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Long Term Outcomes Of Hepatic Resection: A Western Australian Experience

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Background : Liver resection is the main curative treatment of primary and secondary liver malignancies. Despite great improvements with selection of cases, peri-operative care and surgical techniques, liver resection still carries a high morbidity in both the short and long term. We seek to identify factors associated with survival following liver resection.

Methods : This study presents a retrospective cohort of patients from 2010 to 2022 that underwent liver resection for malignant liver lesions from a tertiary referral centre in Western Australia. Variables were analysed by plotting Kaplan-Meier survival curves and Cox regression analysis to identify independent predictors of survival.

Results : 282 underwent resection for primary or secondary liver malignancies. Univariate analysis identified male sex (Hazard ratio (HR) 1.67, ci 1.13 – 2.45), longer operative time (HR 1.002, ci 1.000 – 1.003) and cirrhosis (HR 1.32, ci 1.04 – 1.68) being associated with impaired survival. Resections for gallbladder carcinoma (HR 19.96, ci 2.09 - 190.48), cholangiocarcinoma of distal bile ducts (HR 10.60, ci 1.21 – 93.20) and perihilar cholangiocarcinoma (HR 28.64, ci 3.22 – 254.47) were associated with impaired survival when compared to other malignancies. Multivariable analysis revealed male gender (HR 1.58, ci 1.03 – 2.41), resection for gallbladder carcinoma (HR 17.23, ci 1.78 – 166.93), cholangiocarcinoma of distal bile ducts (HR 10.75, ci 1.21 – 95.49) and perihilar cholangiocarcinoma (HR 24.22, ci 2.68 – 219.26) to be significant predictors of impaired survival.

Conclusions : Male gender and resections for cholangiocarcinoma of the hilum or intrahepatic bile ducts and gallbladder carcinoma were found to be poor predictors of long-term survival.

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