

Hepatobiliary surgery: the past, present, and future learned from Professor Henri Bismuth

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In a recent issue of *Hepatobiliary Surgery and Nutrition*, Science Editor Vicky J. He interviewed Professor Henri Bismuth, a legendary figure in hepatobiliary surgery (1).

As everyone in the field is aware, Professor Bismuth is the true pioneer who established both hepatobiliary surgery and liver transplantation. His prominent career as an internationally renowned expert in the hepatobiliary field dates back to the early 1970s, and he was one of the few surgeons in the world to launch a hepatic transplantation program at that time.

His vast accomplishments were comprehensively illuminated throughout the interview. Readers of this interview, especially those who are at the beginning of their careers, have much to learn and gain from the path of this legendary surgeon. As has been humbly stated by former academics, we are all dwarfs standing on the shoulders of giants (*nanos gigantium humeris insidentes*). Professor Bismuth is a true giant in this field.

Four major questions were addressed in the interview: why were hepatobiliary surgeries not performed often before the 1980s, how Professor Bismuth views the development of hepatobiliary surgery, what he thinks of the current status of liver transplantation, and his prediction for the future development in this field. All of the dialogues generated by these questions allow for a deeper understanding of the insights of this legend.

Readers will be awed by the vastness of his experience, beginning from the time before ultrasound and computed tomography. In response to the first question, he comments “*When ultrasound, the first imaging technique before CT, appeared in early 1980s, the development of liver surgery has been really started.*” Imagine the courage and determination required to proceed with such surgery at that stage of

surgical history.

His summary of the development of hepatobiliary surgery over the past three decades in response to the second question is particularly interesting in that, although being a great surgeon, following the development of surgical techniques in the first decade, he states without hesitation that, “*the progress in liver surgery in the last decade was mainly what we called the adjuvant treatment*” and also, “*new technique developed in the last decade is the interventional therapy*”, including radiofrequency ablation. As a concluding remark, he says “*to treat the liver cancer is not only something to do with the surgical skills, but also all other combined treatments, including radiology, endoscopes, and so on. As surgeons, we should adopt all these.*” This is a very wise and perceptive comment.

Professor Bismuth’s emphasis on the importance of the collaboration of experts in treating patients, including “*hepatologists, surgeons, oncologists, endoscopy experts and so on, working all together as a team*” was also intuitive and modest. Further, he made a strong statement regarding the importance of training, especially in underdeveloped countries, where there are still patients dying of simple liver diseases, “*for nobody knows how to do liver surgery*”. Science Editor Vicky J. He provides a refreshing, enlightened image of a legendary figure, not only as a renowned surgeon, but as a warm educator with vision.

Lastly, I would like to point out yet another great example of Professor Bismuth’s brilliance that is often overlooked. Today, there is no doubt that liver transplantation can cure cirrhotic patients with hepatocellular carcinoma. The Milan criteria, published by Professor Mazzaferro in 1996, is so widely applied and accepted around the world that today’s generation seem to think that this was the beginning. There is much to study here. Following the daunting initial

experience with extremely poor outcomes in the 1980s, it was Professor Bismuth's study that changed the game. He published his experience in 1993 in the *Annals of Surgery*, stating that "*The best indication for transplantation seems to be patients with small and uninodular or binodular tumors; until now, these patients were considered to be the best candidates for resection*". Liver transplantation for hepatocellular carcinoma was revived (2). Without this notion of his, the beginning of the era of liver transplantation for hepatocellular carcinoma may have had to wait for yet another couple of years, or even a decade.

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