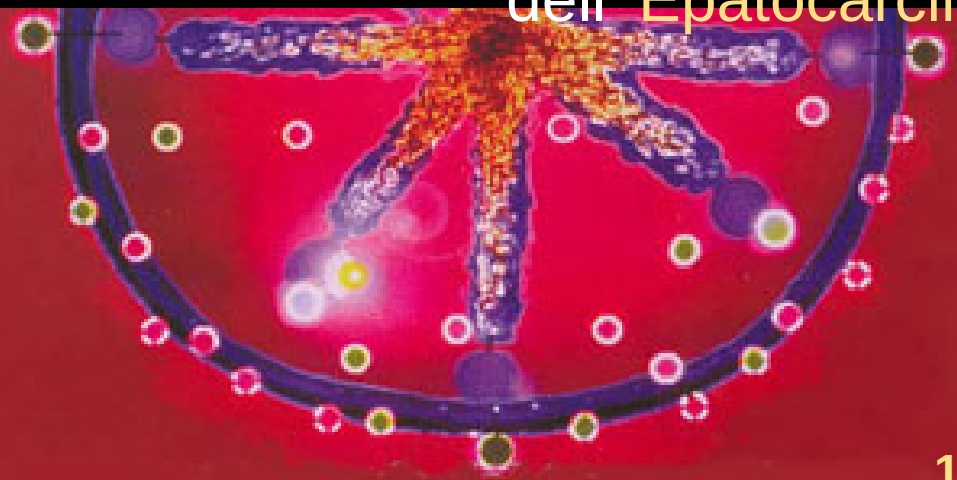
Trattamento Chirurgico

dell' Epatocarcinoma



img_web

PAESTUM

13 14 15 Maggio 2004

CHIRURGIA RESETTIVA

Prof. N Nicoli

Regione Sicilia

U.O. Chirurgia I

A.O. "*V Cervello*"

