

Outcomes of Pediatric Hepatocellular Carcinoma: A single-center Experience with Resection vs Transplantation

Paula Medio ¹, Rosa Erro ², Juan Cruz Abate ³, María Margareto ¹, Sofía Matesanz ¹,
Paula Ostos ¹, Claudia Palomo ¹, Francisco Hernández ^{3,4}, Ane Andrés ^{1,3,4}

¹ Faculty of Medicine, Autonomous University of Madrid, Spain; ² Transplantation Department, Federico Gómez Children's Hospital, Mexico City, Mexico; ³ Hospital La Paz Institute for Health Research (IdiPAZ), Madrid, Spain; ⁴ Pediatric Surgery Department, La Paz University Hospital, Madrid, Spain

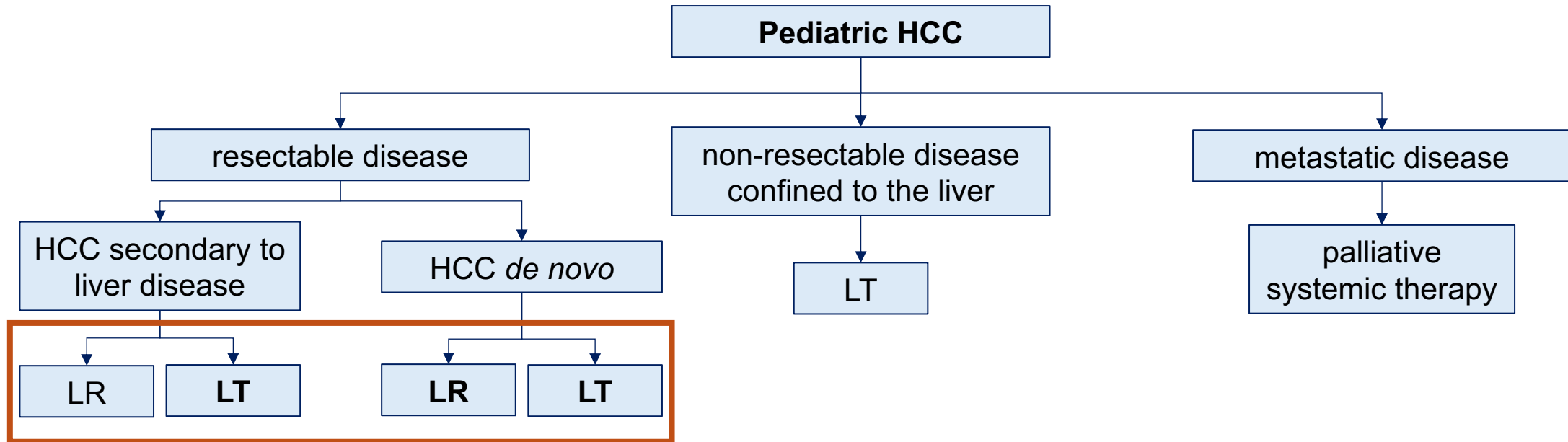


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No conflicts of interest

BACKGROUND

The criteria for liver resection (LR) vs liver transplantation (LT) for hepatocellular carcinoma (HCC) have not yet been standardized in the pediatric population




