

CHAPTER V

CONCLUSION

Twenty-five cases of carcinoma of the liver had been investigated, including the direct immunofluorescence antibody technique, which was valuable to demonstrate AFP production at a cellular level. There were hepatocellular carcinoma 56 %, and 44 % were metastatic carcinoma of the liver.

By mean of counterimmunoelectrophoresis, AFP could be detected in 64.3 % of hepatocellular carcinoma. For immunofluorescence antibody technique 85.7 % with hepatocellular carcinoma, and 18.2 % with metastatic carcinoma of the liver were AFP-positive.

AFP-positive serum and positive for immunofluorescent localization cases with hepatocellular carcinoma were seen in patients with every degree of differentiation of tumour grading, but they tended to be higher in poorly differentiated grade III hepatocellular carcinoma. However, no correlation with the degree of tumour cells differentiation and AFP localization could be demonstrated.

The direct immunofluorescence technique demonstrated that only a small proportion of tumour cells do produce AFP. The fluorescence in each positive cell was limited in the cytoplasm, cytoplasmic membrane and the fibroblasts and blood vessels. The localization of the specific fluorescence indicated for AFP, and its intensity showed the amount of

AFP.

It was shown in this study that at least 12 of 14 cases (85.7 %) with AFP-positive were hepatocellular carcinoma. This finding tended to a conclusion that the production of AFP was due to tumour cells of hepatic parenchyma. Alternatively, cells other than parenchyma might produce very minute amount of AFP.