



## EP 074

## Is It Feasible Performing Major Hepatectomy Including Caudate Lobectomy With Bile Duct Resection For Perihilar Cholangiocarcinoma In Elderly Patients?

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**Background** : Surgical resection including major hepatectomy is the best option for curative resection of perihilar cholangiocarcinoma (PHCC). However, safety and oncologic effectiveness of major hepatectomy for PHCC in elderly patients is still controversial due to surgical complexity and concerns about poor recovery. The aim of this study is to investigate the feasibility of major hepatectomy in elderly PHCC patients.

**Methods** : Patients with PHCC who underwent major hepatectomy were evaluated from 2005 to 2020. Patients were categorized into two groups according to age 70: non-elderly (<70 years old) and elderly (≥70 years old).

**Results** : A total of 620 patients were included: non-elderly group (n=430), elderly group (n=190). ASA score 3 or higher was significantly higher in elderly group (4.2% vs. 8.9%, p=0.017). Hypertension, diabetes mellitus, cardiovascular comorbidity showed higher rates in elderly group. Operation time was shorter in elderly group (353.2±78.1min vs. 334.1±73.7min, p=0.004). Median length of stay showed no significant differences between two groups. The rate of postoperative intensive care unit (ICU) stay was higher in elderly group (6.1% vs. 12.1%, p=0.022). The rate of overall complication and major complication (Clavien-Dindo III or higher) showed no differences between two groups. However, 90-day mortality was higher in elderly group (0.9% vs. 5.1%, p<0.001). R0 resection rate showed similar results in both groups (78.6% vs. 71.1%, p=0.065).

**Conclusions** : Elderly PHCC patients, 70 and older can be eligible for major hepatectomy with comparable perioperative outcomes and should not be precluded from radical treatment. Still, it is important to keep attention to sepsis-related mortality in elderly patients.

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