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1: Korean J Hepatol. 2008 Jun;14(2):168-77.

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**Incidence and risk factors of acute renal failure after transcatheter arterial chemoembolization for hepatocellular carcinoma**

[Article in Korean]

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BACKGROUND/AIMS: Transcatheter arterial chemoembolization (TACE) is a major modality in the treatment of unresectable hepatocellular carcinoma. Acute renal failure (ARF) may occur after TACE because of underlying liver cirrhosis and the presence of radiocontrast agent. However, the data available regarding this complication are variable and limited. The aim of this study was to determine the incidence and associated risk factors of ARF after TACE. METHODS: From January 2001 to December 2004, a total of 632 procedures were performed in 377 patients. Of these, the cases with high creatinine levels (> or = 2 mg/dL) before TACE and with incomplete medical records were excluded, which resulted in 463 procedures in 319 patients (256 males and 63 females; age 58.7+/-9.9 years, mean+/-SD) being examined for this study. Various clinical and radiological data before and after the procedure were reviewed retrospectively. RESULTS: ARF occurred following 15 (3.2%) of the 463 procedures within 7 days of TACE. Univariate analysis revealed that serum albumin levels (P=0.025), Model for End-Stage Liver Disease score (P=0.001), the distribution of Child-Pugh class (P=0.027), and the proportions of patients with ascites (P<0.001), using diuretics (P=0.010), and with a serum creatinine level > or = 1.5 mg/dL (P=0.023) differed significantly between patients with or without ARF after TACE. In multivariate analysis, the presence of ascites (P=0.005; odds ratio, 5.297) and serum creatinine level > or = 1.5 mg/dL (P=0.007; odds ratio, 7.358) were independently associated with the development of ARF. CONCLUSIONS: The incidence of ARF after TACE was 3.2%, and the presence of ascites and an abnormal baseline serum creatinine level were the risk factors for ARF.

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