Case of treatment of hepatocellular adenocarcinoma

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Primary liver cancer is a rather rarely encountered disease. According to different statistics, its incidence rate varies from 0,2 to 3 % of all cancer cases. Males aged from 50 to 65 are most susceptible to the disease. As a rule, patients with liver cancer are referred to incurable and are to undergo symptomatic therapy. Average lifetime is 3 years in operable cancers. Five-year survival rate averages 20%. With regard to inoperable tumors average lifetime is 4 months after diagnosis. Chemotherapeutical preparations administered intravenously practically have no effect. The administration of preparations into hepatic artery has given somewhat better results (www. Cancer.ic/ck/ua).

A patient V.O.I. 1986 year of birth is under observation.

In March 2000 the examination of the patient revealed a tumor in the right part of the liver (the tumor measured 10,0x10,0cm., located in 6-7-8 segments). The diagnose: primary liver cancer $T_3N_0M_0$ III-A stage, II clinical group.

Taking into consideration that the patient's parents refused chemotherapy, the patient underwent a preoperational course of carcinostatic immunomodulating therapy with amitozyn with a total dosage 125 mg., combined with an intensive vitamin-therapy (vitamins A, E, C- according to the method elaborated in the clinic).

On March 30, 2000 the patient was made right hemihepatectomy. The tumor occupied a whole right part of the liver, measured 10x12x7cm, non-uniform, with signs of infiltrating growth. The tumor was removed within the boundaries of healthy issue. (Fig.1).

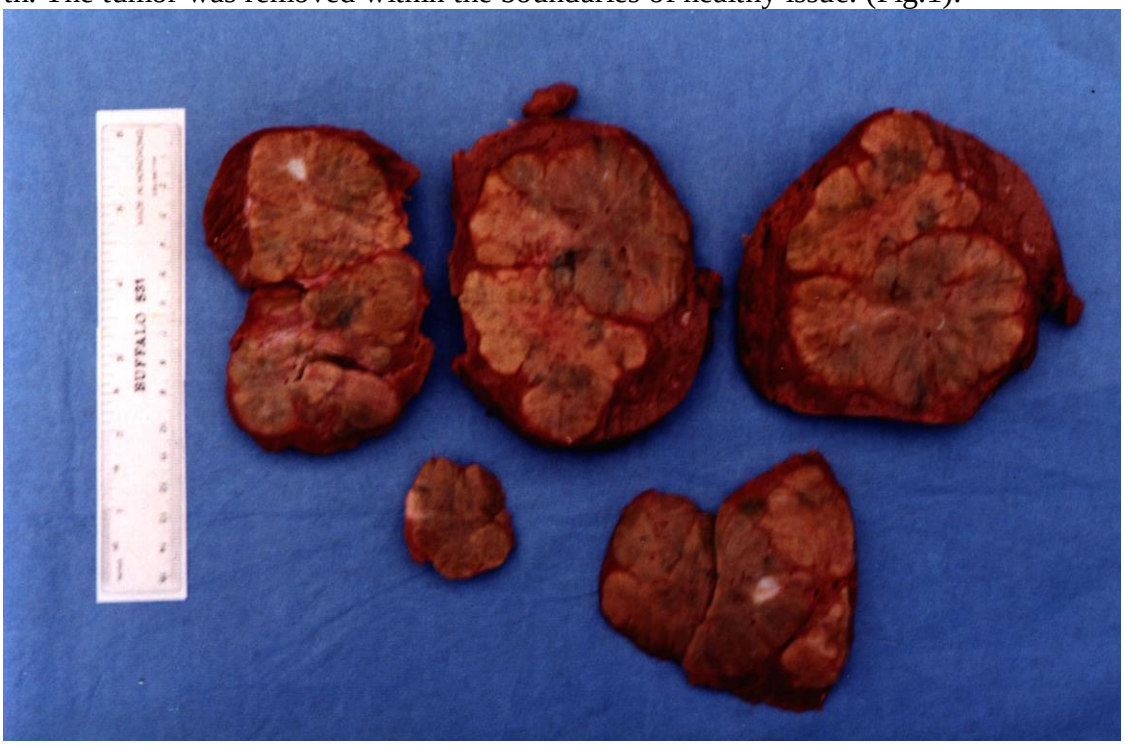

Figure 1. Macro preparation of a removed tumor of the right part of the liver. Histologically the tumor was presented with hepatocellular carcinoma.

On April 13, 2000 the patient was made the relaparotomy of opening and drainage of the right subphrenic space abscess.

During a month in the postoperative period the patient received a course of amitozyn therapy at a total dosage 375 mg.

During 2000 the patient received two more courses of a carcinostatic therapy with amitozyn at 250 mg each one.

In August 2001 an ultrasound examination revealed an infiltrate in the right part of the liver (recurrent tumor?). In August – September 2001 the patient received a course of amitozyn therapy at a total dosage 500 mg. After the treatment had been carried out, an ultrasound examination and computer tomography revealed no signs of recurrence and metastases.

During 2002-2004 the patient underwent amitozyn treatment twice a year at a course dose 250 mg.

In February 2005 the patient showed signs of partial duodenal obstruction.

After the course of cytostatic immunomodulating therapy with amitozyn at a total dosage 500 mg, the signs of partial duodenal obstruction disappeared.

The computer tomography diagnostics did not reveal retro peritoneum space infiltration.

During 2001-2005 the patient felt satisfactory, had no complaints, her weight stabilized, she went to school, and at present she is a student of an institute of higher education. During the treatment courses toxic clinical and laboratory signs were not revealed. At present Karnovsky index is 100 %.

Conclusions. The present clinical case demonstrates the effectiveness of the preparation in treating hepatocellular carcinoma after a combined therapy with amitozyn and its possible application as an alternative option to a routine chemotherapy.