

Laparoscopic Anatomical Liver Resection A Thailand National Cancer Institute Experience

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Background:

Laparoscopic liver resection is still not a well-established treatment modality for hepatic malignant diseases. Performing laparoscopic liver resection in the posterior and superior parts of the liver has been considered difficult due to inadequate exposure; poor operative field and the difficulty with parenchymal dissection. The indications on the location of laparoscopic liver resection have previously been limited to easily accessible lesions (segments 2, 3, 4b, 5, 6). This study present the surgical outcome of laparoscopic liver resection for malignant diseases treated in National Cancer Institute Thailand.

Methods:

Twelve patients with liver cancers, who underwent laparoscopic liver resection, between January 2011 and December 2011, were present in detail.

Results:

Of the total 12 cases, mean ages of 58.75 years (32-78 year old), 6 male and 6 female, 6 Hepatocellular carcinoma (HCC) in cirrhotic liver with Child-Pugh Class A, 4 colorectal liver metastases (CRLM), 1 cholangiocellular carcinoma (CCC) and 1 gastric cancer invasion. Laparoscopic anatomical liver resections were planned and successfully performed in 2 cases, left lobectomy (HCC 9 cm) and left lateral sectionectomy (CRLM 5.8cm) without complication. Other cases underwent laparoscopic partial liver resection, laparoscopic assisted anterior sectionectomy, and laparoscopic assisted right lobectomy. No complications occurred. Mean size of cancers was 5.1cm (1.4 – 9 cm).

Conclusion:

Although some blood loss and longer operating time should be expected, laparoscopic liver resection is a safe and feasible treatment for selected liver cancer cases.

เสนอโดยนางสาวสายป่าน ขุนภักดี ตำแหน่ง นายแพทย์ สถาบันมะเร็งแห่งชาติ

ในการประชุม Royal Australasian College of Surgeons 81st Annual Scientific Congress

ซึ่งจัดขึ้นระหว่างวันที่ ๖ - ๑๐ พฤษภาคม ๒๕๕๕ ณ ประเทศมาเลเซีย