

## E21

### Effect of postoperative administration of nafamostat mesilate on posthepatectomy liver failure

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**Background :** To investigate whether the administration of nafamostat mesilate (NM) reduces the risk of posthepatectomy liver failure (PHLF) in patients undergoing hepatectomy for hepatocellular carcinoma (HCC).

**Methods :** We retrospectively reviewed the 1114 patients who underwent hepatectomy for HCC between 2004 and 2020. NM was selectively administered to patients undergoing major hepatectomy with an estimated blood loss of >500 mL. NM group was administered via intravenous of 20 mg of NM from immediately after surgery until postoperative day 4. We performed 1:1 propensity score matching and included 56 patients in each group. PHLF was defined according to the International Study Group of Liver Surgery (ISGLS).

**Results :** The incidence of PHLF was lower in the NM group than control group ( $P = 0.018$ ). The mean peak total bilirubin ( $P = 0.006$ ), aspartate transaminase ( $P = 0.018$ ), and alanine aminotransferase ( $P = 0.018$ ) levels postoperatively were significantly lower in the NM group. The mean hospital stays ( $P = 0.012$ ) and major complication rate ( $P = 0.023$ ) were also significantly lower in the NM group.

**Conclusions :** Prophylactic administration of NM reduced the risks of complication and decreased the frequency of PHLF after hepatectomy. A further prospective study is needed to verify our findings.

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