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HEPATOCELLULAR CARCINOMA ANALYSIS BY KLCA

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Hepatocellular carcinoma (HCC) is an Important health concern in South Korea, predominantly comes from chronic hepatitis B infection. Summarization of the 2022 KLCA-NCC Practice Guidelines for HCC management, diving into the recent research.The guidelines focus on patients with suspicious or newly diagnosed HCC, including those with recurrent disease.

Worldwide hepatitis B vaccination is vital. Lifestyle alteration to reduce alcohol Drinking, obesity, and diabetes risk factors are severely advised. Antiviral therapies for chronic hepatitis B and C patients can lower HCC incidence.

High-risk populations should undergo twice of screenings using liver ultrasound and serum AFP levels. Imaging studies can mark HCC, typically evidenced by arterial phase hyperenhancement and subsequent washout. Tumours ≥1 cm in high-risk patients need additional imaging or biopsy.

Hepatic Resection which is Recommended for Child-Pugh grade A patients with single tumours and no reasonable portal hypertension.

Liver Transplantation (LT): Preferred for unresectable HCC meeting Milan criteria; local-regional therapies can be used to meet Normal standards.

RFA is the standard for small tumours (≤3 cm), with microwave and cryoablation as alternatives, exhibiting similar efficacy.

TACE and Radioembolization: TACE remains the primary non-surgical treatment option for non-resect able HCC, with variable outcomes based on tumour characteristics and liver function. continuous monitoring and additional treatments, which includes surgical options, TACE, and systemic therapies, are vital for managing recurrent HCC.

The guidelines advocate a multidisciplinary approach to HCC management, with evidence-based practices personalized to individual patient circumstances. Clinicians should refer to the full guidelines for comprehensive treatment protocols and care strategies.