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## **The Impact of Portal Vein resection on Outcome of Hilar Cholangiocarcinoma**

Ki Bum KIM, Dong Wook CHOI\*, Dae Joon PARK, Young Ju RYU, Naru KIM, Sang Hyun SHIN, In Woong HAN, Jin Seok HEO

*General surgery, Samsung Medical center, Korea*

**Introduction** : Concomitant portal vein resection (PVR) with major hepatic resection could increase the rate of curative resection in hilar cholangiocarcinoma (HCCA). However, the role of PVR is still debatable because it could increase risk of postoperative morbidity. This study aimed to analysis the efficiency of combined PVR for HCCA in terms of postoperative complications and survival rate.

**Methods** : From January 2005 to December 2016, 418 patients had performed surgery for HCCA at Samsung Medical Center. Among them, 235 patients who underwent major hepatic resection with curative intent were finally analyzed retrospectively (patients with PVR, n=35; patients without PVR, n=200).

**Results** : There was no significant difference in postoperative complications between two groups. Patients with PVR were likely to have more advanced HCCA (T3: 40% vs. 12%,  $p < 0.001$ ; nodal metastasis: 60% vs. 28%,  $p < 0.001$ ), but obtained more curative resections (positive resection margin; 5.7% vs. 11.5%,  $p = 0.002$ ). There was no significant difference in 5-year survival rates with or without PVR. After multivariate analysis, estimated blood loss  $> 600\text{ml}$  (HR= 1.688, 95% CI 1.133- 2.514,  $p = 0.010$ ), T3 diseases (HR= 2.403, 95% CI 1.540- 3.747,  $p = 0.001$ ), nodal metastasis (HR= 2.941, 95% CI 1.964- 3.747,  $p = 0.001$ ), and poorly differentiated carcinoma (HR= 1.890, 95% CI 1.260- 2.836,  $p = 0.002$ ) were identified as independent risk factors for survival after resection.

**Conclusions** : PVR does not increase postoperative morbidity, and showed similar oncologic outcomes despite of more advanced disease state in patients with HCCA. After careful patients' section, concomitant PVR could be beneficial for HCCA patients.

Corresponding Author. : **Dong Wook CHOI** ( dwc7722.choi@samsung.com )