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Surgical management for giant malignant liver tumor greater than 20 cm in size

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Background: Large liver tumors are a special problem in liver surgery and need special surgical skills for treatment. Whenever, in doubt it is better to resect the tumor. Surgery can be safely performed in most situations with a mortality risk of <5%. However morbidity is still high in liver surgery especially in patients with such giant malignant tumors.

Aim: The aim of this study was to investigate the primary management experience for resectable giant malignant liver tumor greater than 20 cm in size.

Methods: Records of patients referred for evaluation of radiologically and/or histopathologically proven giant liver tumor between January 2013 and March 2016 were retrospectively analyzed. The reasons for referral, results of imaging studies, preoperative and surgical treatments, and outcomes were reviewed.

Results: A retrospective analysis was performed for 3 patients diagnosed with a giant liver tumor on the basis of an imaging study and/or a histopathological examination. All cases were diagnosed as giant liver tumor with at least one lesion greater than 20 cm in size with prediction liver remain after surgery is more than 30%. Abdominal discomfort was the main presenting complaint for the referral in all patients. Abdominal ultrasound and CT-scan established the diagnosis in all patients. All patients underwent liver resection glisonean approach with ligation hepatic artery for resection margin performed one staged resection. Postoperative morbidity occurred in 1 patient with prolong jaundice. No complications related to the tumor occurred during follow up, all the histopathological examination is Hepatocelular carcinoma.

Conclusions: Liver resection is feasible and safe for giant malignant tumors and can be performed with acceptable morbidity and oncologic efficiency alternative treatment for resectable malignant giant liver tumor.

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