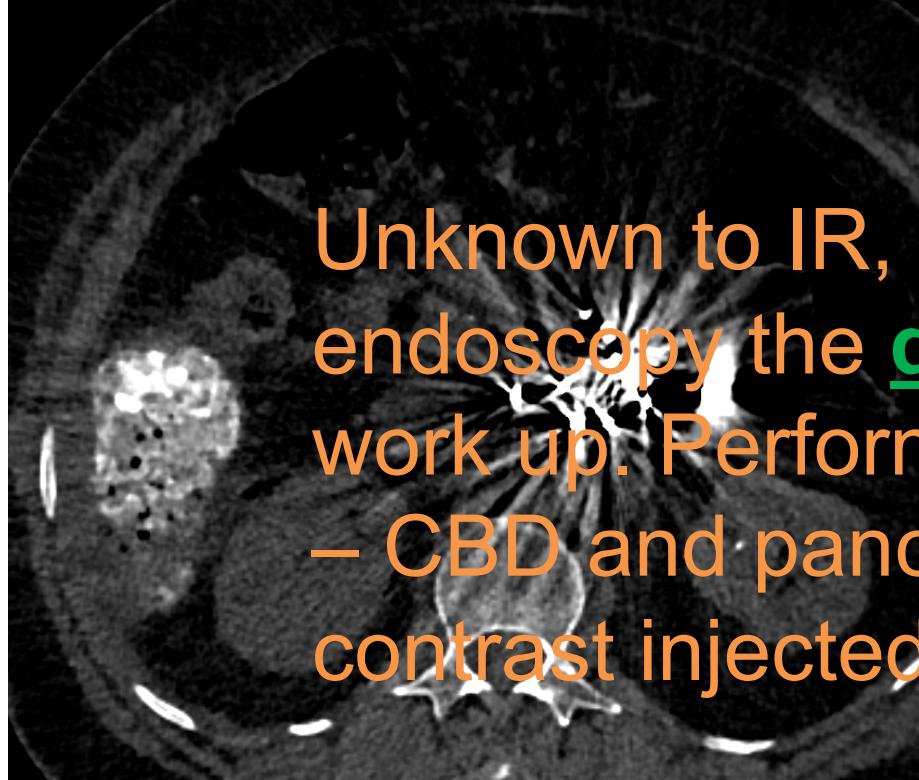
- Superselective, CBCT assisted cTACE
- Progreat 2.4 cath.
- Dox Lipiodol: 35 mg dox (5m/gmL)+ 7ml Lipiodol
- 0.2mL 100-300 particles for portal shunting
- Carried to stasis



