

Percutaneous ablation vs. surgery for hepatocellular carcinoma

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Compared to surgery, percutaneous liver ablation interventions (IRs) in patients with hepatocellular carcinoma (HCC) are associated with lower inhospital mortality, length of hospital stay (LOS), and hospitalization costs, according to a study to be presented at the ARRS 2019 Annual Meeting, set for May 5-10 in Honolulu, HI.

The study was conducted to compare use rates and outcomes of locoregional liver interventions IRs for HCC with surgical procedures.

A total of 557,071 hospitalizations in patients with HCC from 2002 to 2015 were extracted from the National Inpatient Sample database, with an estimated 13,618 IRs and 44,629 surgical procedures performed. Hospitalizations with coexisting diagnoses of secondary hepatic and primary biliary malignancies, [neuroendocrine tumors](#) and benign hepatobiliary neoplasms, and traumatic liver injuries were excluded from the study.

Over the 14-year period, unadjusted inhospital mortality rate, LOS, and hospitalization costs were higher for surgical procedures, and after adjusting for comorbidity score, year, and patient- and hospital-specific factors, results showed IR was associated with 78% lower inhospital mortality, 37% higher routine discharge to home, 67% lower LOS, and 71% lower cost.

More information: www.arrs.org/am19

Provided by American Roentgen Ray Society

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