

End-stage liver disease score and future liver remnant volume predict post-hepatectomy liver failure in hepatocellular carcinoma

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Abstract

BACKGROUND

Hepatocellular carcinoma (HCC) is the world's sixth highest incidence and death rate third malignant tumor. Although great progress has been made in perioperative period, hepatectomy still has a certain degree of risk of post-hepatectomy liver failure (PHLF), which extends the length of hospital stay and remains the leading cause of postoperative death. Studies have shown that assess hepatic functional reserve before hepatectomy is beneficial for reducing the incidence of PHLF.

AIM

To assess the value of model for end-stage liver disease (MELD) score combined with standardized future liver remnant (sFLR) volume on predicting PHLF in patients undergoing hepatectomy for HCC.

METHODS

This study was attended by 238 patients with HCC who underwent hepatectomy between January 2015 and January 2018. Discrimination of the sFLR volume, MELD score, and sFLR/MELD ratio to predict PHLF was evaluated according to the area under the receiver operating characteristic curve.

RESULTS

All patients had been divided into two groups according to whether PHLF

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