NON-LIVER TRANSPLANTATION

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LAPAROSCOPIC CYSTOPERICYSTECTOMY

N Gupta, A Javed, AK Agarwal

Department of Gastrointestinal Surgery, GB Pant Hospital and MAM College, New Delhi, India

Background: Hydatid disease of the liver is endemic in India and is a common health problem. Radical surgery (cystopericystectomy or formal resection) is the treatment of choice as it reduces the incidence of recurrence and also decreases the incidence of cavity-related complications. This is often performed by conventional open surgery.

Aim: To analyze our experience of radical resectional surgery for hydatid disease of the liver performed laparoscopically.

Method: We analyzed the prospectively collected data on hydatid cyst of the liver who were managed at our center with laparoscopic radical surgery (cystopericystectomy, formal liver resection).

Result: Eight patients underwent laparoscopic resection for hydatid cyst of liver. There were 2 males and the mean age of the patients was 34.5 years (23–56 years). Pain was the presenting complaints in these patients. One patient had pre-operative jaundice and underwent pre-operative stenting. In 3 patients, the cyst was located in the right lobe, in 1 it was involving both lobes and in the rest 4 patients, it was present in the left lobe. Three patients had Gharbi type III cysts, 2 patients had type II, and 3 patients type I cyst. PAIR was planned for 2 patients; however, it was abandoned in both, one due to cystobiliary communication and aspiration of thick pultaceous material in the other patient. Average sizes of the cysts were 7 cm. Three patients underwent laparoscopic left lateral hepatectomy and 5 patients underwent total closed cystopericystectomy. In none of the patients, any spillage of contents occurred. Mean duration of surgery was 240 min (180–300 min) and the average blood loss was 112.5 mL (50–250 mL). No patient had postoperative bile leak and the average postoperative hospital stay was 7.6 days (3–12 days).

Conclusion: Radical resection is a well-established surgical procedure for hydatid cyst of liver. It can be safely performed laparoscopically in selected group of patients with excellent results.

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PORTAL VEIN THROMBUS IRRADIATION—AN ALTERNATIVE IN INOPERABLE HEPATOCELLULAR CARCINOMA

A Abhishek, T Kataria, K Sharma, KP Karrthick, K Madan, T Piplani

Cancer Institute, Medanta—The Medicity, Gurgaon, India; Institute of Liver and Biliary Sciences (ILBS), New Delhi, India

Background: Portal vein tumor thrombosis (PVTT), in a case of hepatocellular carcinoma (HCC), is considered poor risk and has been reported to be associated with unfavorable outcomes to the established treatment regimens like surgical resection or TACE (transarterial chemoembolization). Radiotherapy (RT) has shown survival benefits and promises to be a valid salvage therapy in such cases.

Aim: To review and establish the role of RT in advanced HCC with portal venous thrombosis.

Materials and Method: Literature was reviewed for the role of radiotherapy in PVTT along with the case selection criteria, technique, expected benefits, and possible side effects of the treatment.

Discussion: Definitive treatment strategy is not established for PVTT in advanced HCC. With 34–84% incidence, PVT cannot be overlooked and demands alternative approaches. Results of surgery in such cases are dismal and palliative chemotherapy (TACE) may increase the risk of ischemic events. In such cases, radiotherapy has been widely reported to have an objective response rate of 37.5–57.9%, with a median survival time of 6.7–10.7 months. Post PVTT-RT, re-canalization may be achieved in 60–75% cases and re-considered for TACE/primary management with acceptable outcomes. Therefore, RT is a promising salvage alternative in PVTT cases not fit for conventional treatment modalities.

Medanta Experience: We recently treated a 54-year-old gentleman, diagnosed to have PVTT with HCC, with 60 Gy in 20 Fr by a volumetric modulated arc therapy (VMAT) using respiratory motion management. He tolerated the therapy well and evaluation of CT scans 2 months post-RT showed necrosis at tumor thrombus site. He has been re-started on oral chemotherapy and is on close follow-up.

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HEPATIC RESECTION IN CHILDREN—TWENTY-ONE CASES

S Shrotriya

Department of Surgery, KEM Hospital, Pune, India

Aim: To assess the indications, technique, complications, and outcome of pediatric hepatic resections.