



Trends of surgical treatment of hilar bile duct cancer: clinical and experimental perspectives

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Abstract

AIM: To summarize the experience of surgical treatment of hilar cholangiocarcinoma and the results of a series of experiments.

METHODS AND RESULTS: Personal perspectives of surgical treatment of hilar cholangiocarcinoma were based on the experience of a series of patients with hilar bile duct cancer treated in the General Hospital of PLA, Beijing from 1986 to 1999. A total of 157 cases were treated surgically, with 106 (67.5%) resections of the tumor, 37.6% of the resections was proved to be radical. The 1-, 2-, 3-, and 5-year survival rate of the radical resection group was

96.7%, 40.0%, 23.3% and 13.3%, respectively. No patient of the palliative re section group lived beyond 3 year postoperatively. The recent trends of surgical management of hilar bile duct cancer were discussed. Experiments were carried out for cooperative clinico pathological study to evaluate the perineural space involvement, the neural cell adhesion molecule expression, *p16* gene expression, and the 3-dimensional reconstruction of the bile duct cancer specimens. The pathogenetic relationship of HBV and HCV with extrahepatic cholangiocarcinoma was evaluated by histochemical and IS-PCR methods. And an inquiry into the possibility of gene therapy was made.

CONCLUSION: Hilar bile duct cancer rarely runs a "benign" course. It is a regional disease rather than a local affection and may be related to HBV and HCV infection in China. It possesses the metastasing ability along the perineural space by a "jumping" fashion, therefore, in most cases, conventional surgical excision is bound to be unradical in the region of the porta hepatis for anatomical reasons.

Key words: Bile duct neoplasms/surgery; Gene expression; Hepatitis B viruses; Hepatitis C viruses; Polymerase chain reaction; Gene therapy

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