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Post-hepatectomy Liver Failure Affects Long-term Survival Of Perihilar Cholangiocarcinoma.

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Background : Although post-hepatectomy liver failure (PHLF) can accurately predict short-term mortality of liver resection for perihilar cholangiocarcinoma (pCCA), its significance in predicting long-term overall survival (OS) is still uncertain.

Methods : A retrospective analysis was performed on patients with pCCA who underwent liver resection between October 2013 and December 2018. The International Study Group of Liver Surgery (ISGLS) criteria was used to define PHLF. The log-rank statistic and Cox regression were used to examine survival. The patient mortality within 90 days was excluded.

Results : A total of 150 patients were enrolled, 43 (28.7%) had PHLF according to ISGLS criteria. Prior to surgery, patients with PHLF showed significantly greater bilirubin levels and lower albumin levels than those without (11.95 vs 6.26 mg/dL, $p < 0.001$ and 3.38 vs 3.60 g/dL, $p = 0.037$, respectively). Additionally, operative time and estimated blood loss were significantly higher in patients with PHLF than those without (449.9 vs 386.9 minutes, $p < 0.001$ and 1100 vs 800 mL, $p = 0.048$, respectively). However, there were no differences in the histopathological characteristics and resection margin status between the two groups. For long-term survival, patients with PHLF had a significantly worse OS than patients without PHLF (median OS, 19.2 vs 9.0 months, $p = 0.004$). Multivariable analysis revealed that Bismuth type IV (HR 4.395, $p = 0.002$), Positive Resection margin (HR 4.261, $p = 0.004$), lymph node metastasis (HR 2.755, $p = 0.019$) and PHLF (HR 2.517, $p = 0.046$) were all independent prognostic factors for OS.

Conclusions : PHLF impacts on long-term survival after liver resection for pCCA. Bismuth type IV, Positive Resection margin, lymph node metastasis and PHLF were prognostic factors for OS.

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