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Value and evaluation of ALPPS in the treatment of colorectal cancer

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Results: A total of 58 patients underwent ALPPS for colorectal liver metastases, and 47 patients met our inclusion criteria. There were no perioperative mortalities, and the rate of severe complications was 21%. At 3 years post-ALPPS, the overall survival was 50%, while the disease-free survival was 13%.

Cited by: 23 Author: Kerolos Nashat Wanis, Victoria Ardiles, F...

Publish Year: 2017

Colorectal Liver Metastases | IntechOpen

<https://www.intechopen.com/.../colorectal-liver-metastases>

5.3 ALPPS. Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) has emerged as modification on classic two-staged hepatectomy (TSH) with portal vein embolization. This new concept of liver resection, ALPPS, was first described in 2011. The main advantage of ALPPS is its ability to generate extensive and accelerated hypertrophy of the future liver remnant (FLR), achieving adequate volume for completion of the second stage of the ALPPS.

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Associating liver partition and portal vein ligation for staged hepate

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Abstract Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) is a novel approach in liver surgery that allows for extensive resection of liver parenchyma by inducing a rapid hypertrophy of the future remnant liver.

Author: Jun Li, Florian Ewald, Amit Gulati, Björn Nashan

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Associating liver partition and portal vein ligation for ...

www.ncbi.nlm.nih.gov/pmc/articles/PMC4770166/

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Associating Liver Partition and Portal Vein Ligation for ...

https://www.ncbi.nlm.nih.gov/pubmed/29621745

Associating Liver Partition and Portal Vein Ligation for Staged hepatectomy (ALPPS) has expanded the surgical armamentarium for patients with advanced and bilateral colorectal liver metastases. However, the enthusiasm that the medical fraternity had about ALPPS was hampered by a high mortality rate and early and frequent tumor recurrence.

Cited by: 10

Author: Hauke Lang, Janine Baumgart, Jens Mittler

Publish Year: 2018

Associating Liver Partition and Portal Vein Ligation for ...

https://www.ncbi.nlm.nih.gov/pubmed/26929296

In addition, procedures other than associating liver partition and portal vein ligation for staged hepatectomy had been avoided in most of the patients. In conclusion, associating liver partition and portal vein ligation for staged hepatectomy can be applied to primary hepatobiliary malignancies and non-colorectal liver metastases with acceptable rates of morbidity and mortality.

Cited by: 14

Author: Berghor Björnsson, E. Sparrelid, Kristina H...

Publish Year: 2016

Associating Liver Partition and Portal Vein Ligation for ...

https://pubmed.ncbi.nlm.nih.gov/32305531

Since first described, Associating Liver Partition and Portal Vein Ligation for Staged Hepatectomy (ALPPS) has garnered boisterous praise and fervent criticism. Its rapid adoption and employment for a variety of indications resulted in high perioperative morbidity and mortality.

Cited by: 5

Author: Roberto Hernandez-Alejandro, Luis I. Ruffol...

Publish Year: 2020

Associating liver partition and portal vein ligation for ...

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4770166

Feb 27, 2016 - INTRODUCTION. Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS), initially known as "in situ split", was first performed in September 2007, and until today, more than 600 procedures have been performed worldwide[1-4]. ALPPS has shown to have a promising efficacy regarding the induction of a rapid liver hypertrophy, thereby increasing the ...

Cited by: 12

Author: Jun Li, Florian Ewald, Amit Gulati, Björn Na...

Publish Year: 2016

Survival after associating liver partition and portal vein ...

https://pubmed.ncbi.nlm.nih.gov/28038862

Careful patient selection is essential in order to improve outcomes. Survival after associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) for advanced colorectal liver metastases: A case matched comparison with palliative systemic therapy

Cited by: 60

Author: Pim B. Olthof, Joost Huisken, Dennis A. W...

Publish Year: 2017

Dealing with insufficient liver remnant: Associating liver ...

https://www.ncbi.nlm.nih.gov/pubmed/30847941

Key to this success is complete hepatic tumor removal and systemic disease control by chemotherapy. Associating liver partition and portal vein ligation for staged hepatectomy is the most recent two-stage resection strategy for patients with very small future liver remnant making complete tumor removal possible within 1 to 2 weeks.