Palermo

RESEZIONE EPATICA PER HCC

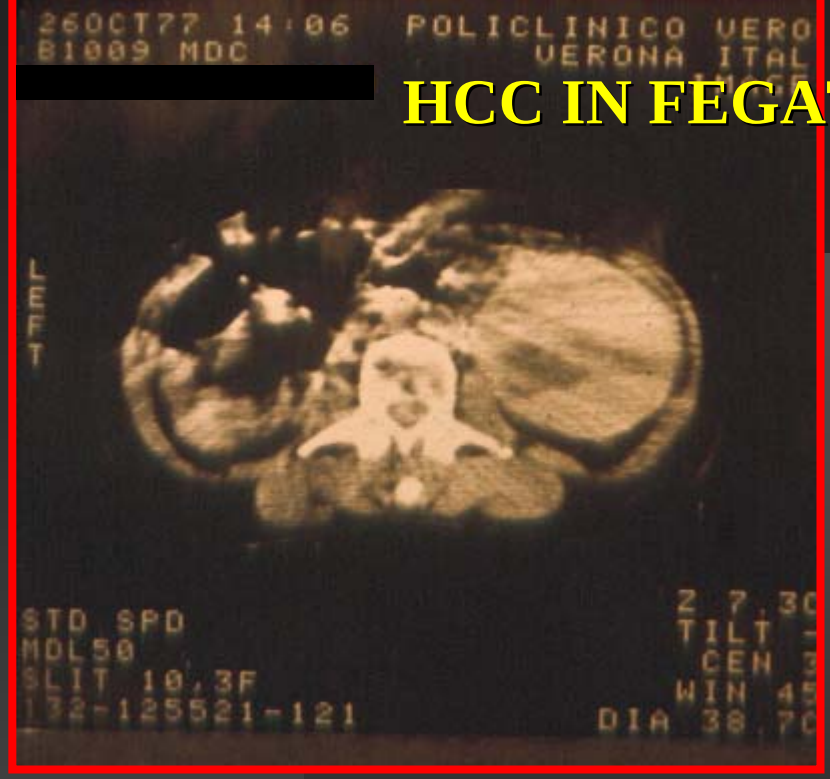
FEGATO CIRROTICO

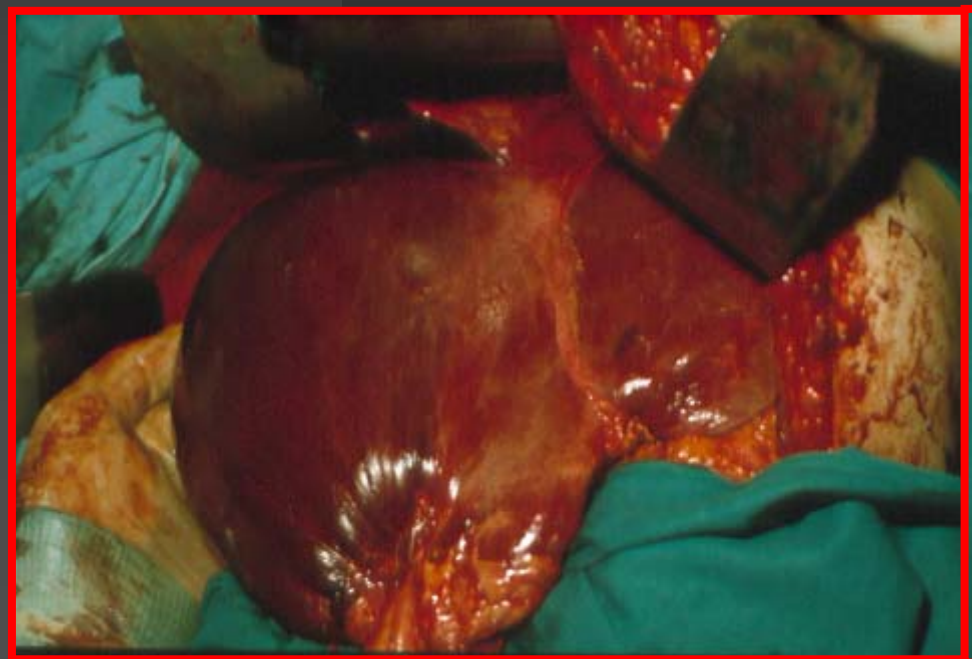
- **CONCETTUALMENTE PLURIFOCALI**
- **DI PICCOLE DIMENSIONI (SCREENING)**

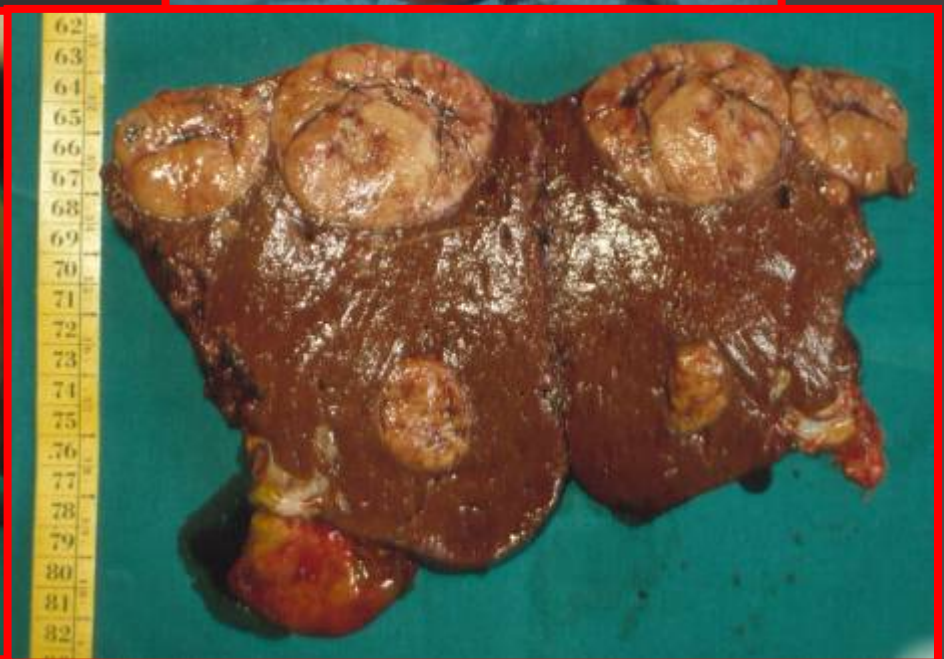
FEGATO NON CIRROTICO

- **CONCETTUALMENTE MONOFOCALI (eventuale satellitosi)**
- **GROSSE DIMENSIONI**

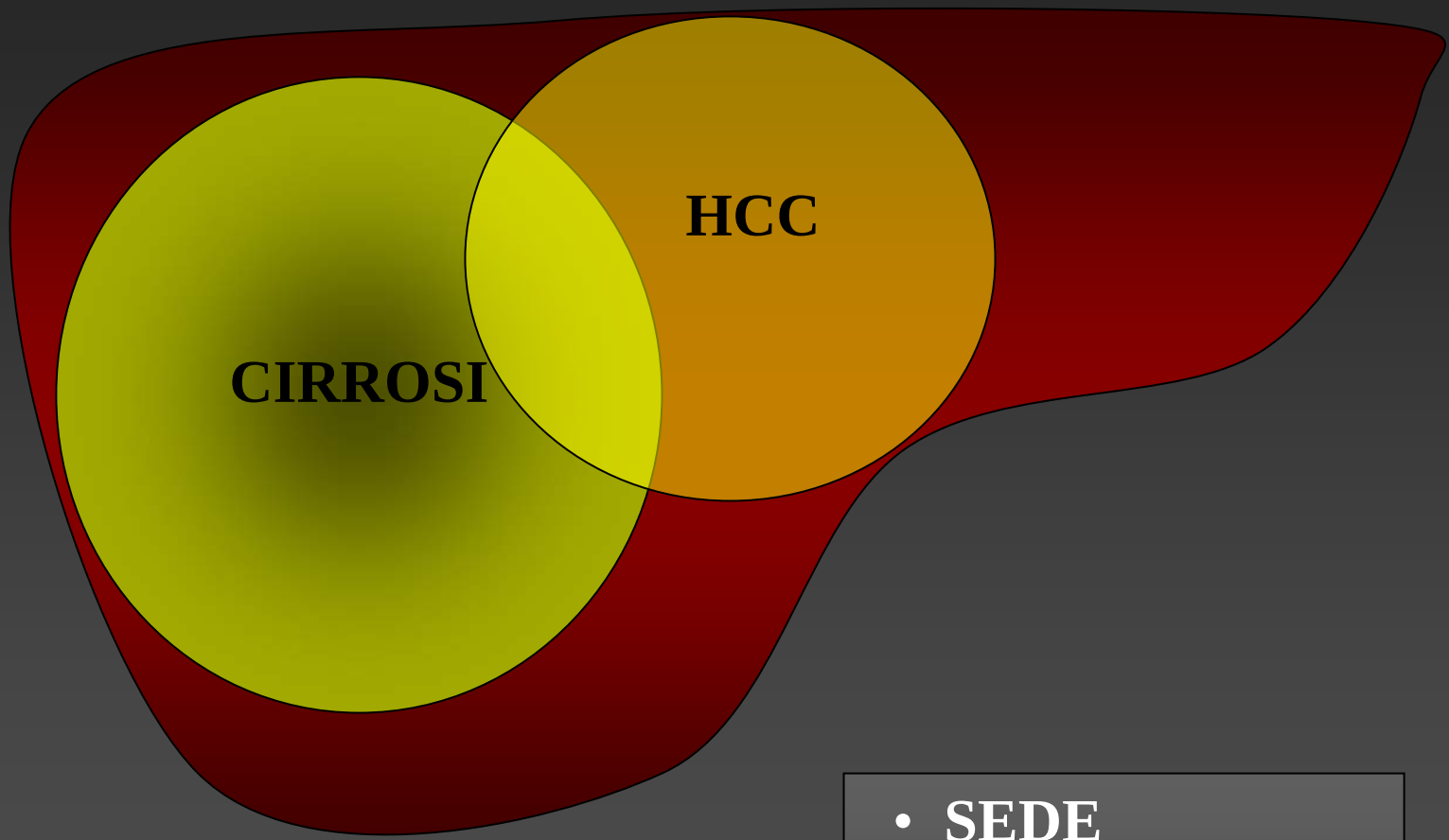
HCC IN FEGATO NON CIRROTICO







HCC IN CIRROSI



- **CHILD-PUGH**

- **SEDE**
- **DIMENSIONI**
- **FOCALITA’**

RESEZIONE EPATICA PER HCC

PROBLEMATICA CHIRURGICA

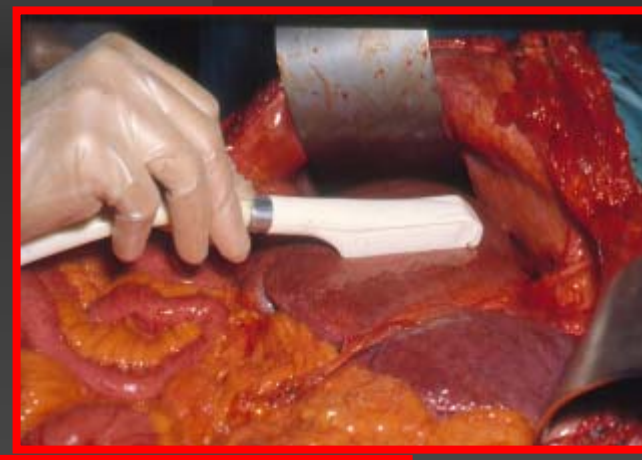
- **INDIVIDUAZIONE DELLA LESIONE**
- **TIPO DI RESEZIONE**
- **MARGINE DI RESEZIONE**
- **RIDUZIONE DELLA PERDITA EMATICA**

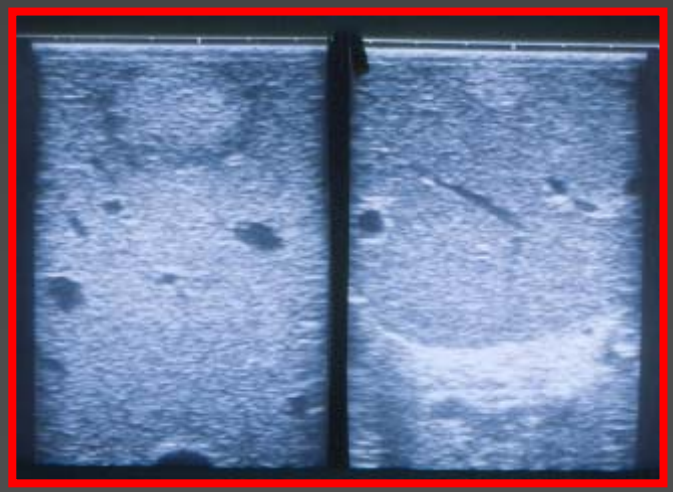
RESEZIONE EPATICA PER HCC

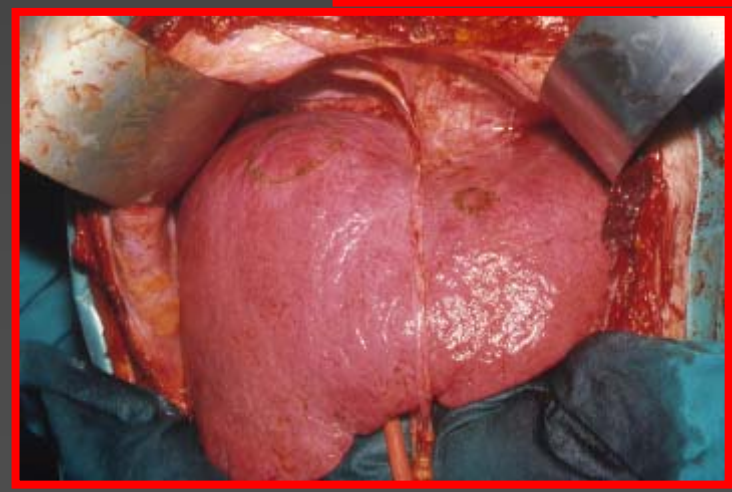
INDIVIDUAZIONE DELLA LESIONE

ECOGRAFIA

INTRAOPERATORIA







TRATTAMENTO CHIRURGICO DELL'EPATOCARCINOMA

Impact of Intraoperative Sonography on Resection and Cryoablation of Liver Tumors

Diana Gaitini, MD,[1] Doron Kopelman, MD,[2] Michal Soudak, MD,[1] Monica Epelman, MD,[1]
Ahmad Assalia, MD,[2] Moshe Hashmonai, MD,[2] Ahuva Engel, MD[1]

TABLE 1
Diagnostic Results of IOUS

Result of IOUS	No. Patients
IOUS detected new lesion(s), undetected preoperatively	7 (17.5%)
2–3 mm diameter	4
Deeply located	1
Small, subcapsular	2
Preoperatively known lesion defined by IOUS as unresectable	4 (10%)
Vascular proximity or invasion	3
Diaphragmatic invasion	1
IOUS ruled out suspected tumor	4 (10%)
Perfusion defect on CTAP	2
Lesion on CT and US diagnosed as cyst on IOUS	2
IOUS defined tumor boundaries not clearly seen preoperatively	8 (20%)
IOUS yielded no new information	17 (42.5%)

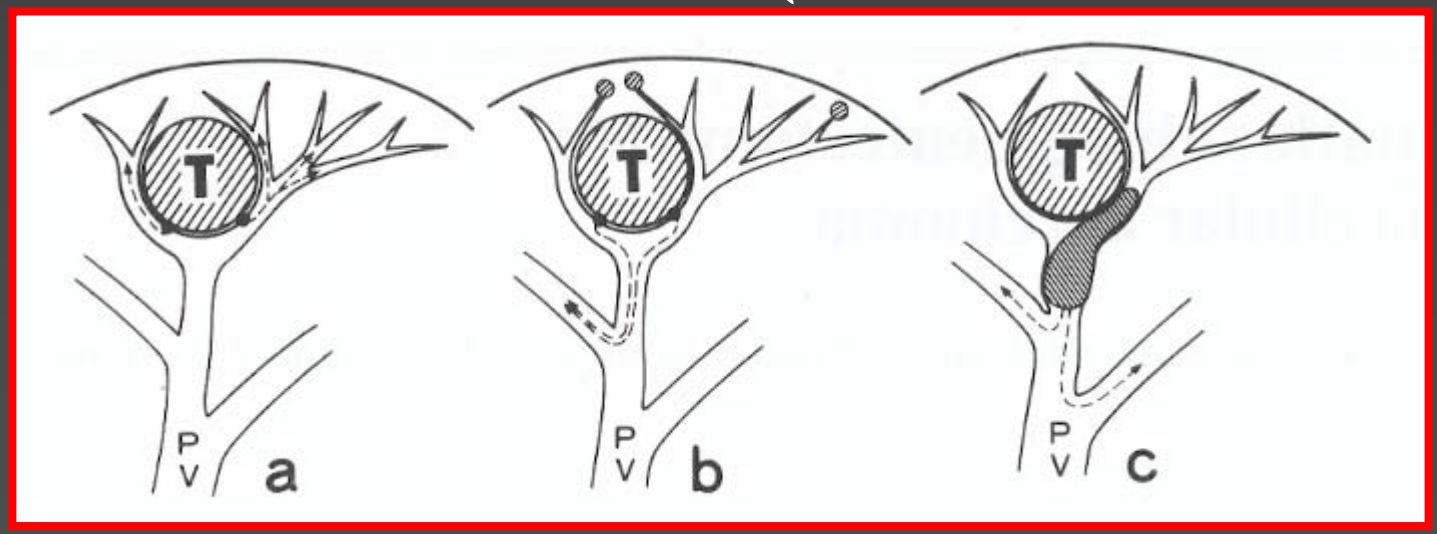
Abbreviations: IOUS, intraoperative sonography; CTAP, CT arterial portography; US, sonography.

