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Perioperative and oncologic outcomes of right anterior sectionectomy for liver disease: A single-center experience with 415 patients

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Introduction : Right anterior sectionectomy (RAS) is technically difficult and performed infrequently, so there were a few reports of small numbers about this surgery. We described large number of clinicopathologic and oncologic outcomes associated with RAS

Methods : We retrospectively reviewed the medical records of 415 patients treated with RAS for hepatic tumors located at segment 5 and/or 8 between January 2008 and December 2017.

Results : All patients underwent RAS with the alternative Glissonean pedicle clamp and Kelly clamp-crushing methods for transection. The mean operative time was 165 minutes and the mean transection time was 28 minutes. Major morbidities (\geq grade III) occurred in 28 cases (6.7%). Bile leakage occurred in 63 patients (15.1%), but no patients required reoperation. Grade A/B/C post-hepatectomy liver failure occurred in 39/7/0 (9.4%/1.7%/0.0%) patients, respectively. There were no in-hospital mortality caused by postoperative complications. The mean hospital stay was 13.3 days. The most common diagnosis was hepatocellular carcinoma (HCC, n=361, 87.0%), followed by intrahepatic cholangiocarcinoma (n=15, 3.6%), mixed HCC and cholangiocarcinoma (n=17, 4.1%), colorectal cancer liver metastasis (n=12, 2.9%). The mean tumor size was 3.8 cm. Among HCC patients, the 5- and 10- year overall survival (OS) rate was 78.3%, 64.4%, and 5- and 10- year disease-free survival (DFS) rate was 57.2%, 37.7%, respectively. Operative time, tumor size, and vessel invasion were factors significantly associated with OS and DFS for HCC patients.

Conclusions : RAS was associated with acceptable procedure-related morbidity and mortality as well as appropriate oncologic outcomes for HCC patients.

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