4/12/19 Super-selective TACE
and completion CBCT



Post TACE

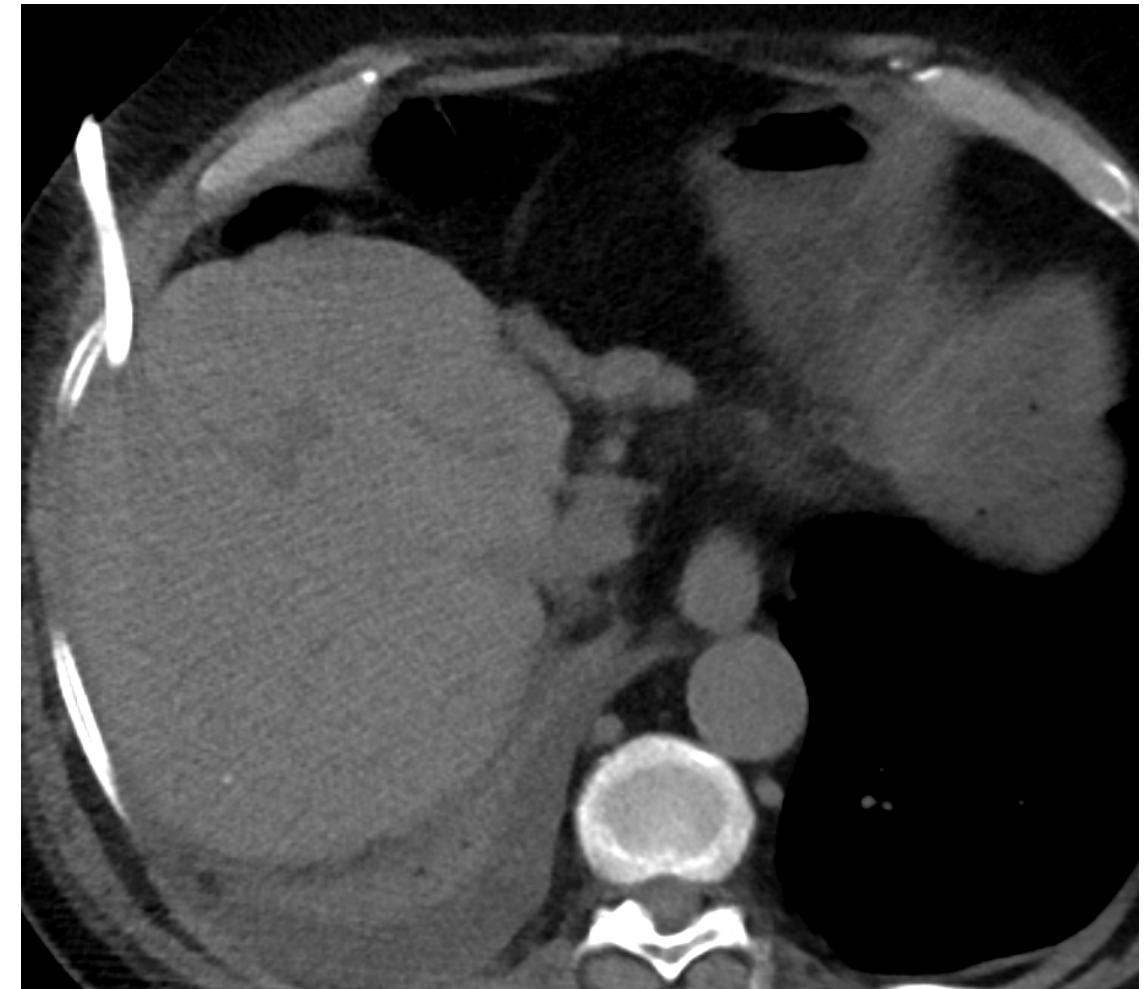
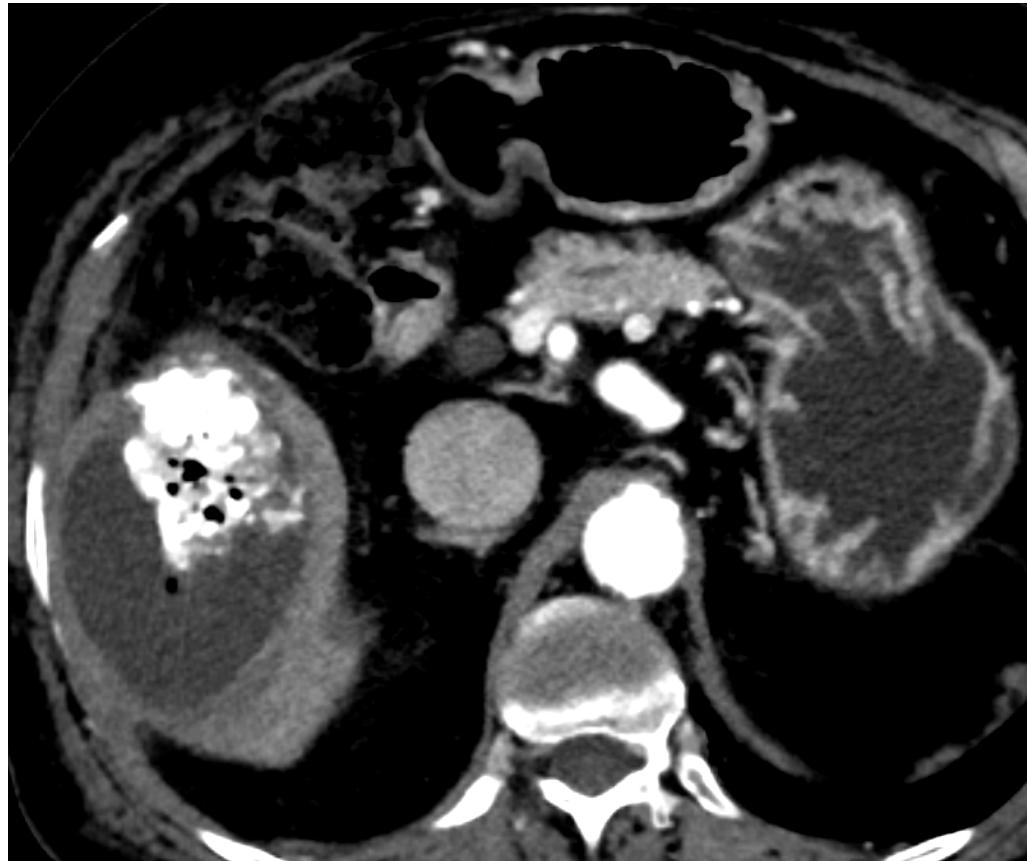


Unknown to IR, patient had an OP upper endoscopy the **day prior** to TACE for Txp work up. Performed by advanced GI services – CBD and pancreatic duct cannulated, contrast injected and diameter measured.

