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Extended Surgical Resections In Gallbladder Cancer: Report On Safety And Feasibility Of Non-hepato-pancreato-duodenectomy Resections In The Modern Era

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Background : Previous reports on extended resections in locally advanced (non-metastatic) GBC have mainly focused on HPD resections with discouraging high peri-operative morbidity. These reports have small sample size and from areas with low disease prevalence.

Methods : The current study in a retrospective analysis of a prospectively maintained database of patients with GBC operated between January 2019 to December 2022 at a tertiary care cancer in Gangetic belt of India (very high disease prevelance). Extended resection is as any surgery for GBC with additional excision and reconstruction of neighbouring organs like colon, duodenum, stomach, any major liver resection (more than 3 contiguous liver segments) and or any vascular resection above a standard radical cholecystectomy. Clinic-pathological and treatment characteristics of the patients have bee detailed.

Results : A total of 400 patients underwent surgery with a preoperative suspicion of GBC. Of these, 42 patients (10.5%) underwent extended resections. Amongst these, resections included: bile duct excision-16, duodenum-3, stomach-5, colon-8, major liver resection-5, distal pancreas-1, hepatic artery resection-anastomosis-1 and multi-visceral resections-3. 17 patients (40.5%) had confirmed pathological organ invasion. Mean nodal harvest was 18 nodes (range-6-37) and N stage distribution was as: N0-22, N1-14, N2-6. R-0 resection was achieved in 37 patients (88.1%), with R-1 resection in 5 patients. R-1 resections were mainly in cases with microscopic involvement of bile duct cut margin, all of whom were given adjuvant radiation therapy. 11 patients (26%) had Clavien-Dindo grade 3 or above complications at 30 days, all of which were managed conservatively and there was one post-operative mortality secondary to bowel anastomotic leak. Overall mean length of stay was 6 days while the mean length of stay for patients undergoing extended resections was 8 days. 39 patients (92.8%) could start the adjuvant treatment in the proposed time frame.

Conclusions : Extended resections for GBC are feasible with acceptable morbidity without significant prolongation in length of hospital stay and without any delay in adjuvant treatment. Appropriate case selection (fit patient, good disease biology) are imperative to improving outcomes in a disease which is relatively chemo-resistant.

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