

# LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA

**Hotineanu Adriana<sup>1</sup>, Burgoci Sergiu<sup>1</sup>**

<sup>1</sup>Chair of Surgery no. 2, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova.

**Introduction.** Hepatocellular carcinoma is one of the most frequent complications of advanced liver cirrhosis, associated with high mortality. Liver transplantation is an effective therapeutic solution in selected cases, providing significantly higher survival rates and improved quality of life.

**Aim of the study.** Evaluation of post-transplant outcomes in the treatment of hepatocellular carcinoma by analyzing patient characteristics and clinical evolution.

**Material and methods.** This retrospective study includes 6 male patients, aged 38-61 years, who underwent liver transplantation between 2017 and 2022. Diagnoses included hepatocellular carcinoma associated with mixed viral liver cirrhosis (HBV, HCV, HDV), classified as Child-Pugh A-C, and portal hypertension. Analyzed data included hospitalization duration (15-28 days), patient origin (4 urban, 2 rural), and post-transplant clinical evolution.

**Results.** Of the 6 patients, 5 (83.3%) showed improvement after transplantation, while 1 (16.7%) deceased. The age range was 38-61 years, and hospitalization lasted between 15-28 days. Patients had associated conditions such as grade II portal hypertension and subcompensated or decompensated liver cirrhosis. Results demonstrate the efficacy of liver transplantation in controlling hepatocellular carcinoma, with significant clinical improvement in most cases.

**Conclusions.** Liver transplantation is a viable therapeutic option for patients with hepatocellular carcinoma associated with liver cirrhosis, showing favorable outcomes in clinical improvement and survival.

**Keywords:** liver transplantation, hepatocellular carcinoma, liver cirrhosis, portal hypertension.