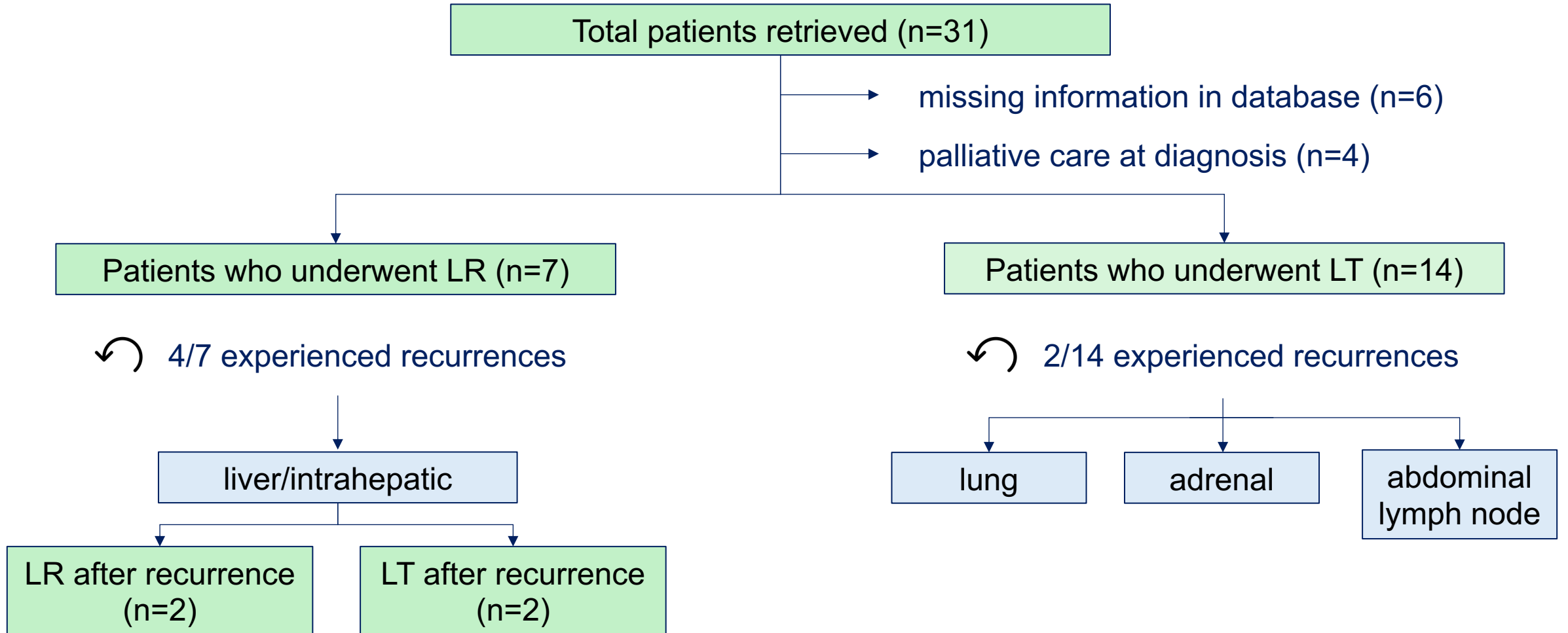
Should we opt for resection or transplantation in a resectable pediatric HCC?



To compare outcomes between LR and LT for pediatric HCC at La Paz University Hospital (Spain)

METHODS

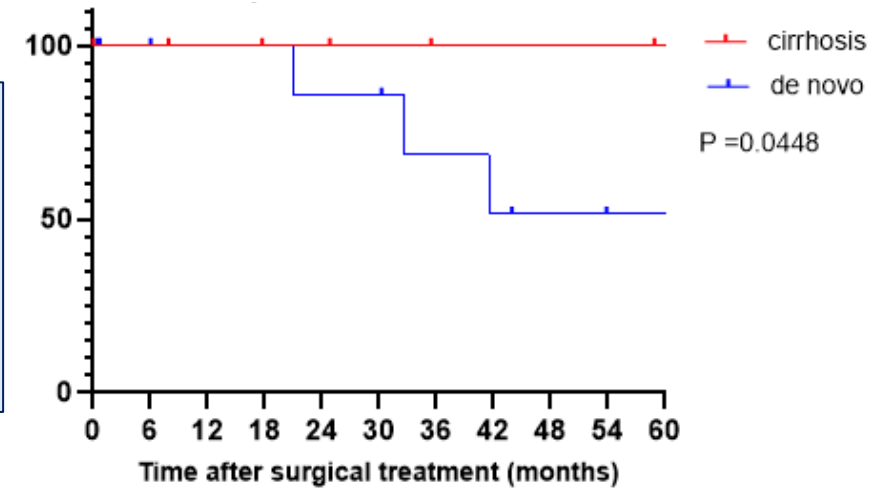
 Retrospective database; patients <18 years who underwent surgical treatment for HCC between January 1st, 1994, and March 30th, 2024



