



E-025

## Fate Of Residual Floating Bile Duct Tumor Debris After Curative Resection In Hepatocellular Carcinoma With Bile Duct Tumor Thrombosis

**Hyoung Joo KIM**<sup>1</sup>, Sung Su YUN<sup>\*1</sup>, Chan Woo CHO<sup>1</sup>

<sup>1</sup>Hepatobiliary And Pancreatic Surgery, 영남대학교병원, REPUBLIC OF KOREA

**Background** : Even though the common causes of jaundice in patients with hepatocellular carcinoma (HCC) are underlying liver cirrhosis and/or extensive parenchymal destruction, in some cases, jaundice may result from bile duct tumor thrombi. Curative hepatectomy combined with extrahepatic bile duct resection can yield favorable outcomes when the disease remains localized. However, the fate of residual floating tumor debris following curative resection, particularly its viability, remains uncertain. This study aims to review our clinical experience with floating bile duct tumor debris in patients with HCC and bile duct tumor thrombosis to determine the viability of the residual tumor debris.

**Methods** : Over the past two decades, 15 cases of HCC with bile duct tumor thrombi were identified. Among these, 5 patients presented with floating bile duct tumor debris distinct from the primary bile duct tumor thrombus. Curative hepatectomy combined with extrahepatic bile duct resection was performed in these 5 patients, and their recurrence patterns were analyzed

**Results** : To date, two patients remain alive. Two patients experienced liver recurrence, which did not differ from the usual recurrence patterns of HCC. One patient developed a recurrence in the remnant intrapancreatic bile duct. This patient, a 46-year-old female, had a 9 cm HCC in the left hepatic lobe, with tumor thrombus extending to the main confluence of the hepatic duct. A left lobectomy, extrahepatic bile duct resection, and Roux-en-Y hepaticojejunostomy were performed. A retrospective review revealed that not all floating bile duct tumor debris in the remnant intrapancreatic bile duct was removed during surgery. Two years later, a recurrence was detected in the remnant intrapancreatic bile duct, and the patient ultimately succumbed to multiple tumor recurrences 29 months postoperatively.

**Conclusions** : Our findings suggest that floating bile duct tumor debris retains viability unless it is completely removed.

Corresponding Author : **Sung Su YUN** (ssyun@med.yu.ac.kr)