

Intraoperative RFA (open vs laparoscopic)

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Lecture : Hepatic resection is poised to be an important treatment modality in clinical settings. When insufficient hepatic reserve is noted or extent of resection is expected dismal consequences, other than resection or other combination is needed. Loco-regional therapy, such as radiofrequency ablation (RFA) can be an optimal combination of hepatic resection both openly and laparoscopically.

RFA is a common loco-regional treatment which has been recognized as a safe and effective treatment option for selected HCC patients. Many studies has been reported that RFA can achieve comparable prognosis as curative hepatic resection for patients with a tumor size less than 2cm. Furthermore, intraoperative RFA can be performed for some tumors ineligible for percutaneous RFA such as tumors near the hepatic hilum, stomach, colon, or diaphragm. And with the help of intraoperative ultrasonography, mini-HCCs defined as less than 1cm in diameter that may be missed by preoperative CT or MRI can be detected and eradicated by RFA. As a result, the combination of hepatic resection and RFA, by which the dominant tumor is resected first and the residual minor tumors treated with RFA simultaneously, not only could eradicated all HCC lesions but also preserve more hepatic tissue for multifocal HCC patients.

In this session, reports of hepatic resection combined with RFA are to be presented and the effectiveness of RFA as an optimal combination of hepatic resection would be introduced.

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