

## 거대간을 동반한 상염색체 우성 다낭신 환자에서 경피적 간동맥 색전술의 효과에 대한 증례보고

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### Hepatic Transcatheter Artery Embolization for Enlarged Liver with Multiple Hepatic Cysts in Autosomal Dominant Polycystic Kidney Disease

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Polycystic liver is the most common extrarenal manifestation in autosomal dominant polycystic kidney disease (ADPKD). Hepatic transcatheter artery embolization (TAE) was first used in Japan for symptomatic polycystic liver patients. Ubara et al. reported its efficacy in reducing total liver and cyst volumes without significant complications in 30 patients. In 2009, for the first time in Korea, we reported 3 successful cases of hepatic TAE for massive polycystic liver patients. Since then, we have performed hepatic TAE in a total of 11 patients and retrospectively analyzed clinical data and outcome in this study.

From September 2005 to January 2011, hepatic TAE with polyvinyl alcohol (PVA) particles and microcoil was performed in 1 man and 10 women with ages ranging from 39 to 74. Computed tomography in three-dimensional liver protocol was taken before and one year after embolization. All patients reported abdominal distension with dyspepsia before intervention. Six patients had ascites and two patients showed massively enlarged liver that compressed inferior vena cava (IVC). Three patients received second intervention since they felt relieved from symptom after preceding embolization. The median number of coils used was 12 (4–24) and the number of embolized arteries ranged from 2 to 6.

Seven (64%) out of 11 patients showed decreased total liver volume after embolization and six patients (55%) reported their symptoms being improved after intervention. However, hepatic liver volume reduction did not always result in symptom relief. Only five of them (71%) reported their symptoms being improved as their liver size was reduced. Six (55%) patients experienced weight loss immediately after intervention but subsequently gained weight as they regain appetite. The most common adverse event was post-TAE fever (71.4%). Fever lasted for average 6 days (2–25 days). Other common adverse events were abdominal pain, vomiting, and constipation and all of them were supportively managed at ward.

Hepatic TAE is an effective method to reduce massive polycystic liver volume and relieve symptoms without significant adverse events. It should be considered as a treatment tool for ADPKD patient with massive hepatic cysts.

**Key Words:** 상염색체 우성 다낭신, 간동맥 색전술, 간낭종  
ADPKD, Hepatic artery embolization, Hepatic cyst