



E-016

Fate Of High-grade Dysplasia On Resection Margin In Extra-hepatic Bile Duct Malignancy

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Background : On account of Infiltrative tumor growth, positive margin at bile duct in extrahepatic bile duct cancer (EHBDC) surgery is not a rare condition, and radical surgery such as hepatectomy or pancreaticoduodenectomy can lead to perioperative morbidities. Invasive cancer and high-grade dysplasia (HGD) on duct margin have been known as one of the negative prognostic factors of bile duct malignancy, compared to negative margins. This study aimed to analyze outcomes of EHBDC patients according to margin status; invasive cancer or HGD and to investigate recurrence pattern of HGD margin group.

Methods : We reviewed the medical records of patients of EHBDC from January 2008 to December 2023 in a single center. Clinicopathological data of 221 patients were retrospectively analyzed. The patients were classified into 3 groups based on margin status ; negative resection margin(R0), high-grade dysplasia margin (HGD), and invasive cancer (IC) group.

Results : Among 221 patients, 159 patients (71.9%) was in R0 group, 19 patients (8.6%) in HGD group, and 43 patients (19.5%) was in IC Group. Most patients were male, and the mean age of patients was 65(SD \pm 6.8). In univariate analysis, the negative prognostic factors were undifferentiated cell differentiation, lymph node metastasis, perineural invasion, and positive margin status. 3-yr survival of R0, HGD, and IC group was 51.8, 47.4, 21.7 % each. Overall survival in the R0 group was significantly better than IC group ($p=0.001$) and overall survival in the HGD group was also significantly better than IC group ($p=0.04$). However, differences between overall survival of R0 group and HGD group was not prominent. ($p=0.708$). Number of patients who had recurrence within 1-year after operation in R0, HGD, and IC group was 43 (27.0%), 4 (21.1%), and 18 (41.9%) each. In HGD group, 13 (68.4%) of 19 patients had recurrence and the mean period between operation and recurrence was 36.7 months. Common sites of recurrence were liver and bilioenteric anastomosis site

Conclusions : In this study, patients with HGD on resection margin had comparable prognosis to patients with negative resection margin. These patients had long-term survival despite recurrences. Therefore, intraoperative decision to do radical surgery in patients of high grade dysplasia resection margin should be careful.

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