

Special Issue

Hepatocellular Carcinoma: Diagnosis and Management

Message from the Guest Editor

Hepatocellular carcinoma (HCC) is the most common type of liver cancer, accounting for ~90% of cases, and is the third leading cause of cancer-related deaths globally. While it has traditionally been diagnosed in its late stages, improved surveillance in patients with cirrhosis and advances in imaging have enabled earlier detection and curative treatment options. Major risk factors include chronic infection with hepatitis B and C viruses, as well as non-alcoholic steatohepatitis (NASH), which is increasingly common in the West and presents a distinct molecular pathogenesis. About 25% of HCCs carry potentially actionable mutations, though their clinical utility remains under investigation. Ultrasound is recommended for the surveillance and follow-up of nodules ≤ 1 cm, while contrast-enhanced CT or MRI is preferred for nodules > 1 cm. Biopsies may be required for atypical lesions but are limited by sampling errors. Subcentimeter lesions should be monitored with repeat imaging and alpha-fetoprotein (AFP) testing every 3–6 months.

Guest Editor

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