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Portal Vein Embolization And Its Impact On Major Hepatectomy

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Background : Preoperative portal vein embolization (PVE) is increasingly used to optimize the volume and function of the future remnant liver (FLR) and to reduce the post-hepatectomy complications. In patient with HCC for extended hepatectomy, future liver remnant volumetry is routinely performed and PVE is employed in selected cases to increase the volume and function of the FLR prior to surgery.

Methods : Thirty HCC patients with inadequate functional residual volume were offered PVE prior to surgery. All patients underwent curative liver resection. Pre and post PVE total liver volume and FLR are compared. They were compared with a matched control group who underwent surgery without PVE. Postoperative complications, pattern of recurrence and survival were compared.

Results : After PVE, functional residual liver volume improved to 45% at the time of surgery. When the two groups were compared, postoperative complications such as ascites, hyperbilirubinemia, nausea, vomiting and performance status were less in PVE group. On multivariate analysis, PVE was not factor affecting survival. Portal vein embolization has led to improved postoperative outcomes after major hepatectomy and oncological margin-free resection.

Conclusions : Liver resections following PVE that allow completed margin-negative resection and preserve a larger volume of liver and have been shown to be associated with better long-term outcomes including overall and recurrence free survival, while minimizing the risk of post hepatectomy liver failure.

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