Influence of liver fibrosis on prognosis after surgical resection for single hepatocellular carcinoma in patients with Child-Turcotte-Pugh A cirrhosis

Yoo Shin Choi, MD and Suk-Won Suh, MD (Seoul, Korea)

Department of Surgery, College of Medicine, Chung-Ang University, Seoul, Korea (Seoul, Korea)

*choiys@cau.ac.kr; E-mail of presenting author
**bumboy1@cau.ac.kr; E-mail of corresponding author

Purpose:
Surgical resection (SR) is recommended for single hepatocellular carcinoma (HCC) in patients with well-preserved liver function. However, unexpected liver fibrosis sometimes found at the SR which leads to a poor outcome. This study investigated the influence of liver fibrosis on prognosis after SR for HCC.

Methods:
A total of 189 patients with CTP A cirrhosis who underwent curative SR for a single HCC < 5 cm were evaluated. Patients were assigned to two groups based on the degree of fibrosis (mild or severe), as determined by histological evaluation.

Results:
Severe fibrosis was present in 49 patients (25.9 %); these patients had greater postoperative liver insufficiency (P = 0.000) and HCC recurrence (P = 0.016). Severe liver fibrosis (hazard ratio [HR] = 1.849, 95% confidence interval [CI] 1.191–2.869; P = 0.006), microvascular invasion (HR = 1.854, 95% CI 1.183–2.906; P = 0.007), and poor histologic grade (HR = 2.097, 95% CI 1.230–3.574; P = 0.007) were related to HCC recurrence.

Conclusion:
Severe fibrosis can found even in patients with well-preserved liver function and it leads poorer early postoperative and late oncologic outcomes, therefore it should be considered before SR for HCC.