

Postoperative Morbidity and Mortality after Liver Resection. Retrospective Study on 133 Patients

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Abstract

Introduction: Hepatic resection had an impressive growth over time, both by broadening the range of its indications and the occurrence of changes and technical tricks in order to reduce postoperative mortality and morbidity.

Material and methods: This study is a retrospective study presenting an analysis of 133 patients hospitalized in the Department of Hepatic Surgery in City Hospital Timisoara, between January 2000 and November 2011, in which a surgical intervention was performed, either for a primary hepatic tumor (benign or malignant) or a secondary liver tumor. All cases were analyzed in terms of etiopathogenesis, preoperative and intraoperative investigations, indication and type of hepatectomy performed, the surgical technique used and postoperative evolution.

Results: The study group comprises 133 patients. From the whole group, 100 patients (75.19%) were diagnosed with primitive liver tumors, in 70 patients (70% of primary tumors) HCC occurring on a cirrhotic liver. Liver disease was secondary in 33 patients (24.81%), colorectal tumors being most commonly involved (19 patients). Of all liver resections, 21 (15.79%) were major hepatectomies. The remaining were minor hepatectomies, including a trisegmentectomy (V, VI, VII), 51 bisegmentectomies and 60 liver resections limited to one segment. Vascular clamping was used in 89 cases (66.92%), pedicular clamping in 65 patients (73.03%) and selective extraglissonian clamping in 24 patients (26.97%) respectively. Of the 33 patients with liver metastases, 12 (36.36%) received synchronous resections. The most common complication in our study group was postoperative liver failure, found in 45 patients (33.83%), being irreversible in one case (2.22%), followed by the death of the patient. In 34 patients (75.55%), hepatic failure was seen in cirrhotic patients and the other cases were patients with major hepatectomies. Hepatic failure occurred in 35 patients (77.78%) with vascular clamping, four of them after selective clamping. 31 of the patients (68.89%) with postoperative liver failure were transfused, 25 patients (55.55%) receiving more than 2 units of blood. Of all patients, 3 (2.25%) died postoperatively.

Conclusions: Respecting the principles of liver surgery, hepatic resection can be performed, even in cirrhotic patients, with acceptable morbidity and minimal mortality. The most common complication after hepatic resection, in our study group, was postoperative liver failure, which was mostly reversible.

Key words: liver tumor, hepatectomy, complications, liver failure

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