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Is It Necessary to Prevent Venous Thrombosis After Resection of Hepatocellular Carcinoma?

Hepatocellular Carcinoma (HCC) is the most common primary neoplasm of the liver and often arises in the context of a chronic liver disease that impairs coagulative function. Surgical resection is the best option to cure HCC, however, surgery on cirrhotic liver may increase the risk of bleeding. Despite the clinical relevance of the matter, no guidelines are available on the administration of antithromboembolic prophylaxis in cirrhotic patients undergoing hepatic resection.

A research team from Italy have retrospectively addressed the issue of the real need for antithromboembolic prophylaxis in cirrhotic patients undergoing liver resection and proved that the risk of venous thromboembolism after hepatic resection in cirrhotic patients is low. Their study will be published on May 7, 2010 in the World Journal of Gastroenterology .

They found that the incidence of venous thrombosis after these procedures was low, when no prophylaxis was adopted, while a trend towards an increased risk of bleeding was observed when low-molecular-weight heparin

was administered. In particular, the presence of esophageal varices may contraindicate prophylaxis as it is associated with postoperative hemorrhage.

Prospective studies on a larger series of patients are warranted to clearly define which patients might benefit from antithromboembolic prophylaxis and which patients should avoid prophylaxis.

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