

**LV SY 2-1**

Laparoscopic liver resection for advanced HCC

KuoHsin CHEN*Surgery, Far-Eastern Memorial Hospital, TAIWAN*

Hepatocellular carcinoma (HCC) remains one of the most challenging indications for liver resection not only by laparoscopic approach but also by traditional laparotomy.

The prognosis of HCC with major vascular invasion is dismal. Treatment of HCC with major vascular invasion is challenging. However, some retrospective studies revealed resection may offer better outcomes at least in selected patients. Current indications of surgical resection for HCC with vascular resection include vp3 lesion with adequate liver reserve.

However, laparoscopic approach is usually considered contraindicated in HCC with macrovascular invasion. Only very limited reports of LLR for HCC with vascular invasion have been reported. Some of them included PV thrombectomy. In addition to the procedural complexity, oncological controversy is another issue of concern.

Considering the difficulties of laparoscopic thrombectomy of portal vein, it was suggested to start with vp3 lesion with adequate length to the bifurcation.

Surgical resection of metachronous lymph node metastasis from HCC has been proved to provide clinical benefits. However, the feasibility and efficacy of laparoscopic resection of metastatic lymph node remains to be addressed.

For HCC larger than 5 cm in diameter, laparoscopic hepatectomy is controversial for possible tumor rupture and compromised surgical exposure. Despite this, some experienced teams have reported successful series of laparoscopic resection of large HCC with favorable results.

In this presentation, literature review of LLR for large HCC, HCC with macrovascular invasion and metachronous lymph node dissection will be included in this presentation.