

En-bloc right hepatectomy in metachronous liver metastasis from primary ovarian cancer: Case report

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Introduction

Hepatic resection in isolated colorectal liver metastasis have evidence to increase survival outcome. In non-colorectal liver metastasis, breast and ovarian cancer have reported to improve survival outcome after metastectomy in the isolated, no-extrahepatic metastasis disease We report operative outcome of isolated metachronous hepatic resection after complete staging TAH and BSO with adjuvant chemotherapy 7 years ago from primary ovarian cancer.

Methods

53 years old female was operated TAH with BSO 7 years ago for treated stage IB ovarian cancer and followed regular surveillances were reported normal. Previous ovarian pathology show endometrioid carcinoma of ovary. After 7 years of treatment, the patient had abdominal pain and CT imaging work up show large liver mass at segment VII and VIII, size 10.9 cm in diameter. After received preoperative chemotherapy for 6 cycles, contrast enhanced-CT was re-evaluated and revealed partial response of liver metastasis (volume of tumor decreasing from 109 mm³ to 56.76 mm³).

After complete pre-operative assessment, En-bloc right hepatectomy via laparotomy was planned due to tumor involved diaphragm. Inflow vascular control was done by selective right pedicular clamp. Outflow control by supra-hepatic and infra-hepatic IVC control with hanging maneuver. En-bloc right hepatectomy with wedge resection of diaphragm and right lower lung was done. Diaphragm defect was repaired by Prolene Mesh.

Results

Operative time was 5.35 hour. Intra-operative blood loss 300 ml. No peri-operative or postoperative complications. Postoperative ICU care was 4 days. Patient was discharged at postoperative day 14th. Pathology report revealed 5 cm metastatic adenocarcinoma compatible from ovarian cancer, free resection margin. Tumor invade to pleura and right lower lung parenchyma. Two regional lymph nodes at hepatoduodenal ligament were reported negative for malignancy. She was scheduled for follow up every 3 months. She developed brain metastases at 24 months post-operation and death 4 months later.

Conclusions

Hepatic resection for metachronous liver metastasis from primary ovarian cancer was safe and improve clinical outcome in selected patient who response from systemic chemotherapy.