

Anatomic and atypical liver resections- results and comparative analysis

ANNOTATION

Hepatic resection surgery (HRC) for primary hepatic tumors, metastases from colorectal and non-colorectal cancers, as well as benign diseases, has been widely publicized in both the world and our specialist literature. Undoubtedly, radical surgical resection, where possible, is the treatment of choice and is considered the "gold standard".

The literature review addresses current problems regarding HRC with an emphasis on the resection method - anatomically or atypically, the results after their application, the advantages and disadvantages of both approaches. Facts concerning the development of HRC in historical terms are also given in a very short volume, due to which this type of surgery has appeared in its contemporary form, brief statistics on the most common diseases, indication of liver resections, as well as some interesting facts, concerning their biology, progress, clinic, diagnostics, prognosis.

To achieve this, we set ourselves the following tasks:

1. Initial processing of comprehensive information on patients undergoing liver surgery (procedure) and selection of suitable candidates for inclusion in the study, i. those who have undergone liver resection as defined by ISGLS.
2. Analysis of data in patients undergoing HR:
3. 3. Collection and analysis of data regarding the indication for HR - benign, malignant, primary or metastatic, with metastatic - synchronous or metachronous;
4. Comparison of preoperative data and intraoperative exploration data for the presence / absence of coincidence in terms of localization and volume of hepatic involvement, incl. involvement of arterial vessels and / or extrahepatic infiltration of adjacent tissues, structures and organs;
5. Analysis of the technical features of the different types of procedures:
6. Collection and analysis of data regarding early postoperative results (mortality and overall morbidity) and comparative analysis according to the technical characteristics of the surgery with emphasis on the type of resection - anatomic or atypical;
7. Collection of data regarding DSS (acute liver failure, biliary and hemorrhage) and comparative analysis according to the technical characteristics of the surgery with emphasis on the type of resection - anatomic or atypical;

8. Analysis of the type and severity of ESDs arising from the definitions of ISGLS, their diagnosis and behavior - conservative, intervention procedure, surgery (reoperation);
9. On the basis of the whole statistically processed information formulation of conclusions for the existence of factors of prognostic significance for the occurrence of ASD with emphasis on the type of HR (AnatHR or AtipHR).
9. If possible, identify such prognostic factors, reflect them in our future activities and promote them to the surgical community in national and international scientific forums to improve early postoperative outcomes.

RESULTS

As stated in the Material and Methods Section, item 4. The "statistical methods", the results presented and the analyzes were performed in two aspects:

First: a close comparison between the two large groups of hepatic resections according to whether they are anatomical or atypical;

Second: a detailed comparison between AnATHR and AtypeHR depending on whether they are independent or are part of a larger multivisceral resection.

CONCLUSION

In the last 20-25 years, liver resection surgery, and in particular liver cancer surgery, has been developing and improving continuously. The accumulation of experience in specialized centers with a high volume of activity makes surgeons increasingly aggressive, especially in "border line resectability", both primary and metastatic. Following the principles of elastics and antiblastics, aggression as the pursuit of radicalism is justified, but at the same time it is often associated with a high risk of ADR, some of which can lead to a fatal outcome.

Here, as in all fields of medicine and all medical specialties, the choice of the most appropriate treatment method, in this case the choice of the volume and the method for HR, should be based on the commonly accepted algorithms and standards in HRC, ie. enters the heading "evidence based medicine".

A number of questions remain debatable and do not have clear answers, namely the questions about the advantages and disadvantages of:

- one or the other method by which the liver parenchyma involved in the disease process will be eliminated - ie. method of parenchymal dissection;
- for the application of clamp techniques to reduce intraoperative blood loss - type and characteristic of clamp;
- about the volume of the removed area of the liver around the main disease process - Anat HRD or Atype HR;
- for the prevention of STDs, and in case of their occurrence - for their diagnosis and therapeutic tactic