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Various surgical strategies for hepatocellular carcinoma located in caudate lobe

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Background : Caudate lobes are anatomically located between the hepatic hilum and inferior vena cava. Isolated caudate lobectomy is still challenging for hepatobiliary pancreas surgeons because it is quite complicated depending on the relationship between the surrounding major vascular structures and the biliary tract. In this study, we introduce various surgical strategies for hepatocellular carcinoma located in the caudate lobe and report the results

Methods : From January 2005 to December 2015, 35 patients who underwent caudate lobectomy due to hepatocellular carcinoma in Seoul National University Hospital were enrolled. We described several surgical strategies with hanging maneuver depends on tumor location, vascular invasion, and bile duct involvement. We compared the clinical outcomes between the radical resection group and the local resection group.

Results : A total of 35 patients underwent hepatectomy including the caudate lobe. The median follow-up period was 86.7(3.8-183.6) months. There were 2 (5.7%), extended Rt. Hemihepatectomy, 2(5.7%) Extended Lt. Hemihepatectomy, 2(5.7%) Rt. Post. sectionectomy including caudate lobe, 12(34.3%) cases of isolate caudate lobectomy, and 15(42.9%) cases of local tumorectomy (non-anatomical). There were no statistically significant differences were observed in operative time, hospital stay, and complication rate (mean: 247.1±104.7 minutes versus 247.1±104.7 minutes; P = 0.729; mean: 10.2±6.68 days versus 10.2±6.14 days; P = 1.000). The rates of recurrence were significantly lower in the radical resection groups than in the local resection group (13/15, 86.7% versus 10/20, 50.0%; P = 0.034)

Conclusions : Depending on the location and degree of invasion, various surgical strategies are needed in treating caudate HCC. Through these different methods, we can be secure to reduce recurrence and expect to prolong the patient's survival without complications.

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