AB042. P-10. Initial surgical experience for hilar bile duct cancer by incorporating major extended hemihepatectomy including extrahepatic bile duct resection without the aid of portal vein embolization

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Background: To evaluate the feasibility of aggressive surgical approach incorporating major extended hemihepatectomy after adequate biliary drainage without portal vein embolization for patients with hilar bile duct cancer.

Methods: From 2012 to 2018, a total of sixteen patients with hilar bile duct cancer underwent major extended hemihepatectomy including extrahepatic bile duct resection. Neither portal vein embolization nor concomitant major inflow pedicle resection and reconstruction was performed. Encasement of such major portal vein or hepatic artery was considered unresectable due to dismal result.

Results: Ten patients were able to achieved tumor resection successfully. Among such resected patients, four had positive resectional margin which require additional adjuvant treatment. Only one patient demonstrated equivocal post-hepatectomy liver failure.

Conclusions: Application of major extended hemihepatectomy including extrahepatic bile duct resection for hilar bile duct cancer continue to present with complex surgical challenge despite advancement in perioperative management. Introduction of portal vein embolization may still pivotal to prevent postoperative liver failure after adequate biliary drainage.

Keywords: Hilar bile duct cancer; hemihepatectomy; portal vein embolization

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