

Surgical treatment for patients with stage IVa hepatic carcinoma and related studies

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Abstract

AIM: To clarify the surgical strategy for patients with stage IVa primary hepatic carcinoma (PHC).

METHODS: Twenty-seven patients with stage IVa PHC were retrospectively studied in 1989-1998, including resected group (19 cases) whose all tumor nodes were resected and cytoreductive group (8 cases) whose most tumor nodules were resected and remnant nodules treated by ethanol injection. B-ultrasound should be used intraoperation in order to prevent from missing any tumor nodule.

All the tumor nodules in the liver should be removed, and residual nodules should be treated by ethanol injection during operation if all the tumor nodules can not be removed. Multidisciplinary therapies were undertaken perioperatively.

RESULTS: The 1, 2 and 3-year survival rates were 71.4%, 55.6% and 7.7% respectively. The 1, 2 and 3-year survival rates of the resected and cytoreductive groups were 73.3%, 53.3%, 10.0% and 66.7%, 50.0%, 0% ($P > 0.05$) respectively. The rate of complications was 22.0%, without operative and in-hospital mortality.

CONCLUSION: The surgical treatment included resected or cytoreductive operation plus supplementary therapy considered to be both useful and the first choose for stage IVa PHC.

Key words: Primary hepatic carcinoma; Operation; Cytoreductive surgery; Survival rate

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