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## **ABST-0473**

## Survival Of Patients Undergoing Liver Resection For Advanced HCC

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**Background**: Liver resection has been reported as a safe and effective approach for the management of hepatocellular carcinoma (HCC). However, liver resection has not been recommended for patients with huge advanced HCC because of high operative morbidity, mortality, recurrence rate and lack of survival benefit.

**Methods**: The aim of this study is to evaluate the outcomes of liver resection with advanced HCC. We retrospectively analyzed 60 patients with advanced HCC who underwent major hepatic resection. We evaluated tumor size, TNM stage, number of tumor, AFP level, tumor thrombus and liver cirrhosis.

**Results**: Sixty patients with HCC enrolled in this study. Patients with higher stage cirrhosis and huge HCC had the worst prognosis. Multivariable analysis showed that tumor size affected long-term survival. Prognostic factors for huge HCC were surgical margin, poor differentiation, multiple tumors, vascular invasion and cirrhosis.

**Conclusions**: In this study, we have demonstrated that safe and radical liver resection is still suitable for the HCC patients with huge, multinodular lesions and macrovascular invasion. Patient should be selected carefully and needed sufficient perioperative care. Advanced HCC patients without liver cirrhosis and with a tumor-free resection margin demonstrate longer survival and lower recurrence.

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