BACKGROUND
- Liver resections for Hepatocellular Carcinoma, in patients with portal hypertension is associated with significant morbidity, that’s why preoperative assessment for presence of PHT is of high importance. This can be done by
  a) non-invasive clinical criteria (presence of varices, splenomegaly or thrombocytopenia)
  b) invasive portal vein pressure assessment (with Hepatic venous pressure gradient)
- We aimed to determine whether routine preoperative HVPG measurements are necessary in child’s-A cirrhotic patients, undergoing liver resection for HCC and also immediate post-operative liver dysfunction and 30-day mortality

INCLUSION CRITERIA
- All Child’s class “A” patients with HCC, from October 2014 to October 2017, without any clinical signs of portal hypertension who had preoperative HVPG measurements were included (n=20)

RESULTS
- Overall only 10% (n=2) of the patients were found to have clinically significant PHT on HVPG measurements
- A total of 14 patients underwent surgery
- No immediate postoperative liver failure was recorded (according to 50-50 criteria)
- No 30- day postoperative mortality was observed

Surgical outcomes

<table>
<thead>
<tr>
<th>Variables</th>
<th>n=14 (%)</th>
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<tbody>
<tr>
<td>Duration of Surgery (mins)*</td>
<td>222.4 ± 82.5</td>
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<tr>
<td>Blood loss (mls)*</td>
<td>460 ± 411</td>
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<tr>
<td>Unresectable tumor</td>
<td>2 (14.2%)</td>
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<tr>
<td>Wound infection</td>
<td>1 (7.1%)</td>
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<tr>
<td>30-d mortality</td>
<td>0 (0%)</td>
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<tr>
<td>Hospital stay (days)*</td>
<td>6.8 ± 3.2</td>
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Histopathology
- Well diff 10 (71.4%)
- Moderately diff 3 (21.4%)
- Poorly diff 1 (7.1%)

CONCLUSION
- The incidence of subclinical portal hypertension was very low in the absence of clinical and radiological signs of portal hypertension.
- Invasive HVPG measurement can be avoided in early stage HCC for child’s A cirrhotic patients undergoing liver resection