

INTRAOPERATIVE SONOGRAPHY REDUCES POSTOPERATIVE JAUNDICE AFTER RESECTION FOR SMALL HEPATOCELLULAR CARCINOMA IN CIRRHOTICS

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BACKGROUND: Intraoperative sonography (IOS) helps in the noninvasive identification and localization of hepatocellular carcinoma (HCC) during surgery.

Aims: We retrospectively studied the role of IOS in the resection of small HCC in cirrhotics.

MATERIALS AND METHODS: Thirty-six cirrhotics underwent surgical resection for small HCC <3 cm were studied. The functional liver reserve was Child-Pugh class A or B. Abdominal sonography, computed tomography and angiography were used to confirm only one liver tumor. Twenty patients having hepatectomy without IOS were classified as group A and the remaining 16 patients with IOS as group B. All patients were followed up at <3 months interval for 5 years.

RESULTS: The gender (M/F 14/6 versus 7/9, p=0.11), age (52 ± 15 y versus 54 ± 9 y, p=0.18) and Child-Pugh criteria (A/B, 12/8 versus 10/6, p=0.58) were not different between the two groups. Group B had smaller liver tumor volume (12.3 ± 8.5 cm³ versus 5.6 ± 4.9 cm³, p=0.002) and resected liver tissue volume (471.8 ± 534.0 cm³ versus 102.8 ± 109.1 cm³, p=0.002). Group B had less hospitalization days (13.0 ± 5.7 days versus 10.2 ± 2.8 days, p=0.04) and 1 month jaundice rate (35% versus 0%, p=0.009). The five-year survival rate (65.0% versus 62.5%, p=0.94) was not different between the two groups.

CONCLUSIONS: Our data suggest that IOS reduced resected liver tissue volume, postoperative jaundice rate and hospitalization days. Wider resection of liver tumor did not improve survival rate.

Keyword: Hepatocellular carcinoma, Sonography, Jaundice