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Parenchymal preserving hepatectomy in perihilar cholangiocarcinoma

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Introduction : Despite the surgical advancement of perihilar cholangiocarcinoma (PHCC), mortality is still high owing to postoperative liver failure (POLF). This study aimed to evaluate the surgical outcome of parenchymal preserving hepatectomy (PPH) in treating patients with insufficient future remnant liver volume after hepatectomy.

Methods : Between January 2000 and December 2018, 326 patients underwent surgical resection of PHCC at Severance Hospital. Of these patients, 89 (27.3%) were predicted to have an average future remnant liver volume is less than 25~30% after hepatectomy in preoperative image. These patients were divided into two groups by different surgical strategy: one group underwent portal vein embolization (PVE) before major hepatectomy [PVE group, n=69], and another group underwent one stage PPH without PVE in consideration of the risk of postoperative morbidity and mortality [PPH group, n=20]. Perioperative outcome and long-term survival were compared between two groups.

Results : PVE were performed in case of advanced hilar bile duct involvement than PPH group (p=0.002) Time to surgery and intraoperative blood loss was significantly lower in PPH group (p=0.015 and p=0.027, respectively) No meaningful POLF had developed in PPH group. Conversely, hospital death from POLF occurred 8 patients (11.5%) in PVE group. (p<0.001) Disease free survival and overall survival rates were not statistically different between two groups (p=0.882 and p=0.191, respectively)

Conclusions : PPH procedures showed acceptable curability, morbidity and mortality rates. PPH could be an alternative option in selected patients with insufficient liver volume as well as high risk of postoperative morbidity and mortality for treating PHCC. Further following study should be required.

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