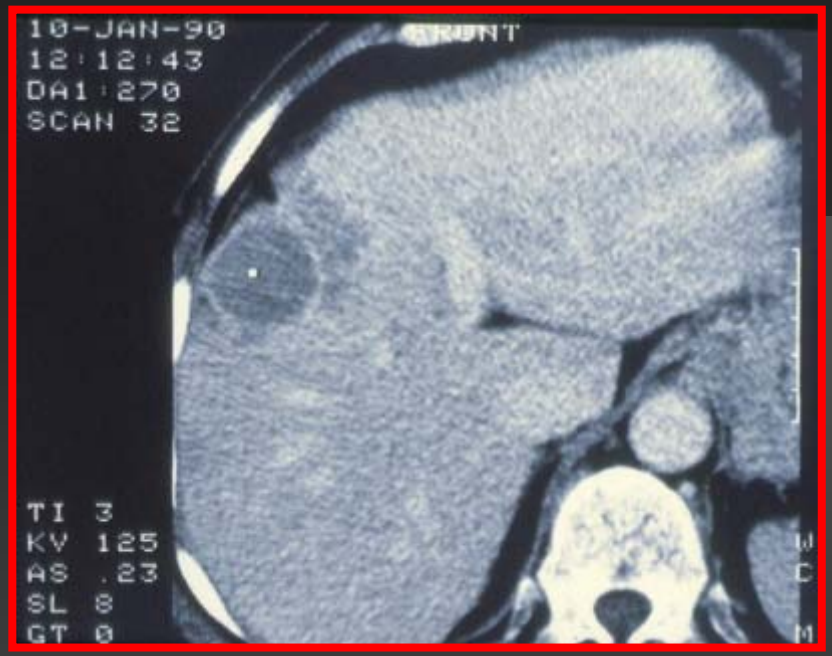
Journal of clinical ultrasound, Vol 29, 5; Giugno 2001

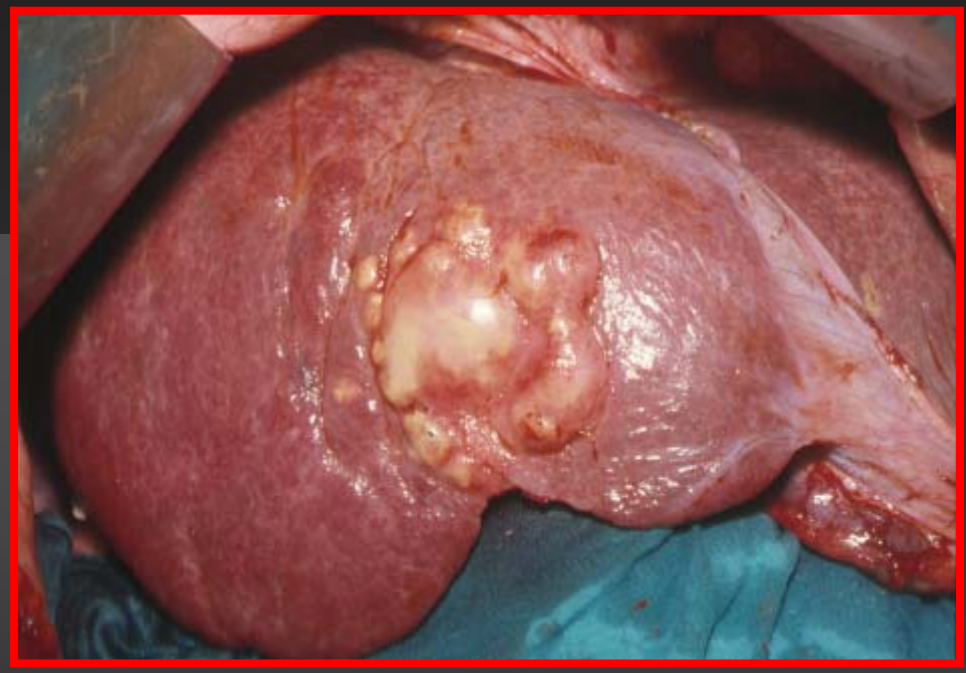
RESEZIONE EPATICA PER HCC

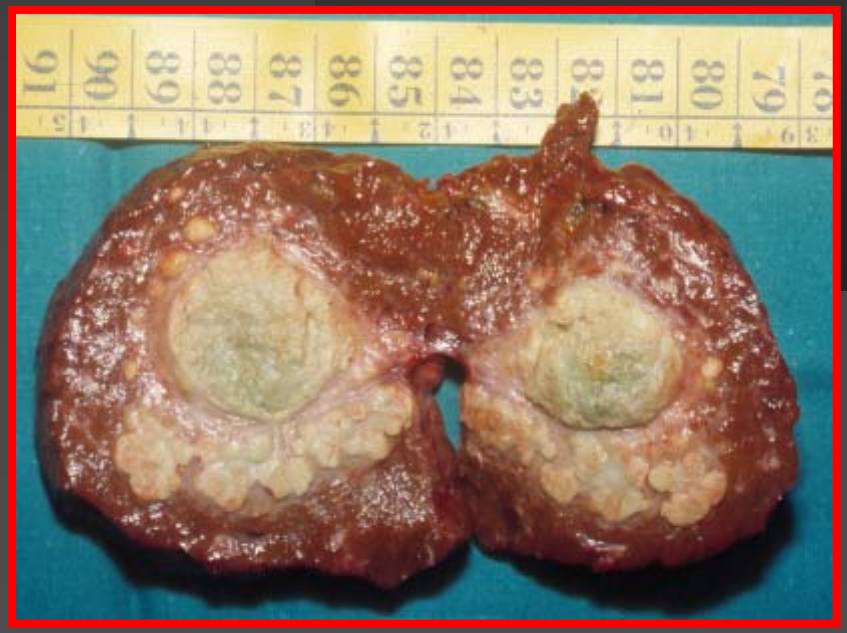
TIPO DI RESEZIONE

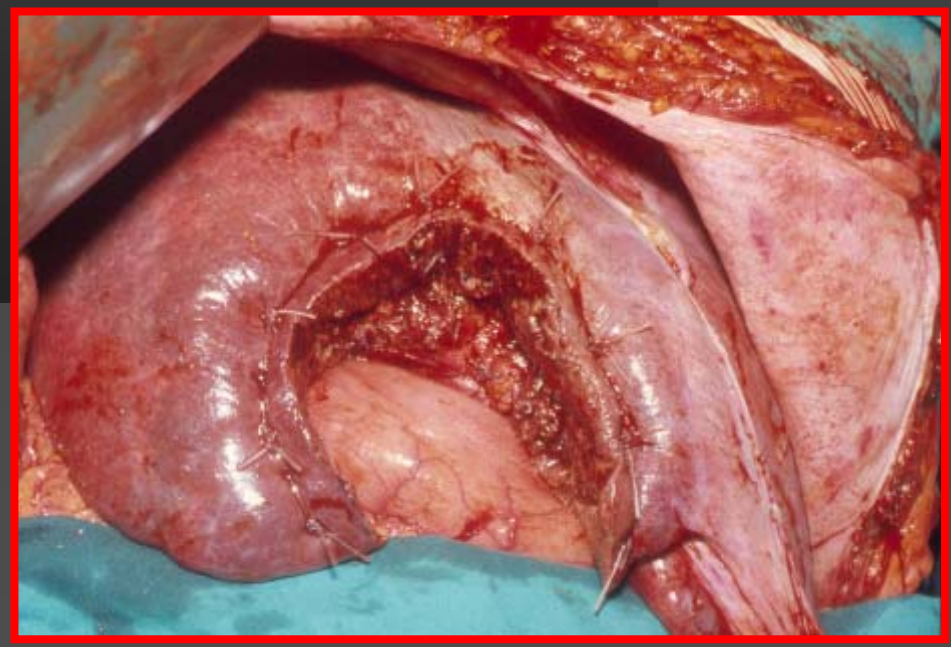
RESEZIONE ANATOMICA (SEGMENTECTOMIA/E)




10-JAN-90
12:12:43
DA1:270
SCAN 32
TI 3
KV 125
AS .23
SL 8
GT 0







RESEZIONE EPATICA PER HCC

MARGINE DI RESEZIONE

≥ 1 cm

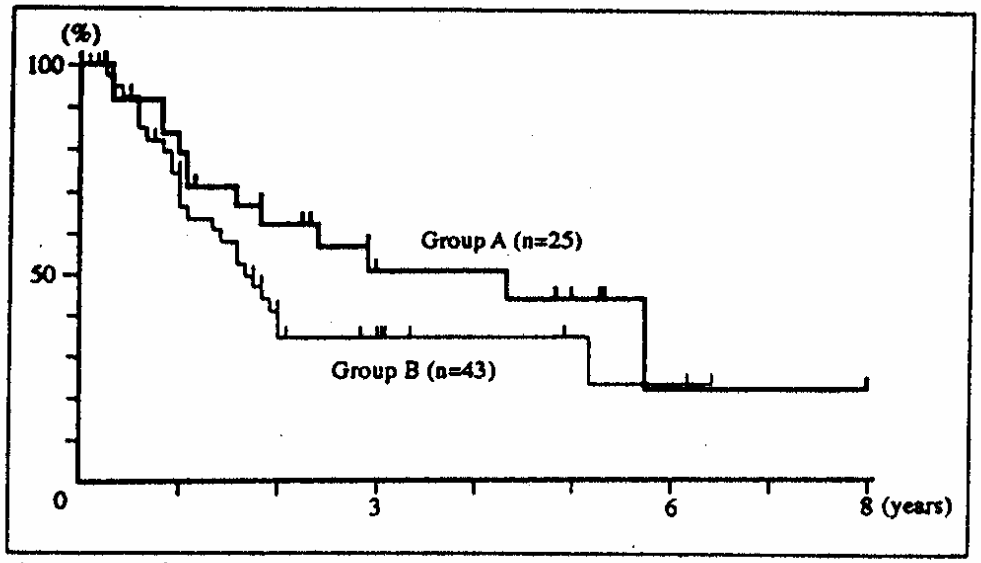


FIGURE 1 Cumulative disease-free survival.

ences and Recurrence
oth Groups

	Group B	p*
n, (Surgical margin, >0mm) n=43		
Recurrence	1	
Recurrence at the stump (associated with multiple metastases		

