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## The Safety And Efficacy Of Minimally Invasive Re-resection In Recurrent Hepatocellular Carcinoma Patients

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**Background** : Although the liver resection is one of the best curative aimed treatment option for the patients with hepatocellular carcinoma (HCC), frequent recurrence after liver resection is the problem. Liver resection for recurrent HCC has been performed increasingly as a curative aimed treatment even after recurrence of HCC, recently. Herein, we reported the perioperative outcomes of repeated liver resection of recurrent HCC in the single center retrospectively.

**Methods** : From January 2010 to December 2021, 75 patients out of 1742 patients with HCC had been performed repeat liver resection after recurrence of HCC. Patients with repeat liver resection were divided into two groups as minimally invasive liver resection (MILR, n=28) versus open liver resection (OLR, n= 47) for repeated liver resection. Multiple prognostic factors related perioperative outcomes such as preoperative laboratory findings, operative factors, and pathologic outcomes between two groups were compared. In addition, the disease-free survival (DFS) of the patients after repeat liver resection were compared with the DFS of the patients without repeat liver resection.

**Results** : MILR group had higher serum albumin (4.50  $\pm$  3.09 vs 4.24  $\pm$  0.55 g/dL. p= 0.035), lower PIVKA II (35.92  $\pm$  24.21 vs 144.47  $\pm$  287.27, p=0.013), shorter operative time (161.86  $\pm$  83.1 vs 250.21  $\pm$  109.17, p < 0.001), less blood loss during operation (126.07  $\pm$  306.9 vs 407.66  $\pm$  428.0, p= 0.003), and smaller tumor size (1.78  $\pm$  0.86 vs 2.44  $\pm$  1.14 cm, p=0.007). There was no difference in complication rates (3.6% vs 14.9%, p = 0.124). The patients with minimally invasive surgery had performed minimally invasive surgery as a repeat liver resection more frequently (78.6% vs 21.4%, p<0.001). There was no difference of the DFS of the patients after repeat liver resection and the patients without repeat liver resection (p=0.052).

**Conclusions** : Repeat liver resection may be feasible for the patients with recurrent HCC after liver resection. Moreover, perioperative outcomes of MILR may be comparable to those of OLR for repeat liver resection. Therefore, repeat liver resection may be considered as curative intent treatment for the patients with recurrent HCC.

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