

Pivka Assay (D.C.P) against Alpha Foeto Protein Blood Test in The Diagnosis of Liver Cancer

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Is alpha foeto protein a good tumour marker blood test for liver cancer? The cost of this test is Rs. 470/- and very often it helps in diagnosis of cancer of the liver, but only if the readings are very high and you are following up a cirrhosis patient having

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Hepatitis B or Hepatitis C for yearly checkup. Next time if you find a normal alpha foeto protein level in a patient of liver cirrhosis having a suspicious nodule, ask for a blood test of PIVKA assay, a Decoxy prothrombin, which is elevated in liver cancer and is a more sensitive test for liver cancer. Unfortunately, the cost of this test is Rs. 3000/- and cannot be asked for routinely.

ISCHAEMIA VERSUS BLEEDING : THE ART OF CLINICAL DECISION-MAKING

Reperfusion therapy is the foundation for effective management of patients with ST-segment elevation myocardial infarction (STEMI), and primary percutaneous coronary intervention (PCI) results in greater myocardial salvage, and lower mortality, reinfarction, recurrent ischaemia, and stroke than fibrinolytic therapy. Increased use of interventional therapies has been strongly associated with a steady decline in the yearly incidence of death, cardiogenic shock, and heart failure in STEMI.

Aspirin and adequate preloading with the thienopyridine clopidogrel before PCI reduces the 30-day composite rates of cardiovascular death or myocardial infarction in patients with non-STEMI and STEMI needing revascularization. However, clopidogrel takes several hours to act. Furthermore, many patients have platelet hyporesponsiveness to clopidogrel, which has been associated with major adverse cardiovascular events and stent thrombosis. Prasugrel, a thienopyridine currently undergoing review by the US Food and Drug Administration, has a more rapid onset of action than clopidogrel and is significantly more potent, overcoming clopidogrel-related platelet resistance in almost all patients. However, the inherent risk of increased platelet inhibition is bleeding, which has been strongly linked to mortality after PCI, especially in patients with STEMI.

Gregg W Stone, *The Lancet*, 2009; 373 : 695.