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Operative Outcomes For Parenchyma Sparing Liver Resections For Varied Histologies Of Liver Tumours – Looking Beyond Colorectal Liver Metastasis.

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Background : Parenchymal sparing liver resections have expanded the resectability criteria for colorectal liver metastasis. However, parenchymal-sparing hepatectomies for other histologies are seldom used. The present study aims to document the operative outcomes after parenchymal sparing liver resections for varied tumour types.

Methods : Single-surgeon experience with the use of ultrasound guided liver resections between January 2019 and December 2022. Primary outcome was postoperative complications \geq grade IIIA.

Results : Forty-five patients underwent parenchyma sparing liver resection. Median age of the cohort was 63 years. Colorectal liver metastasis was the most frequent indication (16 patients; 36%) followed by gall bladder cancer (13%), neuroendocrine tumour and hepatocellular carcinoma (11% each). Other histologies included metastasis from sarcomas, renal cell carcinomas, skin tumours, ovarian, and anal squamous cancer. The median number of liver lesions were two, ranging from one to 20. The procedures performed including atypical wedge resections to the entire gamut of parenchymal sparing liver resections described. Majority patients were operated under inflow control (87%). The median blood loss was 450 ml and the median hospital stay was 13 days. Major complication (\geq grade IIIA) was experienced by seven patients (15.5%), clinically significant bile leaks (\geq ISGLS grade B) in four patients (8.9%), and one patient had liver failure. There were two 90-day operative mortality (4.4%).

Conclusions : Parenchymal sparing techniques for liver resection can be applied with operative safety for variety of liver tumours, primary or metastatic. Oncological safety needs to be determined with longer follow-up.

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