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The Significance Of Vascular Combined Resection And Reconstruction For Locally Advanced Perihilar Cholangiocarcinoma

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Background : The aim of this study is to evaluate the safety and usefulness of vascular reconstruction (VR) to achieve a curative resection for perihilar cholangiocarcinoma (PHC).

Methods : Of 293 patients of PHC resected in our department from 1992 to 2020, 201 patients underwent hepatectomy excluding HPD. Patients were divided into 3 groups: VR(-) without revascularization: 82 cases, VR-PV with reconstruction of portal vein only: 75 cases, VR-A with reconstruction of hepatic artery: 44 cases (including 30 cases of PV+HA).

Results : Postoperative complications were significantly higher in the VR-A: 39 (48%) in the VR (-), 30 (40%) in the VR-PV, and 31 (71%) ($p=0.002$). R0 resection was similar in the revascularization groups: 63 (77%) in the VR (-), 55 (73%) in the VR-PV, and 35 (80%) in the VR-A. Pathologically positive lymph nodes were significantly higher in the revascularization group: 22 (27%) in the VR (-), 37 (49%) in the VR-PV, and 25 (57%) in the VR-A ($p=0.001$). 5-year survival rates were 50% in the VR (-), 38% in the VR-PV, and 25% in the VR-A. The MST for VR-A patients who did not receive adjuvant therapy was 13.3 months, which was significantly worse than that for those who had received adjuvant therapy (30.2 months) ($p = 0.001$).

Conclusions : VR for PHC is a useful technique to achieve a high R0 resection rate even in advanced cases. However, complications are high, especially in cases of arterial reconstruction, and multidisciplinary treatment is considered essential to improve long-term survival.

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