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Comparison of short-term and long-term outcome between left- and right-sided hepatectomy for the treatment of hilar cholangiocarcinoma

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Backgrounds & aims: Achieving negative surgical margin by radical surgical resection including right- (RH) or left-sided hepatectomy(LH) with caudate lobectomy has been recognized as a standard treatment option for hilar cholangiocarcinoma(HCCA). However, anatomical variation and short extrahepatic part of right hepatic duct usually makes LH technically difficult. The current study attempted to evaluate the perioperative and long-term surgical outcomes of LH compared to RH.

Materials & methods: From April 2001 to August 2012, a total of 147 patients underwent surgical resection to treat HCCA at Yonsei University Health System, Korea. Among them, 103 patients took RH (group A; n=65) and LH (group B; n=38) including caudate lobectomy.

Results: There were no significant differences in perioperative outcomes between group A and B: postoperative

Table 1. Comparison of short-term outcomes of right and left side hepatectomy to treat hilar cholangiocarcioma

		Right side hepatectomy	Left side hepatectomy	p-value
Cx.	Ascites	12 (18.5%)	0 (0%)	0.003
	PostOP bleeding	3 (4.6%)	0 (0%)	0.295
	Bile leakage	5 (7.7%)	11 (28.9%)	0.004
	Sepsis	7 (10.8%)	4 (10.5%)	1.000
	Pleural effusion	7 (10.8%)	2 (5.3%)	0.479
	Peritoneal abscess	5 (7.7%)	1 (2.6%)	0.409
	Wound infection	11 (16.9%)	5 (13.2%)	0.611
	Liver failure*	8 (12.3%)	4 (10.5%)	1.000
	Overall complication.	34 (52.3%)	20 (52.6%)	0.975
	Postop death	12 (18.5%)	2 (5.3%)	0.059
	Transfusion	40 (61.5%)	23 (60.5%)	0.919
	R0 resection rate	55 (84.6%)	35 (92.1%)	0.363

Liver failure*, defined as increased serum total bilirubin concentration >10 mg/dL more than 5 days after operation; Cx., complications

complication rate (34, 52.3% Vs 20, 52.6%; p=0.975), postoperative mortality (12, 18.5% Vs 2, 5.3%; p=0.0059), and R0 resection rate (55, 84.6% Vs 35, 92.1%). There were also no siginificant differences in long term surgical outcomes between two group. The median disease-free survival of the patients under RH and LH were 24 ± 3.69 and 17 ± 2.09 (p=0.468). The overall survival of the patients under RH and LH were 28 ± 12.27 and 21 ± 2.06 (p=0.620). Although the perioperative mortality rates of LH were not significantly lower than those of RH (p=0.059), those were comparably lower (5.3% Vs 18.5%).

Conclusions: In this study, LH revealed similar short-term and long-term surgical outcomes compared to RH in treatment for HCCA. Therefore, LH can be clinically and oncologically feasible alternative option for RH to treat HCCA considering the location of tumor and remnant liver volume after aggressive surgery.