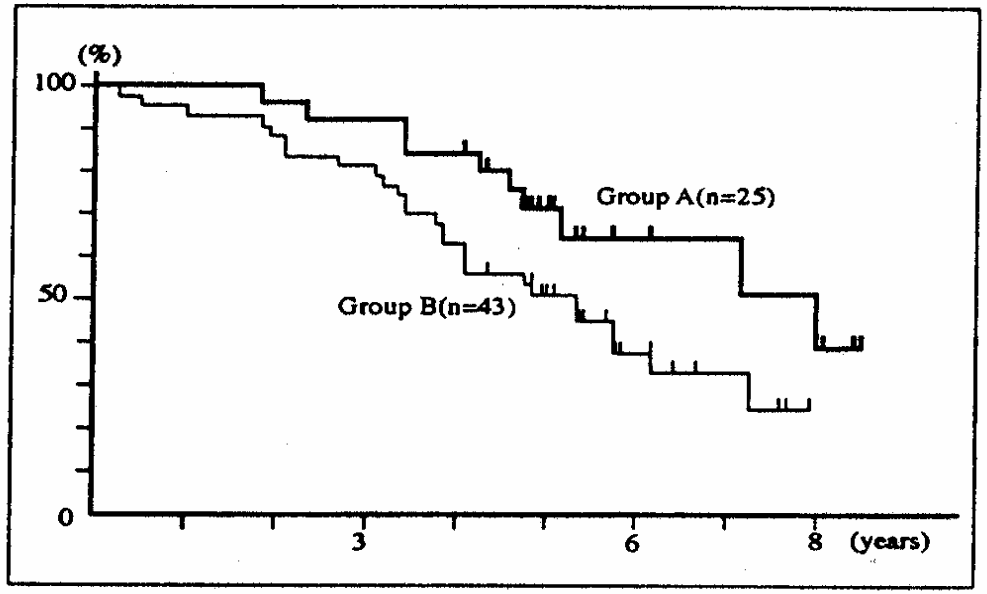


FIGURE 2 Cumulative overall survival.

Ochiai et al.

Hepato-Gastroenterol 1999

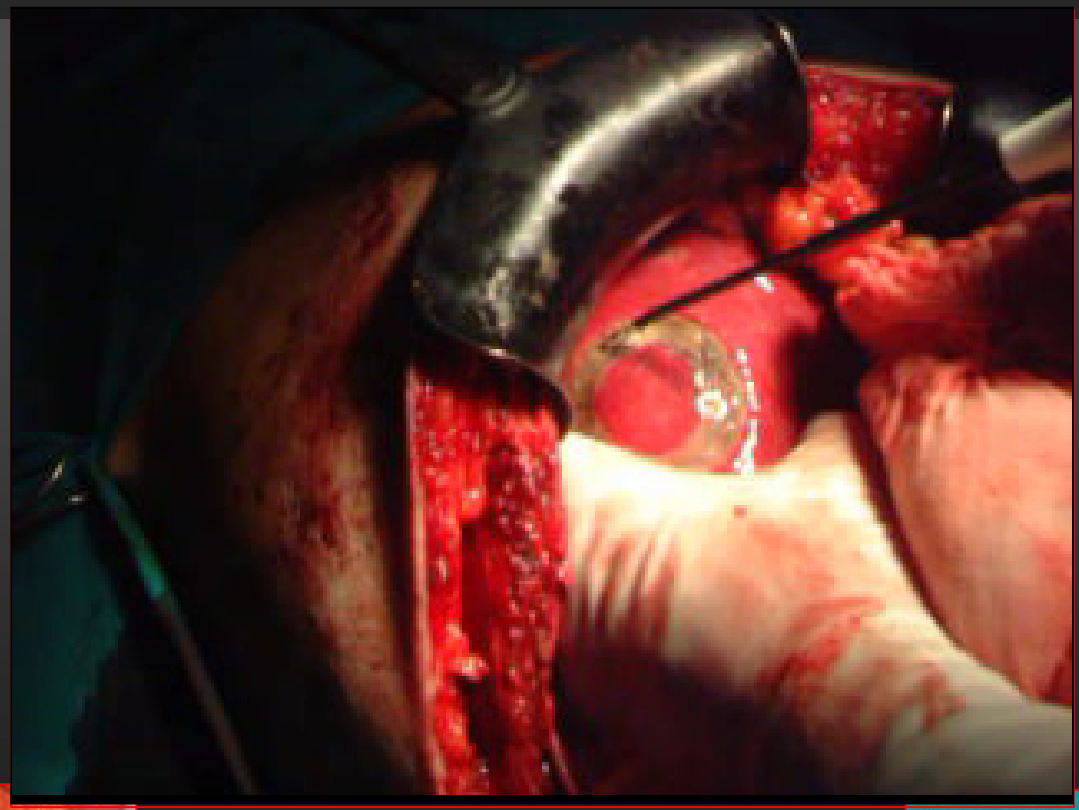
RESEZIONE EPATICA PER HCC

MARGINE DI RESEZIONE

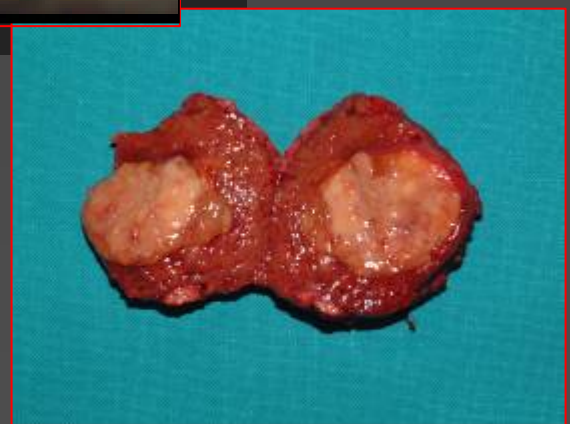
≥ 1 cm

TERMOABLAZIONE

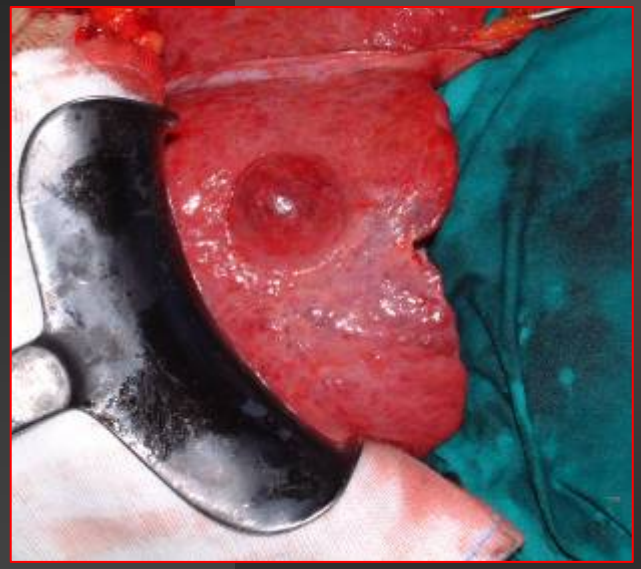
TUMORECTOMIA CON TERMOABLAZIONE (*tissuelink ®*)

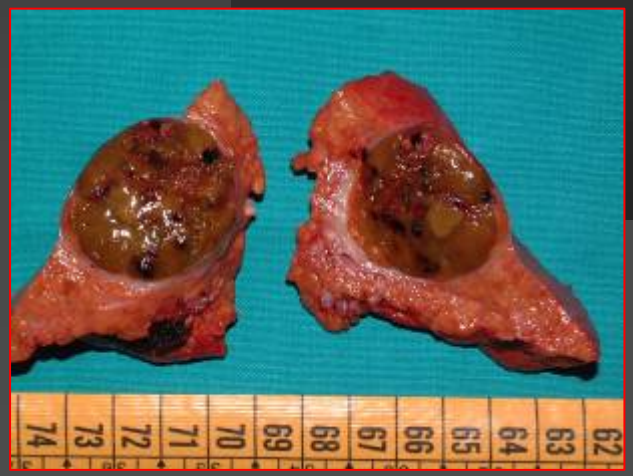


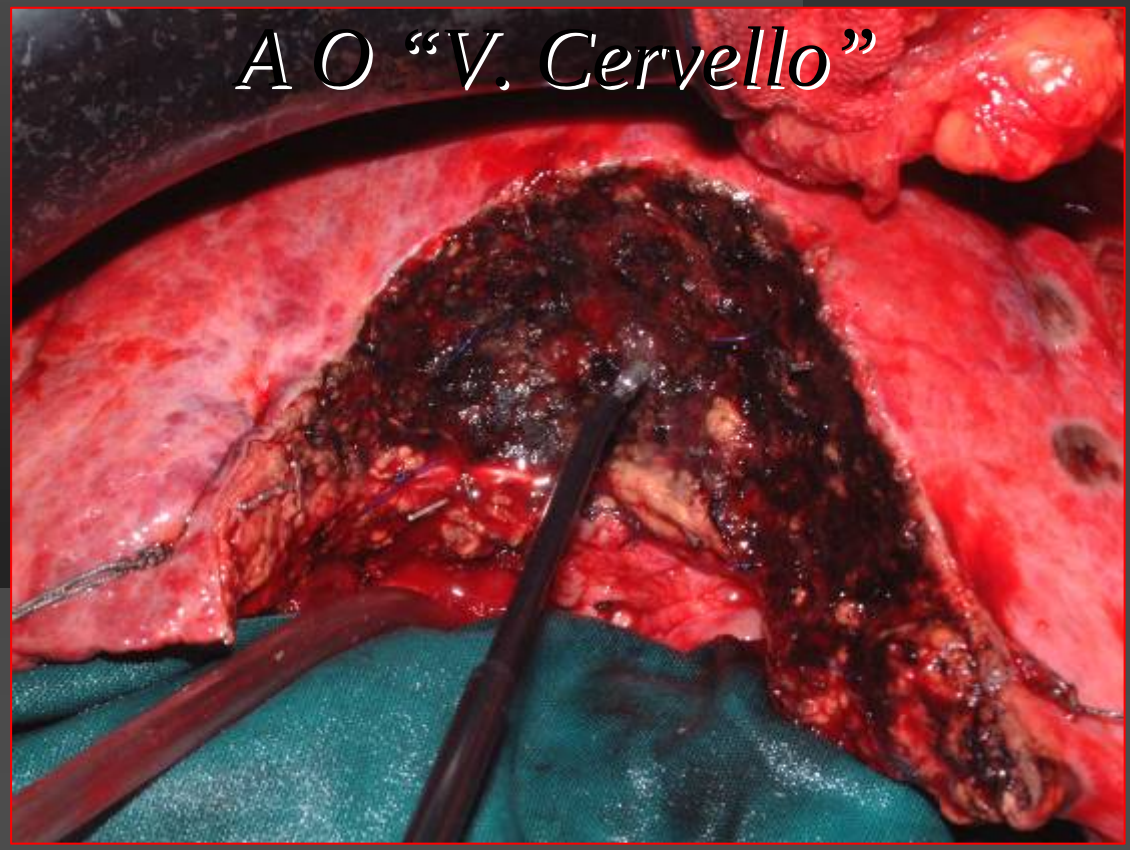
A O "V. Cervello"



