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Parenchymal-Sparing Nonanatomic Resection Vs. Classic Anatomic Resection In Colorectal Cancer Liver Metastases

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Background : In hepatocellular carcinoma, anatomical liver resection is known to be more effective in preventing complications and recurrence. However, in cases of colon cancer liver metastasis, the effectiveness of anatomical liver resection has not yet been clearly established.

Methods : From Jan. 2000 to Dec. 2023, patients who had liver resection due to colorectal cancer metastases to the liver were included. They were divided into anatomical (anatomic group) and non-anatomical (non-anatomic group) resection cohorts. Data included demographics, tumor size, metastases number, metastases distribution, neoadjuvant chemotherapy, primary tumor location and stage, liver surgery type, transfusion, hospital stay, postoperative complications, and completeness of resection.

Results : 145 patients received liver resection for liver metastases from colorectal cancer, with 62 in the anatomic group and 83 in the non-anatomic group. The anatomic group had larger tumors (6.71 cm vs. 3.18 cm). Intraoperative transfusions were higher in the anatomic group (56.5% vs. 12%). Hospital stay, positive resection margin rates, and postoperative complications did not differ significantly. One surgery-related death occurred in the anatomic group. Disease free survival and overall survival were similar between groups.

Conclusions : Anatomic liver resection did not reduce recurrence or improve survival rates compared to nonanatomic resection. If anatomic resection does not offer longer survival, the safest approach should be prioritized, focusing on residual liver parenchyma, tumor number and location, and liver condition at surgery rather than segmental anatomy

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