

## AB015. Resection of metastatic hepatoma of thorax or near-diaphragm

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**Background:** To describe surgical considerations and to understand treatment outcome of thoracic approach for metastatic HCC.

**Methods:** A total of 25 patients with metastatic hepatoma of thorax (extrahepatic metastasis) or near-diaphragm (intrahepatic metastasis) were surgically treated using thoracic resection in a period of near 7 years. All these patients were initially treated using different modalities before thoracic resections. Interval between first diagnosis of hepatoma and thoracic resection was  $36\pm 7$  months. These metastatic lesions usually located in right side of the bodies. Operative procedures consisted of lung resection only (n=11), chest wall resection only (n=5), chest wall resection combined with lung resection (n=3), chest wall resection combined with diaphragm and liver resection (n=1), liver resection only (n=3), liver resection combined

with diaphragm resection (n=1), and liver resection combined with lung resection (n=1). A total of 45 resections were performed. Two of these patients underwent repeated thoracic resections due to recurrences.

**Results:** There was no operative death, but one patient who had preoperative massive hemoptysis resulting in respiratory failure, required near a 4-week ventilator support. In the series, the survival time was  $63.6\pm 9.2$  months after first diagnosis of HCC, and  $25.2\pm 7.4$  months after thoracic resection.

**Conclusions:** Resection of thoracic metastasis or near-diaphragm hepatoma could be performed via thoracic approach. Aggressive resection is mandatory and repeated metastasis should be observed. Chemotherapy, target therapy, or other modality is required in the treatment of these patients with metastatic HCC.

**Keywords:** Metastatic hepatoma; lung metastasis; chest wall metastasis; thoracic resection

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