TRATTAMENTO DELLA TRANCIA DI SEZIONE CON TERMOABLAZIONE (*tissuelink ®*)







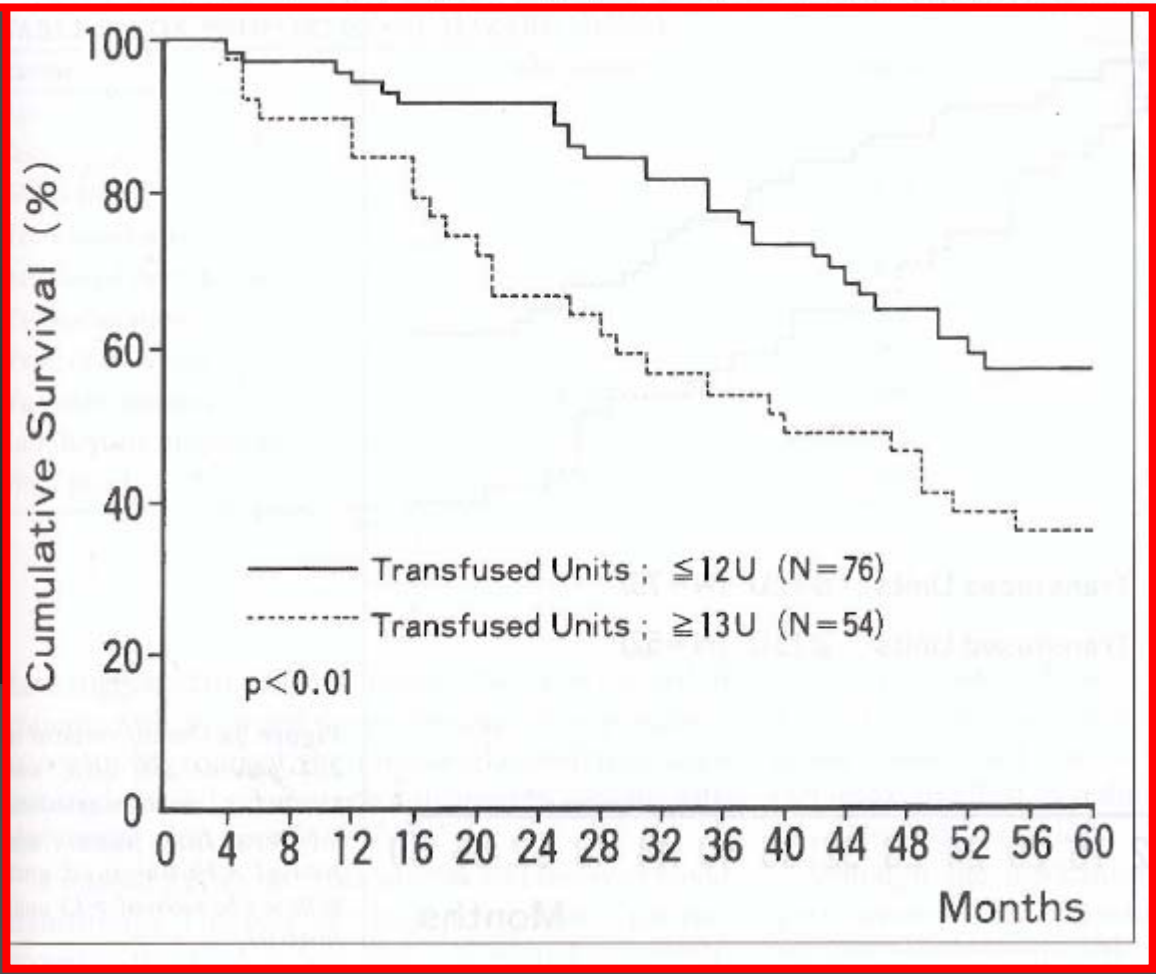
RESEZIONE EPATICA PER HCC

RIDUZIONE DELLA PERDITA EMATICA

Adverse Effect of Perioperative Blood Transfusions on Survival after Hepatic Resection for Hepatocellular Carcinoma

Jiro Fujimoto, Eizo Okamoto, Naoki Yamanaka, Tsuneo Tanaka, and Wataru Tanaka

First Department of Surgery, Hyogo College of Medicine, Nishinomiya, Hyogo, Japan



Hepato-gastroenterology, 1997

RESEZIONE EPATICA PER HCC

INDICAZIONI ALLA CHIRURGIA RESETTIVA

HCC MONOFOCALE

SE NON INDICATO OLT

CIRROSI	**TUMORE**
CHILD-PUGH A	**RESEZIONE LIMITATA** (segmentectomia, bisegmentectomia, tumorectomia)
CHILD-PUGH B	**TUMORECTOMIA**

RESEZIONE EPATICA PER HCC

RUOLO DELLA CHIRURGIA RESETTIVA NELL'HCC MULTIFOCALE

TRATTAMENTO MULTIMODALE DELL'HCC

(CHIRURGIA-RFTA I.O.-TACE)

RESEZIONE EPATICA PER HCC

INDICAZIONI ALLA CHIRURGIA RESETTIVA

HCC MULTIFOCALE

SE NON INDICATO OLT

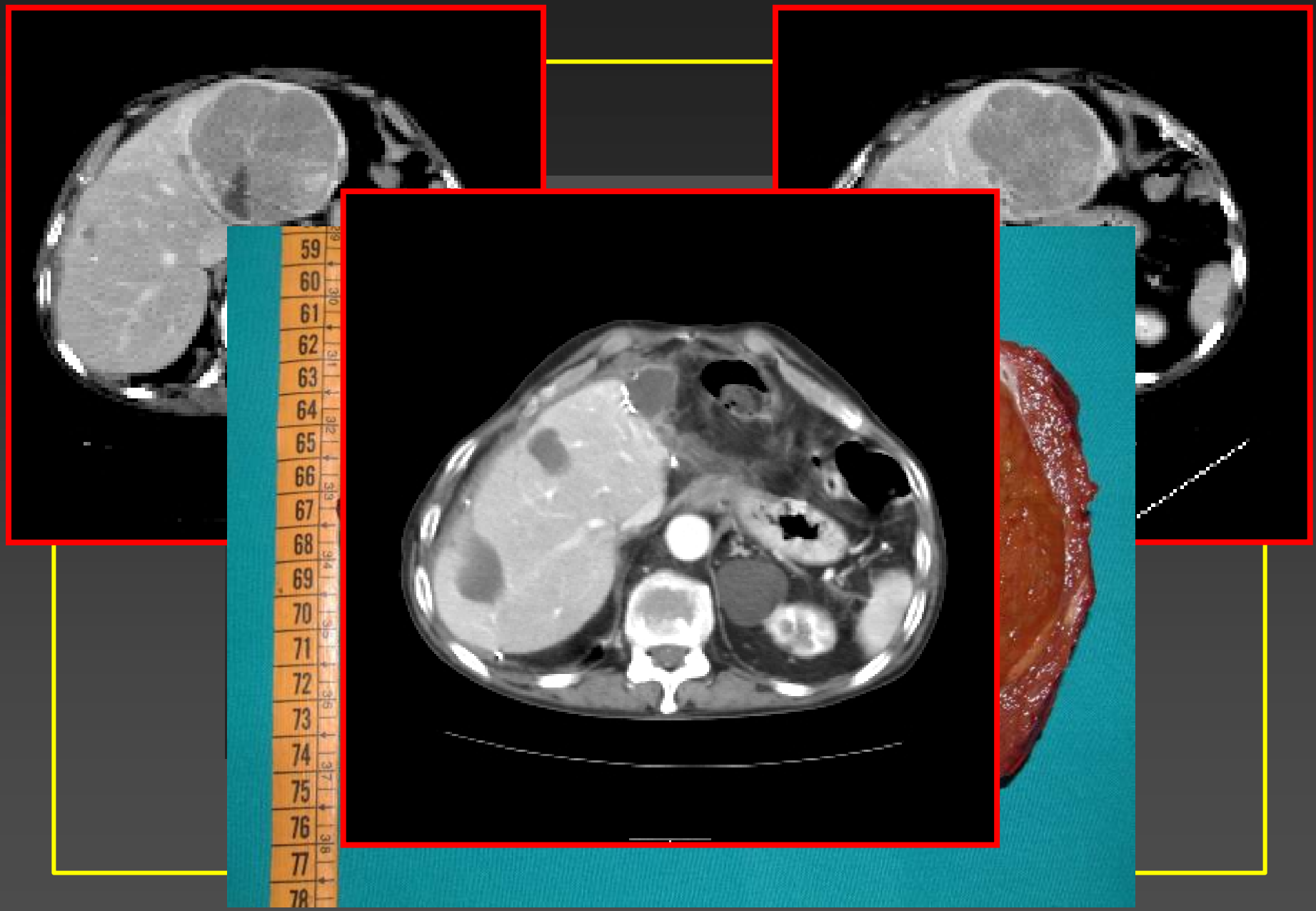
CIRROSI

CHILD-PUGH A

TUMORE

NODULO A CRESCITA ESOEPATICA + NODULO/I TRATTABILI CON RFTA I.O.

