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Feasibility of surgeon performed intraoperative radiofrequency ablation for the treatment of HCC

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Purpose:

There are multiple modalities of treatment for hepatocellular carcinoma (HCC), including resection, transplantation, transarterial embolization (TAE), and radiofrequency ablation (RFA). RFA is performed either percutaneously or surgically, and many authors have reported on the feasibility of surgical RFA (S RFA). Generally, S RFA is performed by a radiologist, on tumors less than 3cm in diameter. We report our experience of S RFA performed by a single surgeon, with no size limitations.

Methods:

This study was a retrospective case series. The study period was March 2012 to November 2017. S RFA was performed in patients with a clinical diagnosis of HCC, who were not amenable to resection or transplantation. The indications of S RFA were Child either A or B, ECOG 0 to 2, no vascular or bile duct involvement. There were no limitations regarding number or size.

Results:

During the study period a total of 58 patients received S RFA. The average age was 60.7 ± 9.5 years. 32 patients (55%) received open RFA, and 26 patients (44%) received laparoscopic RFA. The average size of tumor was 1.64 ± 0.63 cm. There was one case (1.7%) with a major complication. This patient had bile duct injury. The 5 year overall survival rate was 78%, and the 5 year disease free survival rate was 17%.

Conclusion:

The results of S RFA performed by a surgeon were comparable to those previously reported, with a favorable complication rate and overall survival rate. S RFA is a feasible treatment option that can offer cure for patients not amenable to resection. S RFA can also be a valuable bridging therapy for patients awaiting transplantation.