Hospitalization: 8 days

- Afebrile on admission
- WBC :16.1k
- Bili – 2.0, ALT 102, Alb 2.6
- Admitted for i.v. Abx
- Zosyn, Flagyl
- Bld Cx – negative
- 6 weeks of Abx recommended
- Uneventful 6 weeks
- Abx continued (oral)
- Afebrile
- WBC 5/24 (4 weeks post TACE) 9K
- Feeling well, appetite good
- “significantly better”

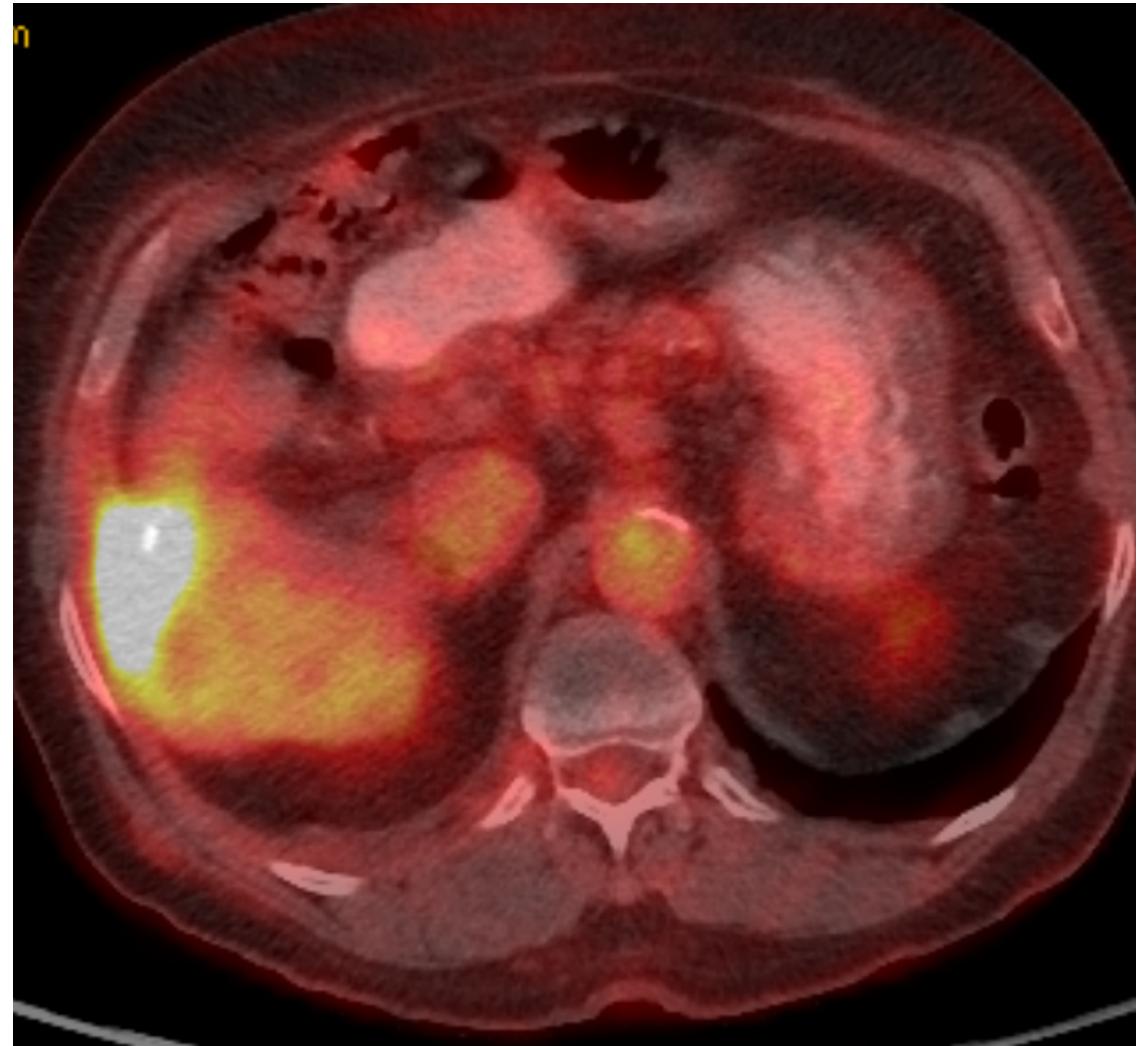
7 weeks post-TACE...



Of note

- Afebrile
- VSS
- WBC: 7.1
- Blood Cx – negative
- Abscess drain:
 - Gm stain neg, small no. of GPCs
 - Cx- 3+ Cutibacterium avidum
- 250mL “pus” aspirated
- Back to abd pain
- Abx Vancomycin>>transitioned to meropenem>>levo/flagyl

6 Months Later...



Status

- ?Inflammation/contained HCC rupture? Soft tissue/microvasc invasion?
- Listing?
- Decision to biopsy – chronic inflammation, fibroelastic tissue.

Negative for malignancy

Teaching Points

- Upper Endo for txp eval on pre-TACE patient
 - Similar abx regimen to patients s/p ERCP or a hepaticoJ
- Early intervention rather than gauging fever/WBC
 - Abscess too small to drain initially but should have been aspirated
- Ruptured abscess vs. tumor – dilemma in patients listed for txp
 - May require aggressive path diagnosis