TACE SUCCESSIVA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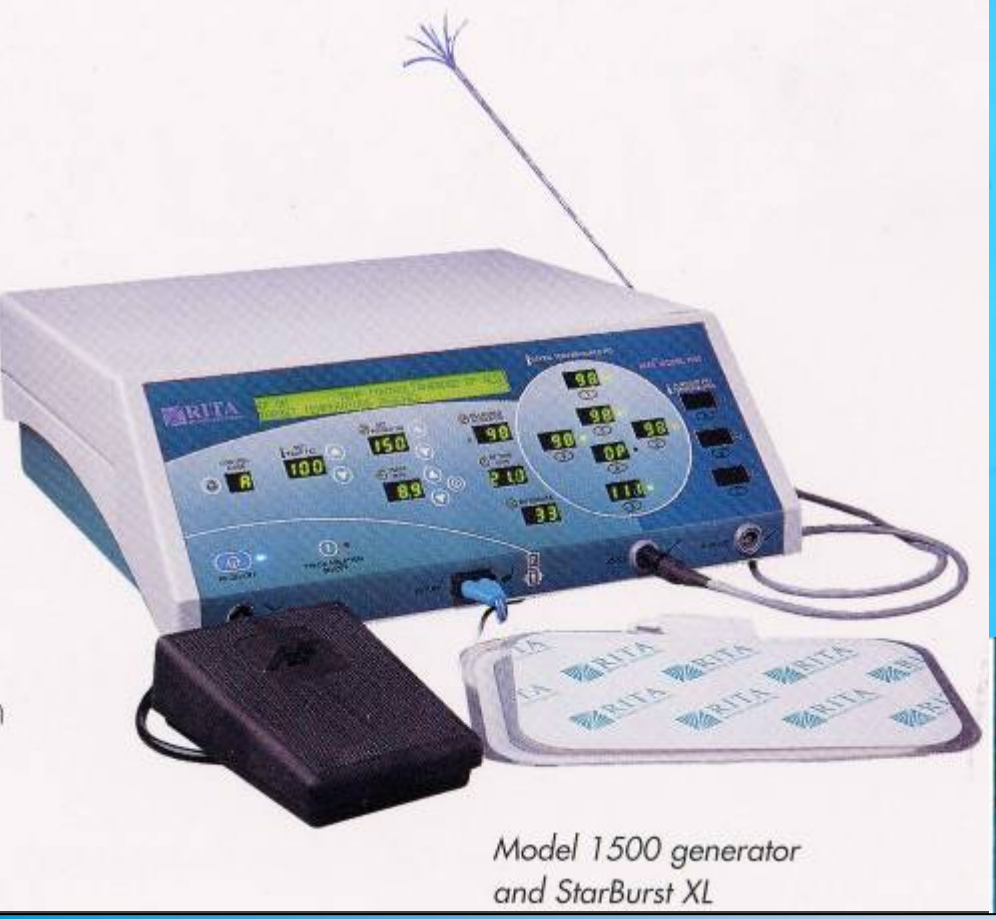
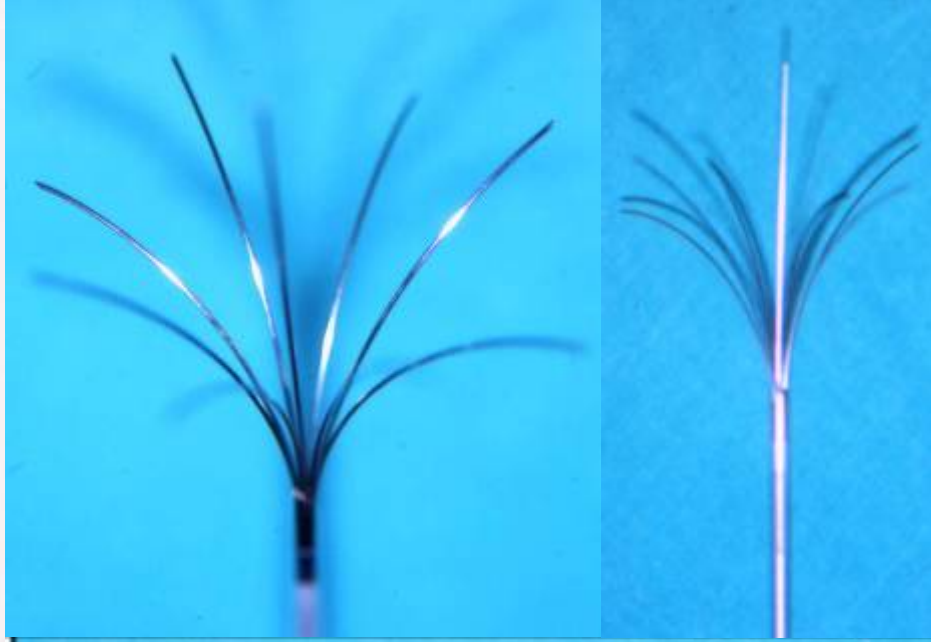


