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Comparative Long-term Outcomes Of Laparoscopic Left Lateral Sectionectomy And Radiofrequency Ablation For Single Small Hepatocellular Carcinoma Located In Left Lateral Segments Of The Liver

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Background : Laparoscopic liver resection (LLR) is considered the standard surgical approach for resecting small hepatocellular carcinoma (HCC) located in the left lateral segments of the liver. However, few studies have compared laparoscopic left lateral liver resection and radiofrequency ablation (RFA) in such cases.

Methods : We retrospectively compared the short-and long-term outcomes of patients with Child-Pugh class A, newly diagnosed single, small (≤ 3 cm) HCC located in the left lateral segments of the liver who underwent LLR (n=36) and RFA (n=40).

Results : There were no significant difference in overall survival between the LLR and RFA group. (94.4% vs 80.0%, $P = .075$). However, DFS was better in the LLR group than in the RFA group. ($P < .001$), with 1-, 3-, and 5-year DFS rates of 100%, 84.5%, and 74.4% in the LLR group vs 86.9%, 40.2%, and 33.4%, respectively in the RFA group. Patients who underwent LLR had larger size (2cm vs 1.5cm, $p=0.003$) and AFP (15.1 vs 4.2, $p=0.020$) than patients who underwent RFA. The hospital stay for RFA treatment was significantly shorter than that of LLR treatment (2.4 vs 4.9 days, $P < 0.001$). There were no clinically relevant complications (Clavien-Dindo classification above IIIa) in both group. However, the overall complication rate was higher in RFA than LLR groups (15% vs 5.6%). In patients with α -fetoprotein level of ≥ 20 ng/mL, the 5-year overall (93.8% vs 50.0%, $P = .031$) and disease-free survival (68.8% vs 20.0%, $P = .002$) rates were greater in the LLR group.

Conclusions : For patients with a single, small HCC located in the left lateral segments of the liver, LLR was associated with better overall survival and disease-free survival compared with RFA. LLR may be recommended for patients with α -fetoprotein level of ≥ 20 ng/mL.

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