Neuroendocrine Tumor Treated with Arterial Chemoembolization Using DEB-TACE

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A 60-year-old man was admitted to our hospital for the treatment of multiple liver tumors. A tumor biopsy revealed neuroendocrine tumor (NET) with a low Ki-67 index (Picture A). Positron emission tomography-computed tomography clarified that the primary lesion was located in the ileum. The patient had undergone 3 cycles of peptide receptor radionuclide therapy (PRRT) with (177) Lu-DOTATATE (1) and 15 cycles of a chemotherapeutic regimen consisting of capecitabine and temozolomide (CAPTEM) (2). However, progressive disease resulting in multiple liver tumors was observed (Picture B). At this time, the patient underwent hepatic arterial chemoembolization using drug-eluting beads (DEB-TACE: Epirubicin-loaded DC Bead³). Two months later, the blood flow to the liver tumors had completely disappeared (Picture C). We found that DEB-TACE was a feasible treatment for multiple liver tumors arising from a NET in a patient who had not responded to PRRT or CAPTEM.

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References

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