Cited by: 7

Author: Michael Linecker, Christoph Kuemmerli, Pie...

Publish Year: 2019

Impact of associating liver partition and portal vein ...

https://www.ncbi.nlm.nih.gov/pubmed/29248180

METHODS: The effect of associating liver partition and portal vein ligation for staged hepatectomy and 90% portal vein ligation on colorectal liver and lung metastases was investigated in mice. In vivo tumor progression was assessed by magnetic resonance imaging, histology, and survival experiments.

Cited by: 14

Author: Patryk Kambakamba, Michael Linecker, Ma...

Publish Year: 2018

Role of associating liver partition and portal vein ...

https://pubmed.ncbi.nlm.nih.gov/25914457

ALPPS (associating liver partition and portal vein ligation for staged hepatectomy) is a new procedure with a high resection rate. A concern with this approach is the rather high frequency of complications and high mortality, compared to PVQ.

Cited by: 26

Author: Kristina Hesselgren, Per Sandström, Bergh...

Publish Year: 2018

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Hepatectomy

Surgical removal of liver that may be complete or partial, sometimes followed by a transplant with liver from a donor.

Type of procedure: Open

Recovery time: Can take several weeks

Duration: Few hours

Hospital stay: Typically a few days

May treat

See all (5+)

Liver Cancer

Rare

A condition results from development of tumors in the liver cells. It causes ...

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Liver Failure

Rare

A condition in which the liver is unable to perform its normal metabolic ...

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What to expect before procedure

- Fasting is required for at least 8 hours before the procedure.
- Inform doctor about medical history, medications taken regularly or allergies, if any
- Undergo all required tests as prescribed by the doctor.
- Stay at hospital is required from the day before the procedure to monitor the vital signs.
- Stay at hospital may be required for a few days after the surgery; pack your belongings accordingly.
- An adult family member accompanying is required for convenience.
- Hospital gown is worn before the procedure.

What to expect during procedure

- General anesthesia is given to start the procedure.
- For partial removal, the healthy part is kept intact while removing the affected part.
- To remove the liver completely, it is cut off from the surrounding tissues and segments.
- Gall bladder may also be removed at this time.
- Drain tubes are placed to remove excess blood and fluids.
- Incisions are closed with stitches and bandaged.

What to expect after procedure

- Drain tubes and intravenous line will be removed as the recovery starts.
- Diet may be resumed slowly as starting with clear liquids, gradually increasing in consistency.
- Stitches are mostly removed after 10 days.
- Do not lift weight or perform strenuous activities until complete recovery. Normal routine work may be continued after at least 3 to 4 weeks of rest at home.
- Keep the stitches clean and dry.

Risks and Complications

- Bleeding and blood clots
- Infection
- Damage to other organs
- Rejection of implanted liver
- Bile leak and jaundice
- Rarely, death

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Manuscript Type: MINIREVIEWS

Associating liver partition and portal vein ligation for staged hepatectomy in the treatment of colorectal cancer liver metastases

Wen XD *et al.* ALPPS in the treatment of CRLM

Xu-Dong Wen, Le Xiao

Abstract

Colorectal cancer (CRC) is a common malignancy of the digestive system. Colorectal liver cancer metastasis (CRLM) occurs in approximately 50% of the patients and is the main cause of CRC mortality. Surgical resection is currently the most effective treatment for CRLM. However, given that the remnant liver volume after resection should be adequate, only a few patients are suitable for radical resection. Since Dr. Hans Schlitt

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Author: Hauke Lang, Janine Baumgart, Jens Mittler

Publish Year: 2018

[Two stage hepatectomy \(TSH\) or Associating liver partition ...](#)

<https://pubmed.ncbi.nlm.nih.gov/34226398>

Two stage hepatectomy (TSH) or Associating liver partition and portal vein ligation for staged hepatectomy (ALLPS) for bilobar multiple colorectal liver metastasis Ann Hepatobiliary Pancreat Surg . 2021 Jun 30;25(Suppl 1):S19. doi: 10.14701/ahbps.LV-SY-3-3.

[Associating Liver Partition and Portal Vein Ligation for ...](#)

<https://www.ncbi.nlm.nih.gov/pubmed/26929296>

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