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SPECTRUM OF LIVER DISEASE AND EXPERIENCE OF LIVER RESECTION IN BANGABANDHU SHEIKH MUJIB MEDICAL UNIVERSITY (BSMMU) AND PROSPECTS OF LIVER TRANSPLANTATION IN BANGLADESH

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Background: Nine-hundred and twenty-three liver surgeries have been performed in the last 10 years in Bangabandhu Sheikh Mujib Medical University (BSMMU). Common indications were simple/multiple congenital cysts ($n=146$), polycystic liver disease ($n=130$), hydatid cyst ($n=152$), hepatocellular carcinoma (HCC) ($n=204$), colorectal liver secondaries ($n=115$), hepatolithiasis ($n=90$), Caroli's disease ($n=68$), and hemangioma ($n=18$).

Aim: The purpose of this study was to report the authors' experience with hepatic resection and to evaluate the prospect of liver transplantation in Bangladesh.

Materials and Method: A retrospective study of 923 patients with various lesions of the liver.

Result: Two-hundred and sixty lobectomies, 176 trisegmentectomies, 162 left lateral segmentectomies, and 325 nonanatomical hepatic resections including fenestration were performed. There were 23 peri-operative deaths (2.4%) of which 5 occurred in Jehovah's witness, 20 (88%) died in major liver resection. Symptomatic relief was complete and permanent in all of the patients with benign congenital or parasitic hepatic cysts except for the 8 patients with polycystic disease of the liver ((506/514 ($n=99\%$)). Among 204 patients with hepatocellular carcinoma, 130 (63%) were cirrhotics, median tumor size was 6.8 cm (40% beyond Milan criteria), operating time was 5.6 h, blood loss was 1.2 L, and 5-year survival was $25.2 \pm 5\%$. Tumor recurrence ($n=85$) was seen mainly between 3 and 15 months after resection. Of patients with colorectal secondaries ($n=115$), 70 (60%) had loco-regional recurrence in colon at a median interval of 18 months and 20 (17%) had recurrent liver tumors within 6 months. Twenty-five are disease-free with a median follow-up of 10 months.

Conclusion: Hepatic resection is safe and effective for various lesions of the liver. Symptomatic relief is complete and permanent after hepatic resection. Although resection provides good short-term survival benefits, liver transplantation should be considered in HCC and diffuse polycystic disease of the liver.

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A PROSPECTIVE AUDIT OF ONE-HUNDRED PATIENTS PRESENTING FOR THORACIC EPIDURAL PAIN RELIEF FOR HEPATOBILIARY SURGERY

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Background: There is a perception that epidurals provide the best pain relief for major abdominal surgery. Prospective trials comparing epidural anesthesia with i.v. narcotics have failed to show differences in complications. Using an epidural, however, is associated with significantly less pain during the first 3 postoperative days, decreases respiratory complications, and facilitates early ambulation.

Aim: This was a prospective audit of 100 patients to assess the effectiveness of epidural analgesia for hepatobiliary surgery and review complications.

Method: We prospectively audited 100 patients undergoing hepatobiliary surgery where thoracic epidural pain relief was offered as combined general and neuraxial anesthesia and continued for postoperative pain relief.

Result: Four patients refused epidural and preferred morphine patient-controlled analgesia PCA. Two cases failed epidural placement and morphine PCA was given as an alternative. Ninety-four patients received thoracic epidural between T6 and T10. There was difficulty in placement in 8% of patients. Postoperatively, 2 patients had no sensory block and were given PCA morphine. All patients were followed up for 24 h postoperatively. There were significant interventions in the epidural management; 92% required at least one intervention. PCA morphine was added in 6 patients. Referred shoulder tip pain and discomfort from central venous neck lines required additional analgesia NSAIDs and paracetamol in 50% of patients. Patient satisfaction of analgesia was good, 92%. Hypotension requiring additional i.v. fluids occurred in 68% of patients.

Conclusion: Thoracic epidural pain relief may be considered as the gold standard but it has significant failures in our series and additional pain relief was required.