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Liver resection in elderly HCC patients (≥ 75 years) is safe

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Introduction : As the general population continues to age, elderly patients have dramatically increased for detecting HCC and required for surgical management. The aim of this study was to compare the postoperative and long-term outcomes of hepatectomy those patients according to the operation time.

Methods : This study included 130 elderly patients who underwent surgical resection for solitary, treatment-naïve HCC between November 1998 and March 2020. Group 1 was defined as patients undergoing LR before 2016 (n=68) and Group 2 was defined as those undergoing LR after 2016 (n=62).

Results : The proportion of major liver resection and laparoscopic liver resection in the Group 2 were significantly higher than in the Group 1. Median operation time and blood loss during operation in the Group 2 were smaller than in the Group 1. In addition, intraoperative RBC transfusion rate, complication rates, and median hospitalization in Group 2 were significantly lower than Group 1. The disease-free survival and patient survival in the Group 2 were better than in the Group 1 even though the presence of tumor grade 3 or 4 and the incidence of microvascular invasion in the Group 1 were higher than in the Group 2. Group 1, long hospitalization, presence of satellite nodule, and intraoperative RBC transfusion were predisposing factors for patient death.

Conclusions : Laparoscopic liver resection in elderly HCC patients, was performed more frequently than in the past, resulting in an increase in the number of liver surgeries and improved survival.

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