

Portal vein resection for hilar cholangiocarcinoma

Park HJ, Choi DW, Kim DH, Jeong JH, Choi SH, Heo JS

Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Korea

Introduction: It is controversial how much survival benefit combined portal vein resection lead to hilar cholangiocarcinoma patients. The aim of this study is to investigate the impact of combined portal vein resection with a curative intent on prognosis of type III and IV hilar cholangiocarcinoma patients with portal vein invasion.

Methods: A total of 230 patients received surgery for hilar cholangiocarcinoma in Samsung Medical Center from 1995 to 2010. Retrospective analysis was done for 140 patients who had surgery for type III and IV hilar cholangiocarcinoma with curative intent. Seventeen patients who received portal vein resection and age and sex matched 51 patients who did not receive portal vein resection were comparatively analyzed.

Results: There were 3 cases of in-hospital mortality and 8 cases of postoperative morbidity included bleeding, peritonitis and wound infection. Among 17 cases of portal vein resection and anastomosis, 13 cases were segmental resection and anastomosis of the portal vein, 2 cases were resection and primary closure and 2 cases were wedge resection and greater saphenous vein patch graft. Only 7 cases had pathologic evidence of portal vein invasion by the tumor. There were no significant differences in 1-, 3-, 5-year survival between portal vein resection group (n=17) and portal vein non-resection group (n=51, 87.5 %, 60.2 %, 60.2% versus 94.0%, 61.3%, 61.3%). There were no significant differences in 1-, 3-, 5-year disease-free survival between portal vein resection group and portal vein non-resection group (76.5%, 56.6%, 56.6% versus 71.4%, 56.7%, 40.5%).

Conclusion: There was no difference in survival between hilar cholangiocarcinoma patients who had portal vein resection and those who did not. Portal vein resection with a curative intent should be carried out for resection of advanced hilar cholangiocarcinoma with portal vein invasion.

