

Role of laparoscopy in changing the management of hepatocellular carcinoma

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Background: Laparoscopic approach offers the advantages of Intr-operative laparoscopic ultrasonography (IOLUS), which provides better resolution of the number and location of liver tumors, and liver condition. In recent years the progress of laparoscopic procedures and the development of new and dedicated technologies have made laparoscopic hepatic surgery feasible and safe. The aim of this study was to present the results of our experience in laparoscopic management of Hepatocellular carcinoma (HCC) in cirrhotic patients.

Methods: Between September 2010 and July 2012, 301 patients with HCC in liver cirrhosis were referred from HCC clinic at National Hepatology and Tropical Medicine Research Institute (NHTMRI). 47 patients were submitted to diagnostic laparoscopy. 33 patients had Laparoscopic Radiofrequency Ablation with IOLUS guidance and 14 patients had laparoscopic resection. Operation time, hospital stay, post procedure complication were recorded. Spiral CT scan one month postoperative was mandatory during follow up.

Results: Laparoscopic management was completed in all patients. The IOLUS examination identified new HFL in three patients. A total of 50 lesions were treated. The mean operative time was 120 minutes; eight procedures were associated in six patients: cholecystectomy (6) and adhesiolysis (2). A complete tumor ablation was observed in all patients which were documented via spiral computed tomography (CT scan) one month after treatment. All tumor resection were with safety margin.

Conclusion: Laparoscopy proved to have a role in changing management of HCC either by resection or by RFA. Laparoscopy proved to be a safe and effective technique. IOLUS is superior on spiral CT scan in detection of a small HCC.

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