

거대간낭종을 동반한 상염색체우성 다낭신 환자에서 간동맥 색전술의 효과

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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 ADPKD patients with massive symptomatic polycystic liver. Computed tomography in three-dimensional liver protocol was taken before and one year after embolization.

One men and 10 women went through intervention and their mean age was 51.6 ± 9.6 years. All patients reported abdominal distension with dyspepsia before intervention. Eight (57.1%) 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. Total liver volume decreased from the baseline value of 10,234 mL to 6,857mL after embolization ($p=0.0098$). Six patients (55%) reported their symptoms being improved after intervention. However, hepatic liver volume reduction did not always result in symptom relief. The most common adverse event was nausea or vomiting (92.9%), followed by abdominal pain (78.6%) and post-TAE fever (71.4%). 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: 상염색체우성 다낭신, 간동맥 색전술, 간낭종
ADPKD, Hepatic artery embolization, Polycystic liver