Model 1500 generator
and StarBurst XL



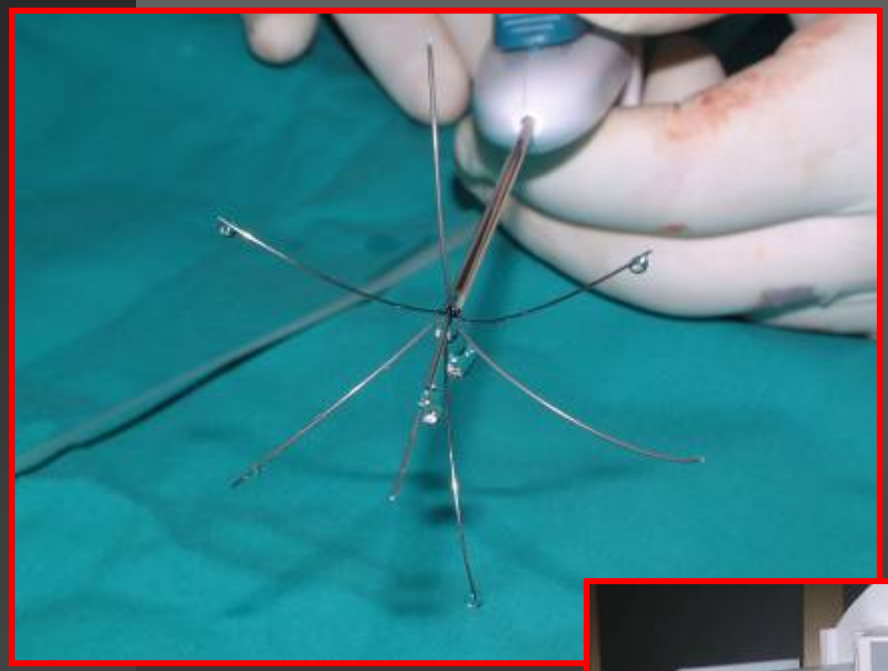
RFTA INTRA-OPERATORIA

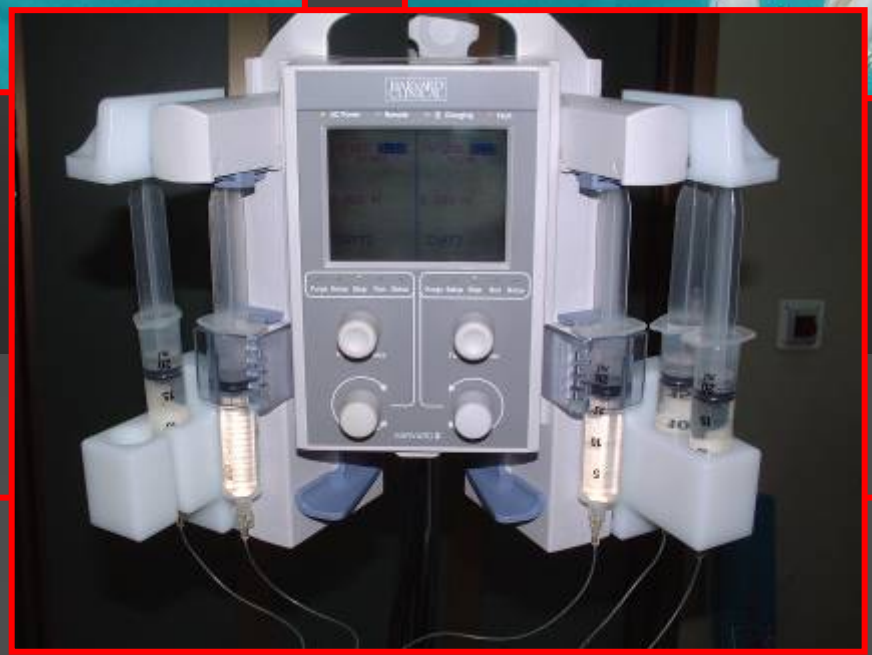
RFTA INTRAOPERATORIA

HCC MONOFOCALI

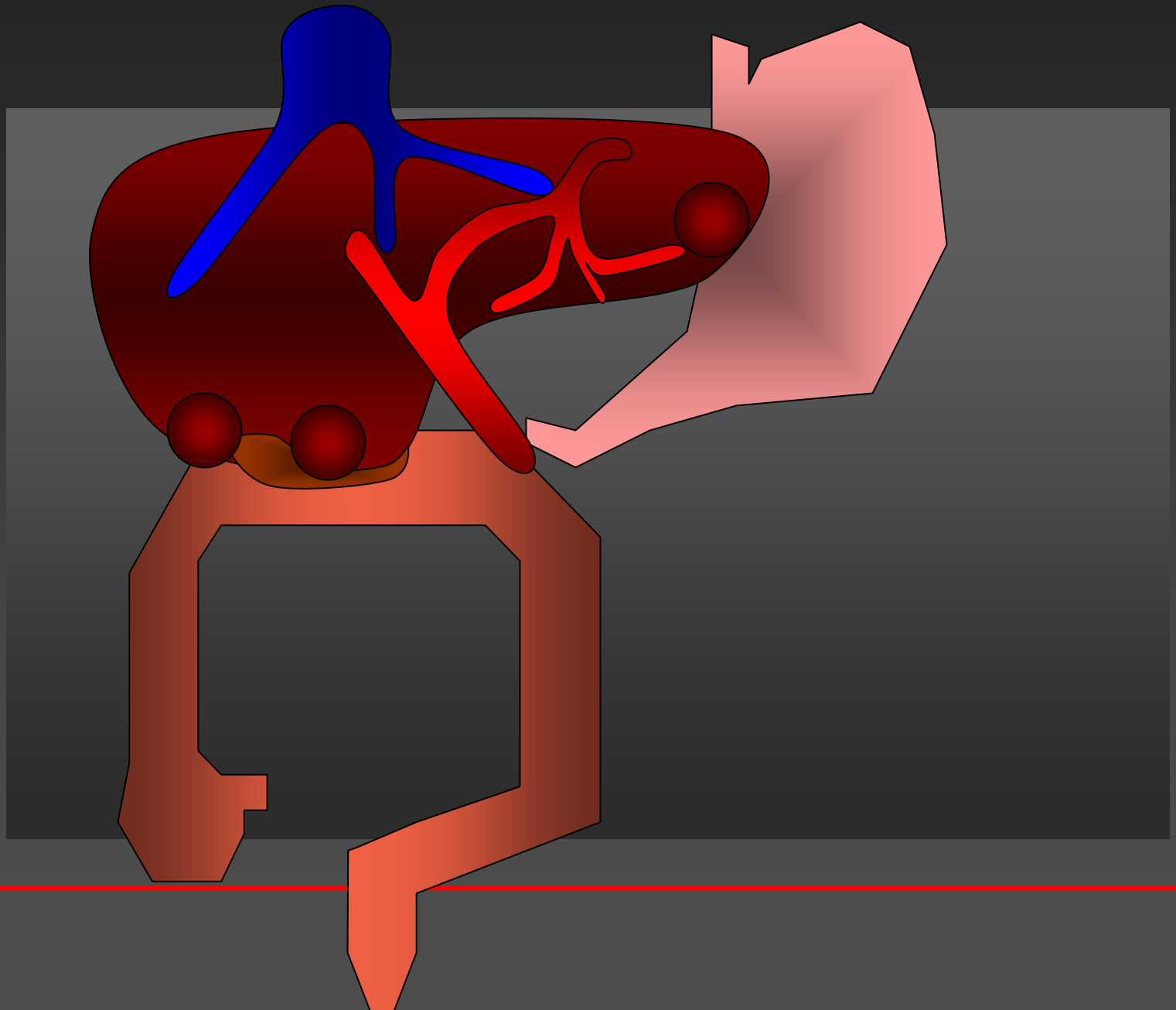
- **NODULO GIUDICATO INTRAOPERATORIAMENTE NON RESECABILE**
- **NODULO NON TRATTABILE CON RFTA PERCUTANEA**

RFTA INTRAOPERATORIA





RFTA IN LAPAROSCOPIA



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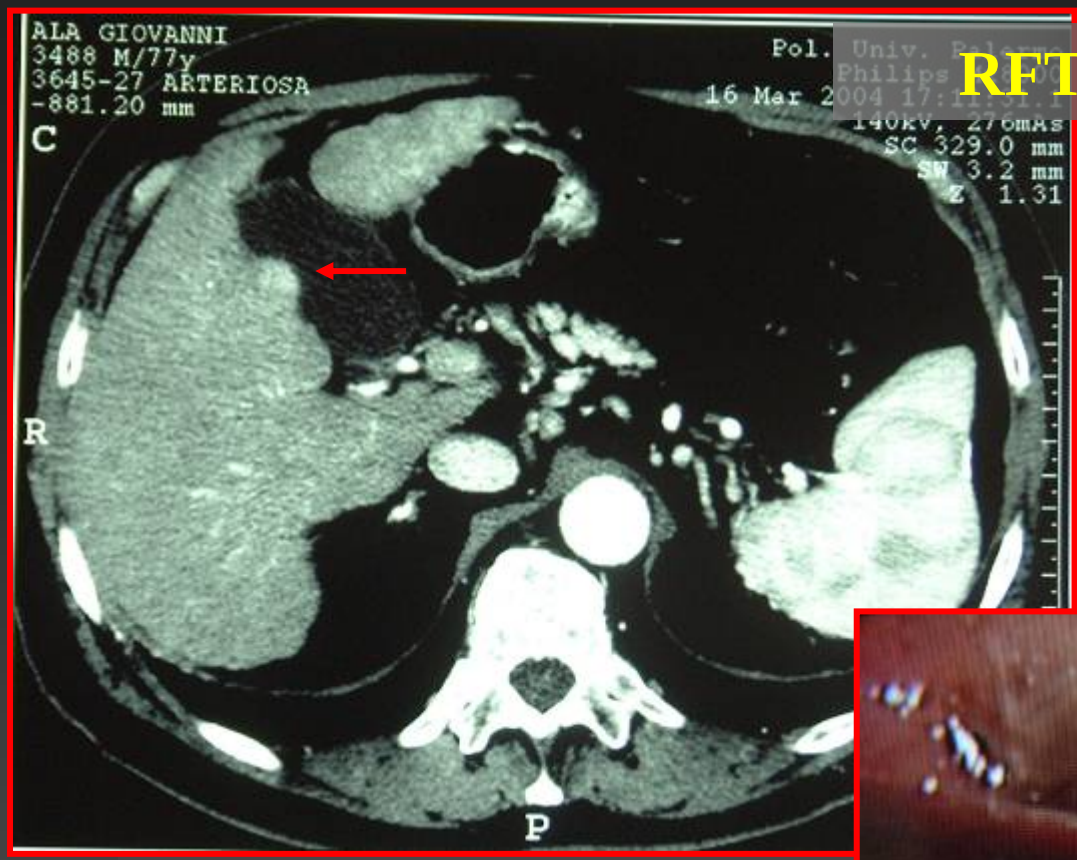
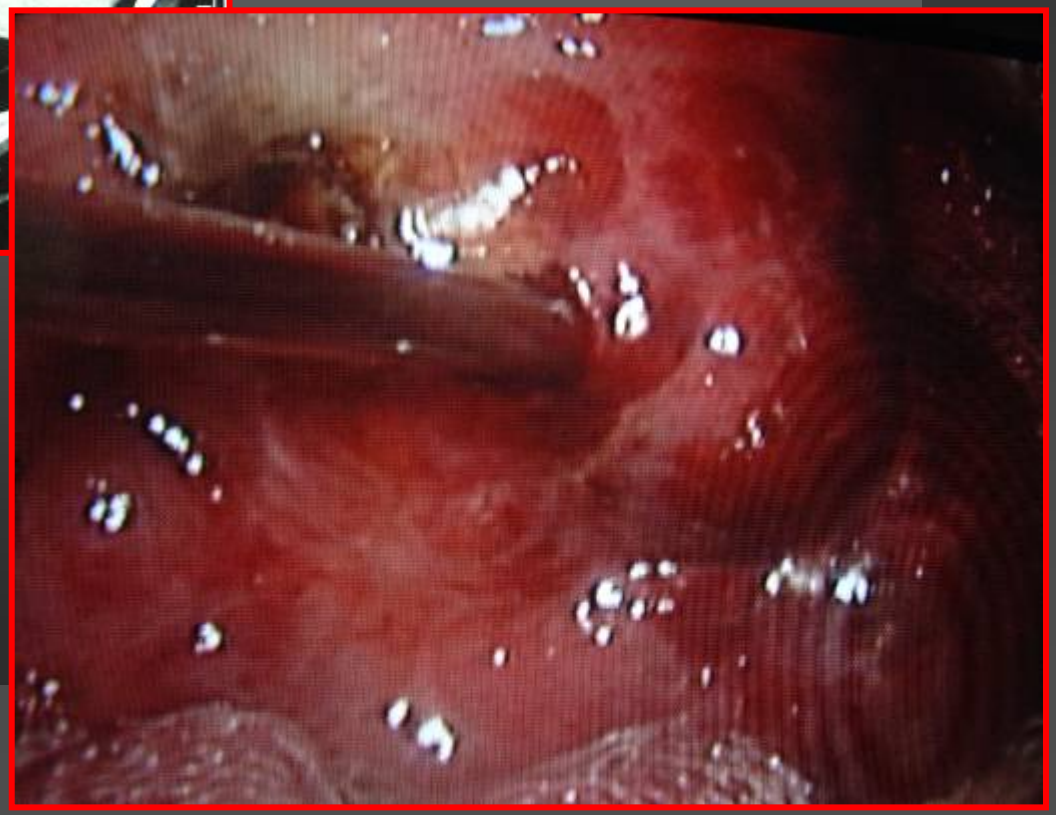
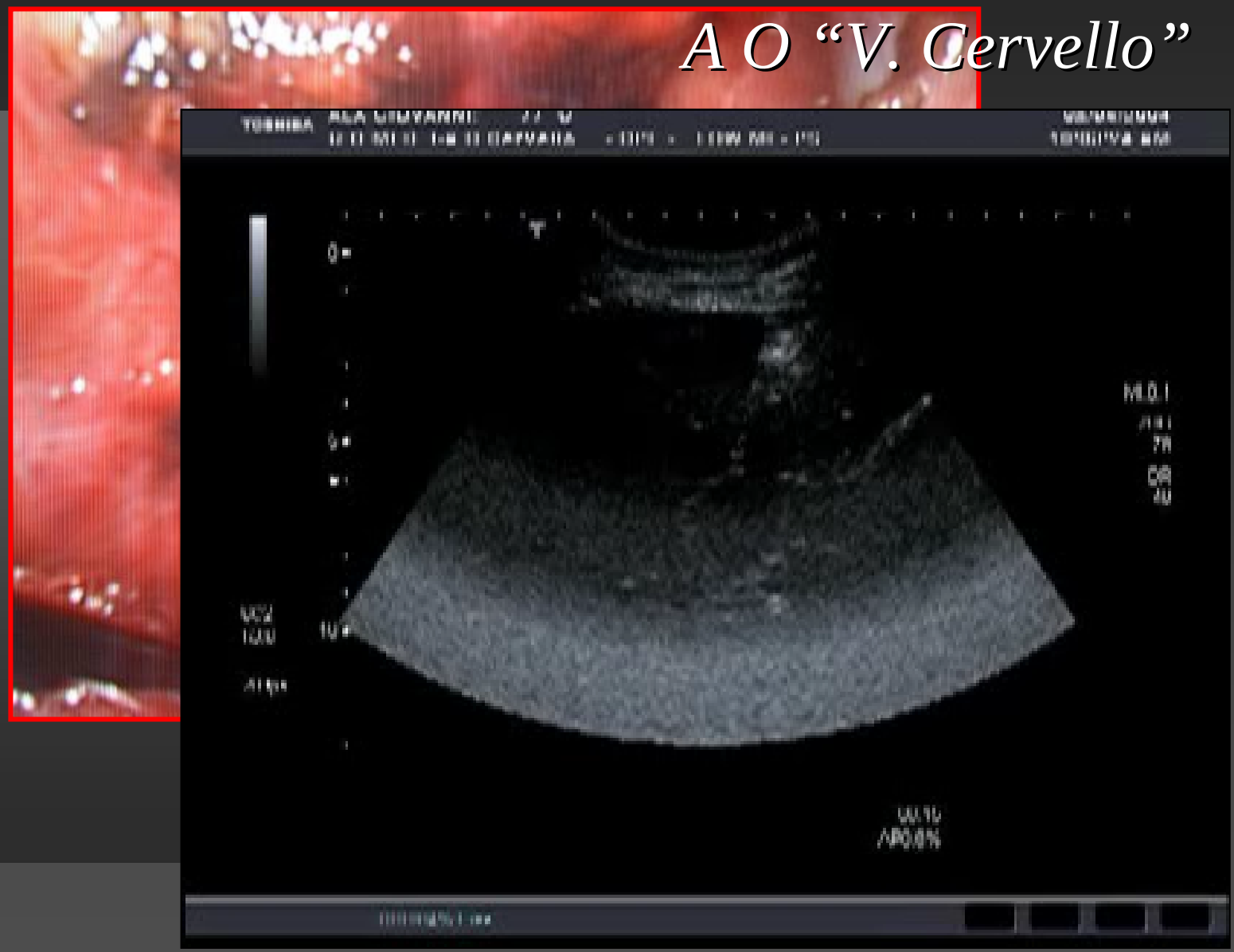




