

LAPAROSCOPIC LIVER RESECTION FOR LIVER METASTASIS COLO-RECTAL CANCER (MCRC) SERIAL CASES, A SINGLE CENTER TERTIARY HOSPITAL EXPERIENCE

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Background : Laparoscopic Liver Resection (LLR) is gaining popularity due to improvements in surgical techniques and the development of specific instruments for liver resection. The authors would like to share their experience in LLR for resections of liver MCRC.

Methods : This is a retrospective study in Prof. dr. R.D. Kandou General Hospital (2019-2024). Patients with confirmed resectable liver MCRC during diagnosis and surveillance of CRC were assigned to have LLR performed. Various LLR procedures, duration of operation, and intra-operative bleeding were recorded. Morbidities, mortalities, and post hepatectomy Liver Failure (PHLF) were evaluated

Results : Out of total 91 liver resections, 24 patients had the etiology of liver MCRC and only 5 patients underwent LLR for metastasectomy. From the 5 LLR, 80% are synchronous and 20% are metachronous liver MCRC. Rectal cancer as the primary tumor were found on 60% of the cases and the rest are from colon cancer. Simultaneous resections were performed in 40% cases of the LLR and delayed resections in 60%. Two laparoscopic left lateral sectionectomies were performed, and the rest are non-anatomical liver resection for various segments, including segment 7 and 8. Intermittent Pringle were performed in 40% cases and on-demand Pringle in the other 40% cases. Ultrasonic dissector and endo-staplers were used as the energy device. Intra-operative blood loss 208,1 + 55.73 cc. No PHLF and mortality were recorded in 30 days post-op surveillance.

Conclusions : LLR is visible to perform in resectable liver MCRC. Though an experienced team and specific instruments are needed to minimize bleeding, mobidities, and mortalities.

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