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**Local ablation for hepatocellular carcinoma in Taiwan: different points between Japan, Asia and West.**

[Lin SM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lin%20SM%5BAuthor%5D&cauthor=true&cauthor_uid=20616591)1.

[**Author information**](http://www.ncbi.nlm.nih.gov/pubmed/20616591)

* 1Liver Research Unit, Chang Gung Memorial Hospital, Taipei, and Chang Gung University, College of Medicine, Taoyuan, Taiwan. lsmpaicyto @ cgmh.org.tw

**Abstract**

**OBJECTIVES:**

To illustrate the situation of radiofrequency ablation (RFA) and percutaneous ethanol injection for early-stage hepatocellular carcinoma (HCC) in Taiwan.

**METHODS:**

LeVeen, RITA, Medsphere and internally cooled electrodes are currently available in Taiwan. Only LeVeen and Medsphere impedance-control RF electrodes are reimbursed.

**RESULTS:**

When using the LeVeen electrode, we experienced that an interactive algorithm could enhance necrosis better than in those treated by standard algorithm. We reported that RFA was superior to ethanol or acetic acid injection in terms of lower local tumor progression and higher overall survival for HCC no larger than 3 or 4 cm. For high-risk located HCC, we found that combined ethanol injection and RFA tended to have a higher rate of complete ablation than RFA monotherapy. Since 2006, we have also employed a creation of artificial ascites or pleural effusion for HCC contiguous with vital structure. We found a lower major complication and higher survival rate compared to the era without artificial ascites or pleural effusion creation.

**CONCLUSIONS:**

RFA is the first option of local ablation for HCC in Taiwan due to its effective result. Refined algorithms of RFA could improve its effect.

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