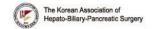
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## **EP052**

## Hepatocellular carcinoma in children. Liver resection and Liver Transplantation outcomes.

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**Introduction**: Hepatocellular carcinoma (HCC) in childhood is a rare type of malignant tumor of the liver. Childhood HCC is usually found in older children (10-15 years), rarely in children younger than 5. HCC is the second most common pediatric primary liver tumor accounting to around 25% following hepatoblastoma (HB) that accounts almost 70%. In children the only curative treatment of HCC is complete resection of the tumor and/or liver transplantation (LT). Traditionally some groups use Milan criteria (single tumor < 5 cm, or no more than 3 each  $\le$ 3 cm in diameter).

**Methods**: We collect patients data from january 2018 to january 2021. Our general policy is to offer LT to those patients with unresectable HCC (estimated liver remnant (20%)) without extrahepatic involvement. Liver resection remains the best approach and first line treatment option.

**Results**: Seven patients mean age 13.6 (range 1 to 16 years). Liver resection in 5 (71.4% and liver transplantation in 2 (28.5%). Liver resection group underwent right extended hepatectomy in 3 (60%), right hepatectomý in 1(20%) and left hepatectomy (20%). Liver transplantation group exceeded Milan and Total Tumor Volume criteria. Liver resection group overall survival at 1 and 3-year were 100% and 60% respectively. Liver transplant group 1 and 3-year survival were 100%.

**Conclusions**: HCC is a rare malignancy in children, occurring mainly in normal liver, its clinical behavior is different from adult HCC. Children LT criteria for HCC should not be the same as in adults. Management of childhood HCC includes chemotherapy, ablative procedures, surgical resection and liver transplantation.

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