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ALPPS versus two-stage hepatectomy (TSH): indications, safety, efficacy

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Introduction : The aim of this study was to compare the clinical changes associated with ALPPS and PVL and assess the oncological outcomes

Methods : Retrospective analysis of 30 patients with CRLM and HCC operated with ALPPS or PVL) at the abdominal department. After analysis of the whole cohort, both groups were matched and analyzed.

Results : Fifteen patients age 57±11.6 yr were operated by PVL techniques for 5±3 (2-10), metastases of which the largest was 58±27 мм. ALPPS was initiated for 2.8±1.6 metastases of which the largest was 64.6±18.8 mm in 15 patients whose mean age was 59±6.3yr. One patient had salvage ALPPS after failed PVL. The time between two steps was 72.3±32.8 days for PVL and 9.4±1.4 days for ALPPS, FLR increased by 59.5±65.9% vs 95.1±53.6 ($p<0.001$) respectively. The second stage of PVL was performed in 73.3% patients, ALPPS-2 in 86,7%. Major complication (Clavien ≥IIIb) rates were 0% vs. 9,1% in the PVL and ALPPS group, respectively. There was 2 (15%) postop death after ALPPS-1 due to hepatic failure in the patients who had a HCC and liver cirrhosis. The overall survival of the ALPPS group was significantly lower than that of the PVL(26,1mo vs. 44.0mo, $p = 0.021$), as well as disease-free survival (24,1mo vs. 39,4mo, $p = 0.011$)

Conclusions : The ALPPS technique can be associated with a hypertrophic stimulus on the future liver remnant stronger than other techniques–such as portal vein ligation at early terms. Meanwhile, the survival following ALPPS was significantly lower than that posterior to PVL

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