Topic : Liver

CLINICAL OUTCOMES AND MORBIDITY ANALYSIS OF RIGHT TRISECTIONECTOMY OR EXTENED RIGHT LOBECTOMY FOR HEPATOBILIARY DISEASE

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Background : Right trisectionectomy (RTS) or extended rt lobectomy(ERL) is a challenging and extensive liver resection performed primarily for advanced hepatobiliary malignancies. This study aims to analyze the clinical outcomes and identify independent predictors of postoperative morbidity in patients who underwent RTS or ERL.

Methods : A retrospective review was conducted on 64 patients who underwent RTS between 2004 and 2014. Clinical, perioperative, and pathological data were analyzed. Univariate and multivariate analyses were used to determine factors associated with postoperative morbidity.

Results : Among 64 patients, hilar cholangiocarcinoma(n=22), intrahepatic cholangiocarcinoma(n=18) Hepatocellular carcinoma(n=14) were the most common indications for RTS. Portal vein embolization was performed in 16 cases. The overall rate of postoperative complications, defined as Clavien-Dindo grade 3 or higher, was 25%. 90-day mortality was 4.6%. with all 3 mortality cases attributed to liver failure. Post op liver failure occurred in 11 cases This analysis identified Age more than 60 (p = $\langle 0.006 \rangle$, Perioperative complication (p = 0.094) as significant factors associated with liver failure.

Conclusions : RTS is associated with a high rate of postoperative morbidity due to the complexity of the procedure. Optimizing preoperative management is critical to reducing complications. These findings provide valuable insights for improving patient outcomes in extensive liver resections.

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