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Single Centre Experience with Surgical Treatment of Hilar Cholangiocarcinoma

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Abstract

Background/Aims: Surgical resection is a radical treatment option for hilar cholangiocarcinomas. However it is still difficult to cure and patient prognosis is poor. An evaluation of the surgical options and results may elucidate effective treatments.

Methodology: We retrospectively examined the demographic characteristics, surgical records and outcome in 64 patients with hilar cholangiocarcinoma undergoing surgical resections or palliative surgical procedures for the period of 2004-2012.

Results: The patients included 43 males and 17 females with a mean age of 61.4 ± 10.4 years (±SD, range 35-81 years). Forty-four resections were done - R0 – 22 cases (34.4%), R1 – 10 (15.6 %) cases, R2 – 12 cases (18.7%) and 20 palliative (31.3%) operations were performed. R0 - resection of common bile ducts with right hepatectomy with Sg 1 was done in 8 cases, resection of common hepatic duct with left hepatectomy with Sg 1 – in 9 cases and resection of common hepatic duct – in 5 cases. The total percentage of postoperative morbidity is 51.5 %. The types of complications are as follows: intra abdominal bleeding – 31.25 %, temporary biliary leakage - 26.56 %, leakage of hepatico-jejunostomy– 7.81 %, biliary fistula – 7.81%, liver insufficiency – 17.18 %, pleural effusion – 48.13 %, intra-abdominal abscess – 28.13 %, surgical site infection – 48.3 %. The mean five-year overall survival for R0 - resection is 32%, for R1 - and R2 - resection is 12% and for the palliative operations - 0%. The mean overall survival for R0-resection is 37 months, for R1 - and R2 - resection is 19 months and for the palliative operations – 7 months.

Conclusions: Radically extended surgical resection for hilar cholangiocarcinoma is necessary to obtain improved patient survival.

Key words: hilar cholangiocarcinoma, surgical resection, extended hepatectomy

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