

Percutaneous ablation of colorectal liver metastasis in a patient with Hereditary Hemorrhagic Telangiectasia

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Presentation

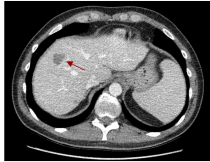
Patient: 48y M with Stage IVB Colon Cancer

Procedure: Pre-Radioembolization Mapping

Indication: 4 Colorectal liver metastasis to right hepatic lobe

History: 10 cycles of FOLFOX with Avastin, multiple pulmonary nodules, hepatic & pulmonary AVM concerning for HHT

Outcome: Lung Shunt = 95%



Seg VIII



Seg VII



Seg V/III



Seg VI

Alternatives to Y-90

Resection

• 1 Case

TACE

• 1 Case

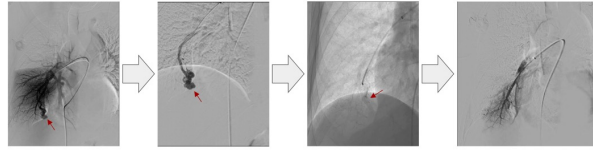
Transplant

• 2 Cases

Ablation

• None

Pulmonary AVM Embolization

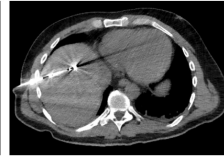


Indication: Stroke Prophylaxis, 3 days after Y-90 Mapping

Microwave Ablation



Seg V/III



Seg VIII



Seg VI

Interval History: (2 months) 2x cycles of chemotherapy, Lesions reduced in size, Seg VII lesion absent

Complications: Stable Pleural Effusion, pseudoaneurysm 2wks later

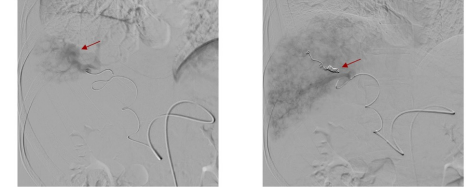


Pleural Effusion:



Pseudoaneurysm

Pseudoaneurysm Embolization



Successful coil embolization with resolution of pain

Outcomes

On maintenance therapy with capecitabine and bevacizumab, no further interventions done. One-year later Signatera™ negative, complete metabolic response in liver on PET-CT, and stable pulmonary nodules.

Learning Points

- Locoregional therapy can be used to treat colorectal liver metastasis in patients with HHT
- Percutaneous ablation can be performed safely in individuals with HHT
- High suspicion for postoperative complications i.e. pseudoaneurysm, fistula formation, hemorrhage
- Trans-arterial radioembolization and chemoembolization can be challenging in patients with HHT