



Original Article

Multicentre Study on Hepatic Adenomas[☆]

José Manuel Ramia,^{a,*} Carmen Bernardo,^b Andrés Valdivieso,^c Cristina Dopazo,^d José María Jover,^e M. Teresa Albiol,^f Fernando Pardo,^g José Luis Fernandez Aguilar,^h Alberto Gutierrez Calvo,ⁱ Alejandro Serrablo,^j Luis Díez Valladares,^k Fernando Pereira,^l Luis Sabater,^m Karim Muffak,ⁿ Joan Figueras^f

^aUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Universitario de Guadalajara, Guadalajara, Spain

^bSección Hepatobiliopancreática y de Trasplante Hepático, Servicio de Cirugía, Hospital Central de Asturias, Oviedo, Spain

^cUnidad Hepatobiliopancreática y de Trasplante Hepático, Servicio de Cirugía, Hospital de Cruces, Bilbao, Spain

^dUnidad Hepatobiliopancreática y de Trasplante Hepático, Servicio de Cirugía, Hospital Vall d'Hebron, Barcelona, Spain

^eUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital de la Cruz Roja, Getafe, Madrid, Spain

^fUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Josep Trueta, Girona, Spain

^gUnidad Hepatobiliopancreática, Servicio de Cirugía, Clínica Universitaria de Navarra, Pamplona, Spain

^hUnidad Hepatobiliopancreática, Unidad de Gestión Clínica de Cirugía General, Digestiva y Trasplantes, Servicio de Cirugía, Hospital Carlos Haya, Málaga, Spain

ⁱUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Príncipe de Asturias, Alcalá de Henares, Madrid, Spain

^jUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Miguel Servet, Zaragoza, Spain

^kUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Clínico San Carlos, Madrid, Spain

^lServicio de Cirugía, Hospital de Fuenlabrada, Fuenlabrada, Madrid, Spain

^mUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Clínico Universitario, Valencia, Spain

ⁿUnidad Hepatobiliopancreática, Servicio de Cirugía, Hospital Virgen de las Nieves, Granada, Spain

ARTICLE INFO

Article history:

Received 18 September 2012

Accepted 16 December 2012

Available online 12 March 2014

Keywords:

Adenoma

Liver

Surgery

Review

A B S T R A C T

Introduction: Hepatic adenomas (HA) are benign tumours which can present serious complications, and hence all were resected in the past. It has now been shown that those smaller than 3 cm not expressing β -catenin only result in complications in exceptional cases and therefore the therapeutic strategy has been changed.

Materials and method: Retrospective study in 14 HPB units. Inclusion criteria: patients with resected and histologically confirmed HA. Study period: 1995–2011.

Results: 81 patients underwent surgery. Age: 39.5 years (range: 14–75). Sex: female (75%). Consumption of oestrogen in women: 33%. Size: 8.8 cm (range, 1–20 cm). Only 6 HA (7.4%) were smaller than 3 cm. The HA median was 1 (range: 1–12). Nine patients had adenomatosis (>10 HA). A total of 51% of patients displayed symptoms, the most frequent (77%) being abdominal pain. Eight patients (10%) began with acute abdomen due to rupture and/or haemorrhage. A total of 67% of the preoperative diagnoses were correct. Surgery was scheduled for 90% of patients. The techniques employed were: major hepatectomy (22%), minor hepatectomy (77%), and one liver transplantation. A total of 20% were performed laparoscopically. The morbidity rate was 28%. There were no cases of mortality. Three

[☆] Please cite this article as: Ramia JM, Bernardo C, Valdivieso A, Dopazo C, Jover JM, Albiol MT, et al. Estudio multicéntrico sobre adenomas hepáticos. Cir Esp. 2014;92:120–125.

* Corresponding author.

E-mail address: jose_ramia@hotmail.com (J.M. Ramia).

2173-5077/\$ – see front matter © 2012 AEC. Published by Elsevier España, S.L. All rights reserved.

patients had malignisation (3.7%). The follow-up period was 43 months (range 1-192). Two recurrences were detected and resected.

Discussion: Patients with resected HA are normally women with large lesions and oestrogen consumption was lower than expected. Its correct preoperative diagnosis is acceptable (70%). The major hepatectomy rate is 25% and the laparoscopy rate is 20%. There was a low morbidity rate and no mortality.

© 2012 AEC. Published by Elsevier España, S.L. All rights reserved.

