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E04

Perioperative outcomes of sinusoidal obstruction syndrome underwent liver resection for colorectal liver metastases after neoadjuvant chemotherapy

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Background : In Colorectal liver metastasis (CRLM), the effect of chemotherapy-associated liver injury (CALI) is one of the considerations for patients who need liver surgery. There are many assumptions about CALI, but most of them are unclear. Sinusoidal obstruction syndrome (SOS) is the most common type of CALI, we investigated the incidence of SOS and their effect on the post operative outcomes.

Methods : From December 2007 to December 2020, liver specimens of patients who underwent liver resection for CRLM after neoadjuvant chemotherapy were analyzed about liver damage in the nontumorous lesion. Through the pathologic review, patients who developed grade 1- 3 sinusoidal dilatation (SD) were categorized for the SOS (+) group, and postoperative outcomes were compared with the other control group (grade 0, SOS (-) group).

Results : Out of 286 patients, 175 patients were consequently included. There were no differences in preoperative factors between the groups, except for maximal tumor size and chemotherapy free interval. Although not statistically significant, the SOS (+) group had larger tumor size (5cm or more, p=0.089) and shorter chemotherapy free interval prior to resection (7.96 vs 10.0week, p=0.069). In the SOS (+) group showed that increased in intraoperative blood loss (889.1±1126.6 vs 555.3±566.7, P=0.012) and transfusion volume (1.50±2.71 vs 0.59±1.23, P=0.002), intraoperative transfusion rates (46.6% vs 25.3%, p=0.003) compared to the SOS (-) group, respectively. Additionally, the presence of SOS had associated with liver surgery- specific complications (40.9% vs 26.4, p=0.043). Patient who developed SOS had negative effects on intrahepatic-recurrent free survival (RFS) and overall survival (OS, 5-year survival 46.0 vs 33.9%, p=0.014).

Conclusions : Liver surgery in patients who develop SOS appears to be associated with increased intraoperative blood loss, transfusion, and liver surgery specific complication, also early recurrence and decreased overall survival. More cautious is needed during liver surgery in these patients.

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