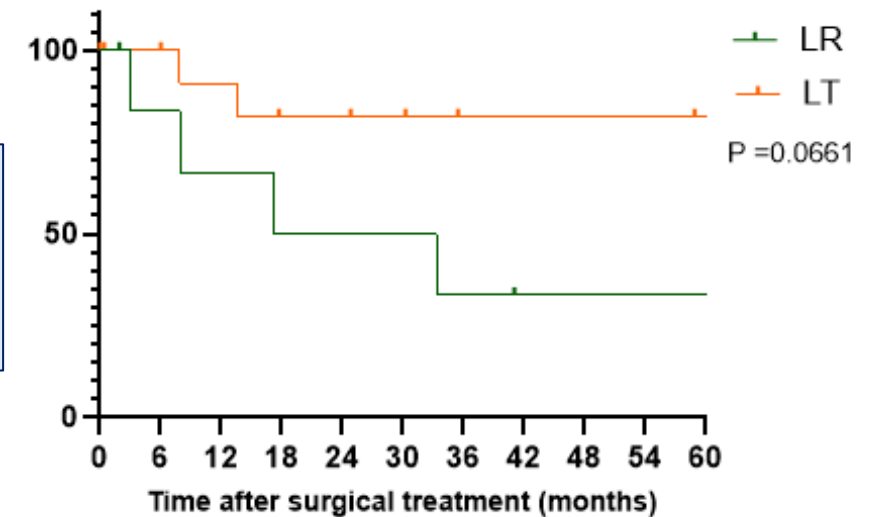
RESULTS

	Total [N=21 (100%)]	LR [n=7 (33%)]	LT [n=14 (67%)]	p-Value
Age (years)	8.6 ± 5.4	9.3 ± 5.2	8.3 ± 5.6	.50
Males	12 (57)	5	7	.65
Background liver disease				.35
Cirrhosis	11 (52)	2	9	
De novo	10 (48)	5	5	
Largest tumor length (cm)	5.8 ± 4.7	5.4 ± 3.3	6.0 ± 5.4	.92
Number of tumors				.59
Single	9 (43)	4	5	
Multifocal	12 (57)	3	9	
Differentiation				.99
Good	9 (43)	3	6	
Moderate	8 (38)	2	6	
Poor	2 (10)	0	2	
Unknown	2 (10)	2	0	
PRETEXT group				.88
I	7 (33)	3	4	
II	5 (24)	2	3	
III	5 (24)	1	4	
IV	3 (14)	0	3	
Macrovascular invasion	10 (48)	3	7	.99
Lymph node involvement	6 (29)	2	4	.99
Distant metastasis	4 (19)	2	2	.76

Overall survival in HCC: cirrhotic liver vs *de novo*



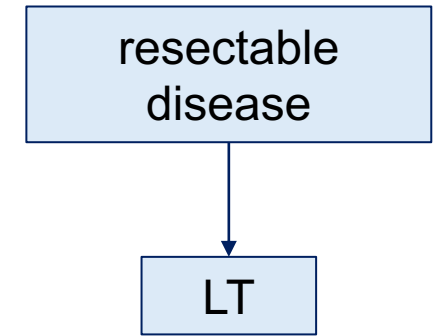
Disease-free survival: LR vs LT



CONCLUSIONS



We suggest LT could be considered as primary treatment option in children with resectable HCC



Pediatric HCC differs from the adult type, same criteria should not apply

De novo HCC had higher recurrence and poorer prognosis vs HCC in a cirrhotic liver

Overall and disease-free survival were higher in LT vs LR group

Non-resectable metastasis remain the only absolute contraindication for LT for pediatric HCC

Pending results from prospective multicenter study PHITT



Limitations of our analysis include low incidence of pediatric HCC and inconsistent electronic registry