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Original Article

Results After Laparoscopic Liver Resection: An Appropriate Option in Malignant Disease^{☆,☆☆}

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ABSTRACT

Introduction: The laparoscopic approach is not yet widely used in liver surgery, but has proven to be safe and feasible in selected patients even in malignant disease. The experience and results of a hepato-pancreato-biliary (HPB) surgery unit in the treatment of malignant liver disease by laparoscopic approach is presented.

Material and methods: Between February 2002 and May 2011, 71 laparoscopic liver resections were performed, 43 for malignant disease (only patients with more than one year of follow-up were included). Mean age was 63 years old and 58% of the patients were male. Forty-nine percent of the lesions were located in segments II–III. Thirty segmentectomies were performed, 7 limited resections and 6 major hepatectomies.

Results: The median operative time was 163 min. There were 3 conversions. Five cases (11%) required blood transfusion. The oral intake began at 32 h and the median hospital stay was 6.7 days. There were no reoperations and there was one case of mortality. Nine patients (21%) had postoperative complications. The mean number of resected lesions was 1.2, with an average size of 3.5 cm. All resections were R0. The median survival after resection of colorectal liver metastases (CLM) was 69% and 43.5% at 36 and 60 months, respectively, and 89% and 68% at 36 and 60 months, respectively, in hepatocellular carcinoma (HCC).

Conclusion: The laparoscopic liver resection in malignant disease is feasible and safe in selected patients. The same oncological rules as for open surgery should be followed. In selected patients it offers similar long-term oncological results as open surgery.

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Resultados tras resección hepática laparoscópica: una opción adecuada en patología maligna

R E S U M E N

Palabras clave:

Cirugía hepática

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Metástasis hepáticas

Enfermedad maligna

Introducción: El abordaje laparoscópico no ha tenido una gran difusión en la cirugía hepática, aunque ha demostrado ser seguro y factible en pacientes seleccionados incluso en enfermedad maligna. Se presenta la experiencia y resultados en el tratamiento de la enfermedad hepática maligna por laparoscopia.

Material y método: Entre febrero de 2002 y mayo de 2011 se realizaron 71 resecciones hepáticas laparoscópicas, 43 por enfermedad maligna (solo se incluyó a pacientes con más de un año de seguimiento). La edad media fue de 63 años y el 58% fueron varones. El 49% de las lesiones estaban situadas en los segmentos II-III. Se realizaron 30 segmentectomías, 7 resecciones limitadas y 6 hepatectomías mayores.

Resultados: El tiempo operatorio fue de 163 min. Hubo 3 conversiones. Cinco casos (11%) fueron transfundidos. La ingesta se inició a las 32 h y la estancia hospitalaria fue de 6,7 días. No hubo reintervenciones y sí un caso de mortalidad. Nueve pacientes (21%) presentaron complicaciones. El número medio de lesiones resecaadas fue 1,2, con un tamaño de 3,5 cm. Todas las resecciones fueron R0. La supervivencia fue del 69 y del 43,5% a los 36 y 60 meses en metástasis hepáticas de cáncer colorrectal (MHCCR), y del 89 y 68% a los 36 y 60 meses en hepatocarcinoma (HCC).

Conclusiones: La resección hepática por laparoscopia en enfermedad maligna es factible y segura. Debe cumplir los mismos preceptos oncológicos que la cirugía abierta. En pacientes seleccionados ofrece resultados oncológicos a largo plazo similares a los obtenidos en cirugía abierta.

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Introduction

Laparoscopic liver surgery was performed for the first time in 1992,¹ and in Spain in the year 2000.² After nearly 15 years of technical and technological improvements, laparoscopic liver surgery is considered a feasible and safe technique, but its application is restricted in most cases to minor resections of lesions in peripheral segments.³

With the growing experience of liver surgery groups, the indications for laparoscopy have extended to major liver resections^{4,5} and include malignant disease in most series with similar oncologic results to those offered by the traditional approach.^{6,7}

In addition to the typical advantages of laparoscopy (less pain, short hospital stay and esthetic benefit), this method also obtains better results in terms of blood loss.⁸ Today, however, there is still controversy about the benefits of laparoscopy in liver surgery compared to open surgery in malignant disease.

The aim of this paper is to present our experience in the treatment of malignant disease by laparoscopy and to analyze the results of operative time, hospital stay, morbi-mortality and survival.

Material and Methods

In the year 2000, laparoscopic liver surgery was started in our center, initially for benign disease. After 2002, the indications were extended to malignant disease. Between February 2002 and May 2011, 71 liver resections were performed in

71 patients. Of these, 43 were due to malignant disease; the diagnoses are listed in [Table 1](#).

The characteristics of the patients for age, sex distribution, ASA classification, previous surgical history and preoperative localization and size of the lesions are summarized in [Table 2](#). Thirty patients underwent segmentectomy, the most frequent of which was resection of segments II-III in 21 patients. Seven patients underwent limited resection and 6 cases had major hepatectomy (3 right and 3 left hepatectomies).

In 3 patients, simultaneous laparoscopic resection was performed for a colorectal primary tumor and the liver metastases (left hemicolectomy, right hemicolectomy and abdominoperineal resection).

The interventions were performed under general anesthesia using propofol for induction and maintenance, with

Table 1 – Diagnosis of Malignant Disease.

	n	%
CRC metastasis	21	49
Hepatocarcinoma	10	23.2
Non-CRC metastasis	9	21
N. breast	5	55
N. lung	2	22
Melanoma	1	11
Hemangioendothelioma	1	11
Cholangiocarcinoma	2	4.6
Lymphoma	1	2.3

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