Estudio multicéntrico sobre adenomas hepáticos

R E S U M E N

Palabras clave:

Adenoma
Hígado
Cirugía
Review

Introducción: El adenoma hepático (AH) es un tumour benigno que puede presentar graves complicaciones por lo que, clásicamente, todos eran resecaados. Actualmente se ha demostrado que los menores de 3 cm, y si no expresan β -catenina, solo se complican excepcionalmente, lo que ha cambiado la estrategia terapéutica.

Material y métodos: Estudio retrospectivo en 14 unidades HPB. Criterio de inclusión: pacientes con AH resecaado y confirmado histológicamente. Periodo de estudio: 1995-2011.

Resultados: Fueron intervenidos 81 pacientes. Edad: 39,5 años (rango: 14-75). Sexo: mujeres (75%). Consumo de estrógenos en mujeres: 33%. Tamaño: 8,8 cm (rango: 1-20 cm). Solo 6 AH (7,4%) eran menores de 3 cm. La mediana de AH fue 1 (rango: 1-12). Nueve pacientes presentaban adenomatosis (> 10 AH). El 51% de los pacientes presentaban síntomas; el más frecuente (77%) era dolor abdominal. Ocho pacientes (10%) comenzaron con abdomen agudo por rotura o hemorragia. El 67% de los diagnósticos preoperatorios fueron correctos. La cirugía fue programada en el 90% de los pacientes. Las técnicas fueron: hepatectomías mayores (22%), menores (77%) y un trasplante hepático. Un 20% fueron realizadas por laparoscopia. La morbilidad fue 28%. No hubo mortalidad. Tres pacientes presentaron malignización (3,7%). El seguimiento fue 43 meses (rango: 1-192). Se detectaron 2 recidivas que fueron resecaadas.

Discusión: Los pacientes con AH resecaados son habitualmente mujeres con lesiones grandes, con un consumo de estrógenos inferior al esperado. Su diagnóstico preoperatorio correcto es aceptable (70%). La tasa de hepatectomías mayores es 25% y la de laparoscopia, 20%. Hemos obtenido una baja morbilidad y nula mortalidad.

© 2012 AEC. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Hepatic adenoma (HA) is a benign liver tumour which can present serious complications (rupture, haemorrhage, malignisation...). For this reason, traditionally most diagnosed HA have been resected.¹⁻⁶ Some series have demonstrated that HA of less than 5 cm that do not express certain markers (β -catenin) only rarely produce complications.^{1,7} Therefore, it is now being suggested that some HA^{1,7} should be treated conservatively. Given this therapeutic change, the Hepato-Biliary Pancreatic (HPB) section of the AEC (Spanish Association of Surgeons) suggested performing a retrospective study of resected HA prior to undertaking a prospective study of the current treatment of hepatic adenoma.

Materials and Methods

This was a retrospective study performed in 14 HBP surgical units from January 1995 to December 2011. The inclusion criteria were patients with HA that had been resected and confirmed histologically. We were not able to establish how many patients with HA were assessed but not resected.

Data were gathered using a questionnaire which included the following variables: age, gender, oestrogen consumption, presence of HA related disease (glycogenosis, polyposis,

tyrosinaemia...), size and number of HA, symptoms caused by the HA, preoperative radiological diagnosis and preoperative embolisation, type of surgery (elective or emergency), surgical technique used, and type of approach (laparotomy vs laparoscopy). Morbidity was measured using the Dindo-Clavien⁸ classification, histological studies were included and follow-up to quantify recurrence. Adenomatosis was defined as more than 10 HA.

Results

81 patients with HA underwent surgical resection (Table 1). The average age was 39.5 (range: 14-75). 75% of the patients were women. The mean body mass index was: 27 kg/m² (range: 21-41). Only 33% of the women had taken oral contraceptives (OC). No patient acknowledged having taken androgens or other anabolic steroids. One patient presented glycogenosis. The average size of the HA was 8.8 cm (range: 1-20 cm). The radiological diagnosis was made by ultrasound and computerised axial tomography (CT) in 100% of cases, and complemented with magnetic resonance imaging (MRI) in 67% of the patients. Only 6 HA (7.4%) were under 3 cm. The median nodules count in the patients who did not have

Download English Version:

<https://daneshyari.com/en/article/4254750>

Download Persian Version:

<https://daneshyari.com/article/4254750>

[Daneshyari.com](https://daneshyari.com)