

# HEPATOBLASTOMA AND LIVER TRANSPLANT IN FUNDACIÓN VALLE DEL LILI, CALI, COLOMBIA

## Introduction

Hepatoblastoma is the most common liver tumour in children (Annual Incidence 0.5 to 1.5 per million). Treatment with preoperative chemotherapy makes 60% of unresectable tumours become resectable; however, 20% of tumours are unresectable at diagnosis and require liver transplantation as the only option in the absence of extra hepatic involvement. In these patients the 5-year survival after transplantation is 50 to 80%.

## Objective

Describe the characteristics and management of patients diagnosed with hepatoblastoma in a national and regional referral center.

## Patients and Methods

Clinical records from 15 children diagnosed and treated for hepatoblastoma, from September 2010 to September 2014, were analysed. All patients had their tumours biopsied, and underwent imaging studies to see the location and extent of the tumour, in addition to its vascular compromise, levels of AFP and presurgical PRETEXT staging system. All were treated according to SIOPEL III regimes. (Figure 1).

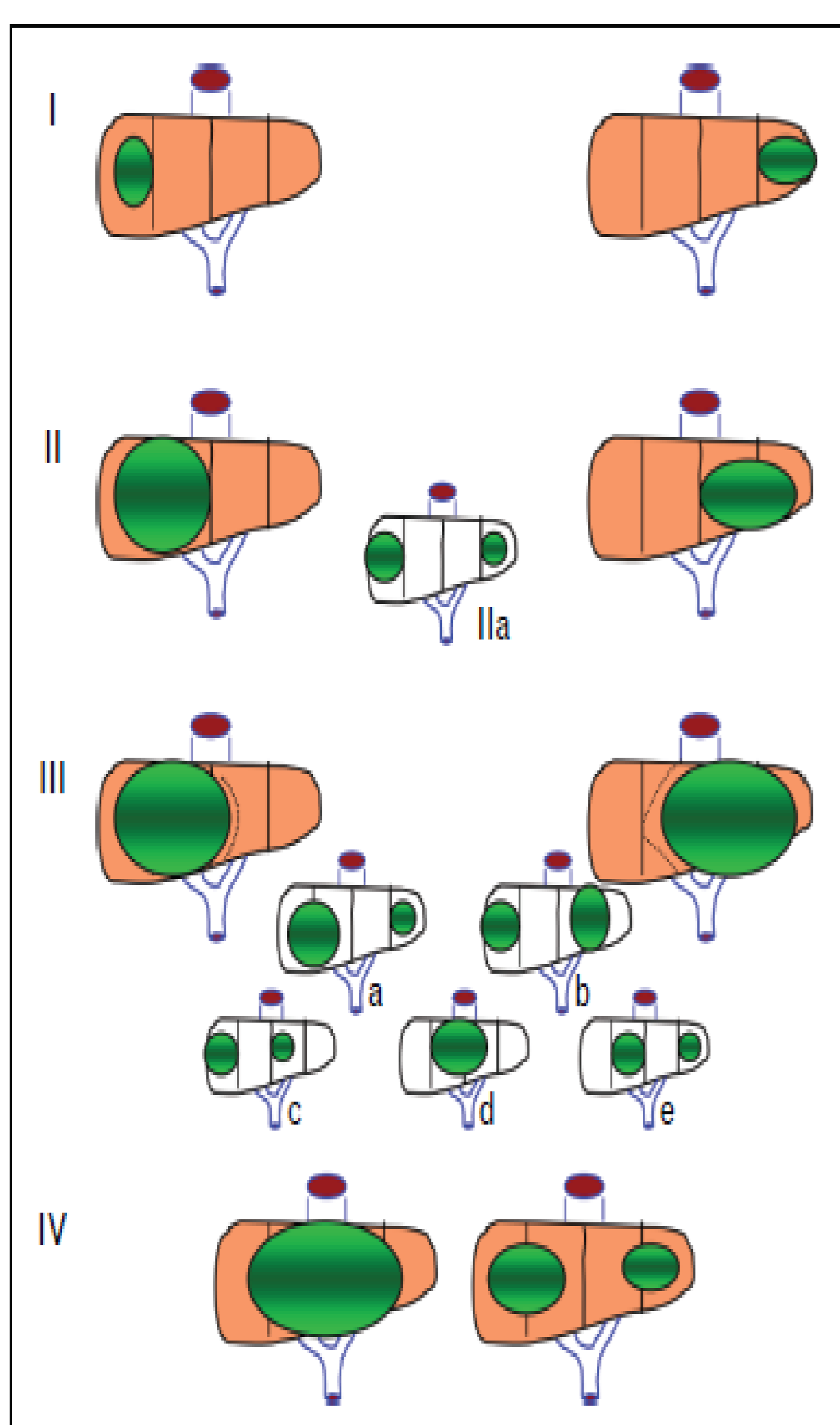


Figure 1. Clasificación System PRETEXT<sup>1</sup>

## Results

Patients' ages ranged from 6 months to 3 years. Seven underwent liver transplantation, Five from underwent dead donor and two from living donor; of them 4 had been classified PRETEXT IV and 3 PRETEXT III, 6 received reduced grafts, and one received a full graft. One had lung metastases at diagnosis. Median follow up period was 24 months. All grafts are currently functioning and AFP levels are less than 10ng/ml. One of the patients had undergone hepatectomy and received chemotherapy at a different institution 12 months prior to tumour recurrence that prompted the transplant. Eight patients underwent hepatectomy, and one patient received palliative care over 5 months prior to death.

Table 1.

Characteristics	Value (n=15)
Age (years), median (IQR)	1.5 (0.76-3)
Range	0.5 - 3
Gender, male, n	8
AFP >100.000	8
Metastasis	3

Table 2.

Intervention	Value (n=15)
Trasplant	7
• Previous	1
Hepatectomy	8
Paliative	1

AFP levels were above 100.000ng/ml in 8 of the 15 patients; 3 months after hepatectomy, Alpha Fetoprotein levels dropped to less than 10ng/ml in 7 patients.

Table 3.

Follow up at 6 months	Value (n=15)
AFP<10 ng/ml	14

## Conclusions

Strict adherence to SIOPEL regimes has improved the prognosis of children with hepatoblastoma. Extra hepatic disease was not considered to be contraindication for transplant.

**Author's Disclosure:** None of the authors declare conflicts of interest

## Bibliography

Hepatoblastoma state of the art: pre-treatment extent of disease, surgical resection guidelines and the role of liver transplantation. Rebecka L. Meyersa, Greg Tiaob, Jean de Ville de Goyetc, Riccardo Superinad, and Daniel C. Aronson Curr Opin Pediatr 2014, 26:29–36

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