Liver resection prolongs patient survival with advanced HCC

Epidemiology, Genotype Distribution, Prognosis, Control, and Management of Viral Hepatitis B, C, D, and Hepatocellular Carcinoma in Mongolia

ABSTRACT

PURPOSE
In this study, we aimed at evaluating the potential benefits and outcomes of liver resected patients with advanced HCC.

METHODS
Thirty three patients with advanced HCC (huge, multiple, with portal vein or hepatic vein thrombosis) enrolled.

RESULTS
Liver resection may still be suitable for the advanced stage HCC patients with huge multidimensional macrovascular invasion in selected cases.

CONCLUSION
Safe and radical liver resection is still suitable for the HCC patients with huge, multidimensional and macrovascular invasion. Patient should be selected carefully and needed sufficient perioperative care. Advanced HCC patients without liver cirrhosis with a tumor-free resection margin demonstrate longer survival and lower recurrence.

Liver resection prolongs patient survival with advanced HCC
National Cancer Center of Mongolia, Cancer Research Institute
Ch. Enkhhbold (MD, Ph.D.), M. Chinchizor MD, Preoperative CT image
Patient 51 years old, male

ABSTRACT

BACKGROUND
Liver resection has been reported as a safe and effective approach for the management of hepatocellular carcinoma (HCC). However, liver resection has not been recommended for patients with advanced HCC due to high operative mortality, mortality, patients who underwent major hepatectomy and need sufficient perioperative care. In our study, we have demonstrated that safe and radical liver resection is still suitable for the HCC patients with huge, multidimensional lesions and macrovascular invasion. Patient should be selected carefully and needed sufficient perioperative care.

PATIENTS
Thirty three patients with advanced HCC (huge, multiple, with portal vein or hepatic vein thrombosis) enrolled.

METHODS
We retrospectively analyzed 30 patients with advanced HCC who underwent major hepatectomy and needed sufficient perioperative care. HCC patients without liver cirrhosis with a tumor-free resection margin demonstrate longer survival and lower recurrence.

RESULTS
We have demonstrated that safe and radical liver resection is still suitable for the HCC patients with huge, multidimensional lesions and macrovascular invasion. In our study, we have demonstrated that safe and radical liver resection is still suitable for the HCC patients with huge, multidimensional lesions and macrovascular invasion. Patient should be selected carefully and needed sufficient perioperative care. Advanced HCC patients without liver cirrhosis with a tumor-free resection margin demonstrate longer survival and lower recurrence.

CONCLUSION
Safe and radical liver resection is still suitable for the HCC patients with huge, multidimensional and macrovascular invasion. Patient should be selected carefully and needed sufficient perioperative care. Advanced HCC patients without liver cirrhosis with a tumor-free resection margin demonstrate longer survival and lower recurrence.