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versus 40 percent), and catheter dislocation as a result of poor fixation techniques accounts for a significant portion of these complications.

These issues are likely to become less common in the future as catheter fixation methods get better. Additionally, interventional revisions have been shown to successfully resolve the majority of these device-related complications, with a rate of 17% of device-related treatment interruption, which is superior to the surgical method [8].

Conclusion

For patients with advanced nonsurgical hepatic primary or metastatic tumors, HAIC remains an effective treatment option. Hepatic arterial catheters can now be placed minimally invasively percutaneously under local anesthesia thanks to recent advancements in interventional radiological techniques. Establishing vascular access, keeping an eye out for complications, and evaluating the results of HAIC treatment regimens all require the expertise of diagnostic and interventional radiologists.

Acknowledgement

None

Conflict of Interest

None

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