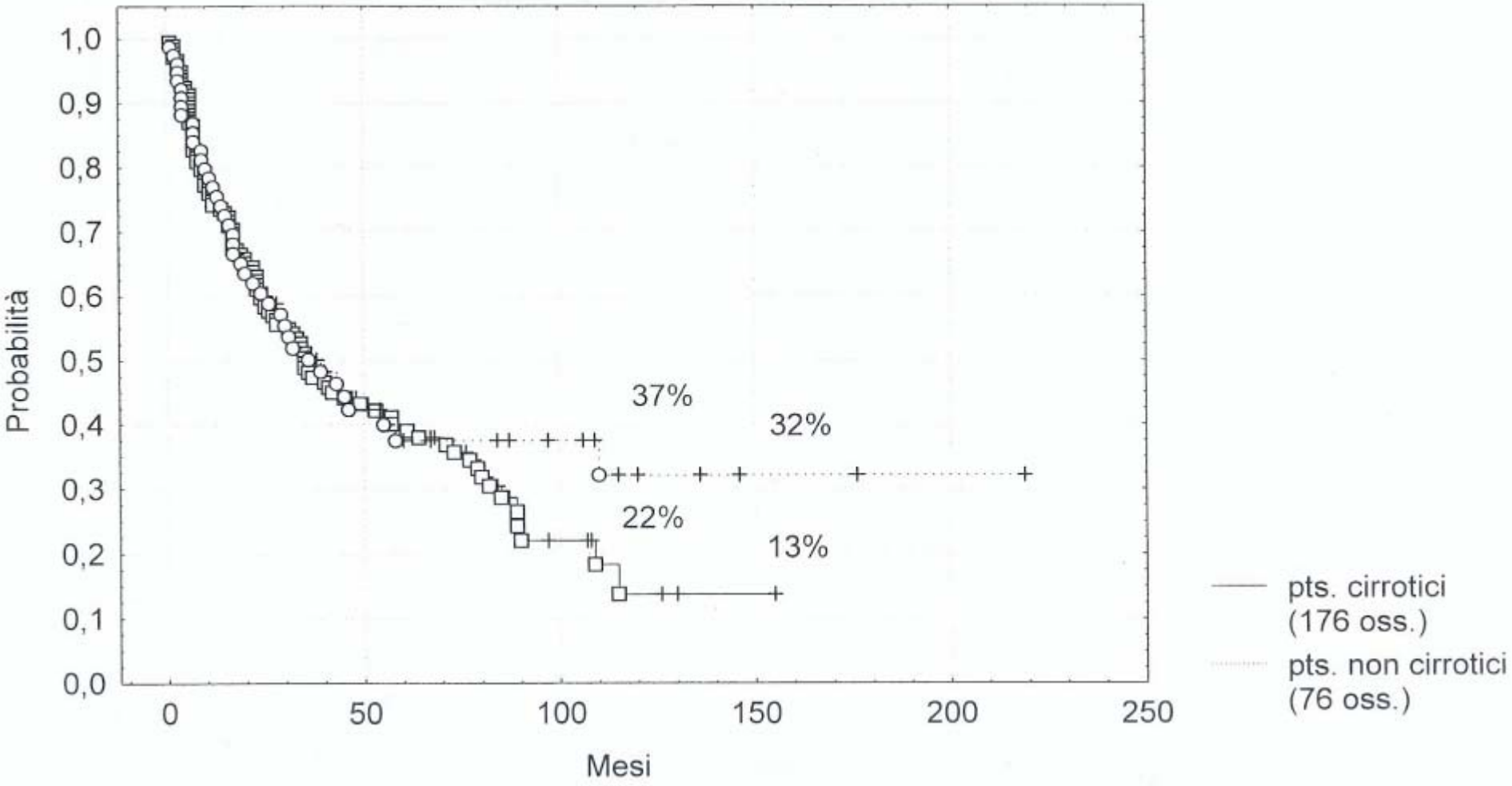
RFTA IN LAPAROSCOPIA

A O "V. Cervello"



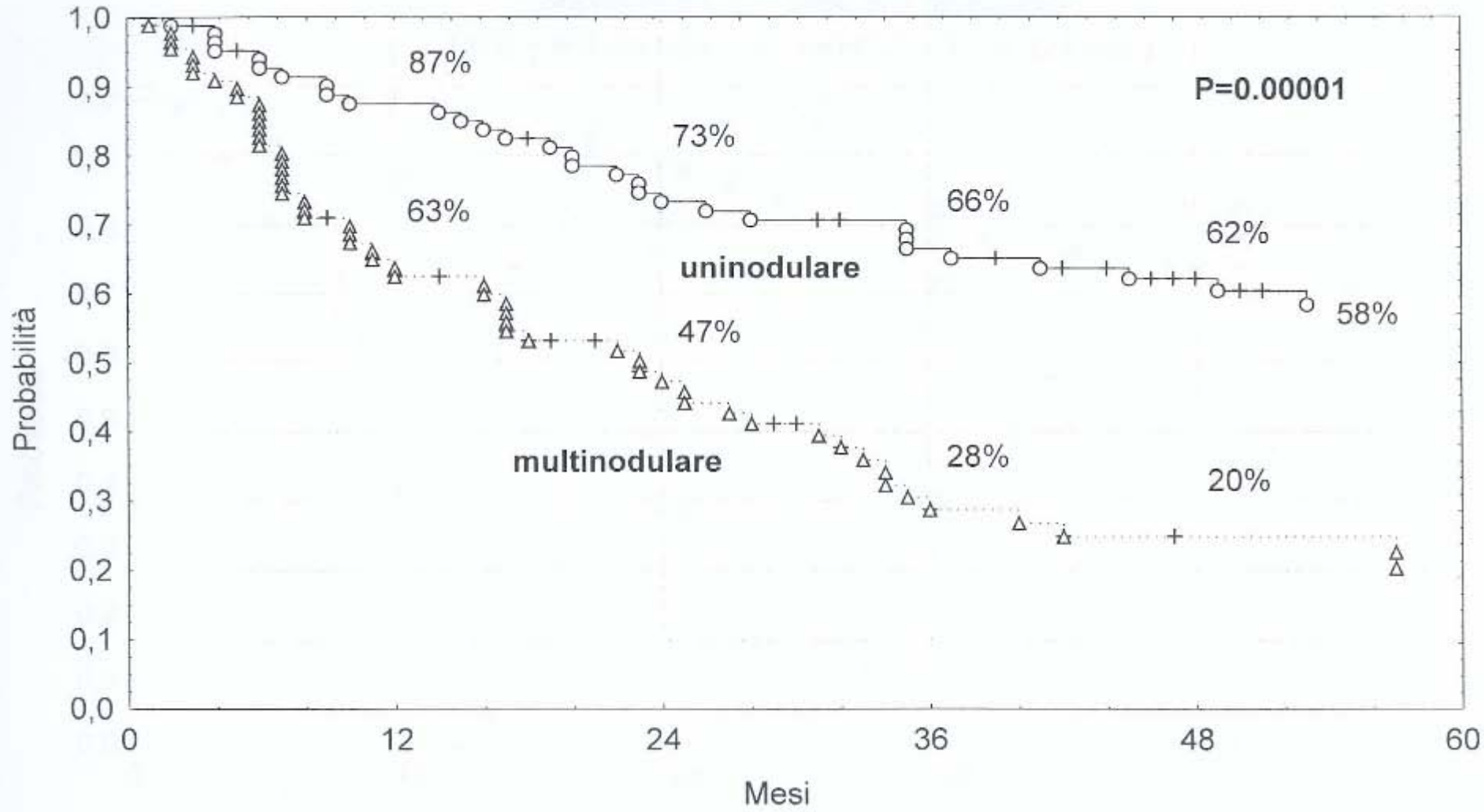
RESEZIONI EPATICHE PER HCC

PAZIENTI CIRROTICI vs NON CIRROTICI



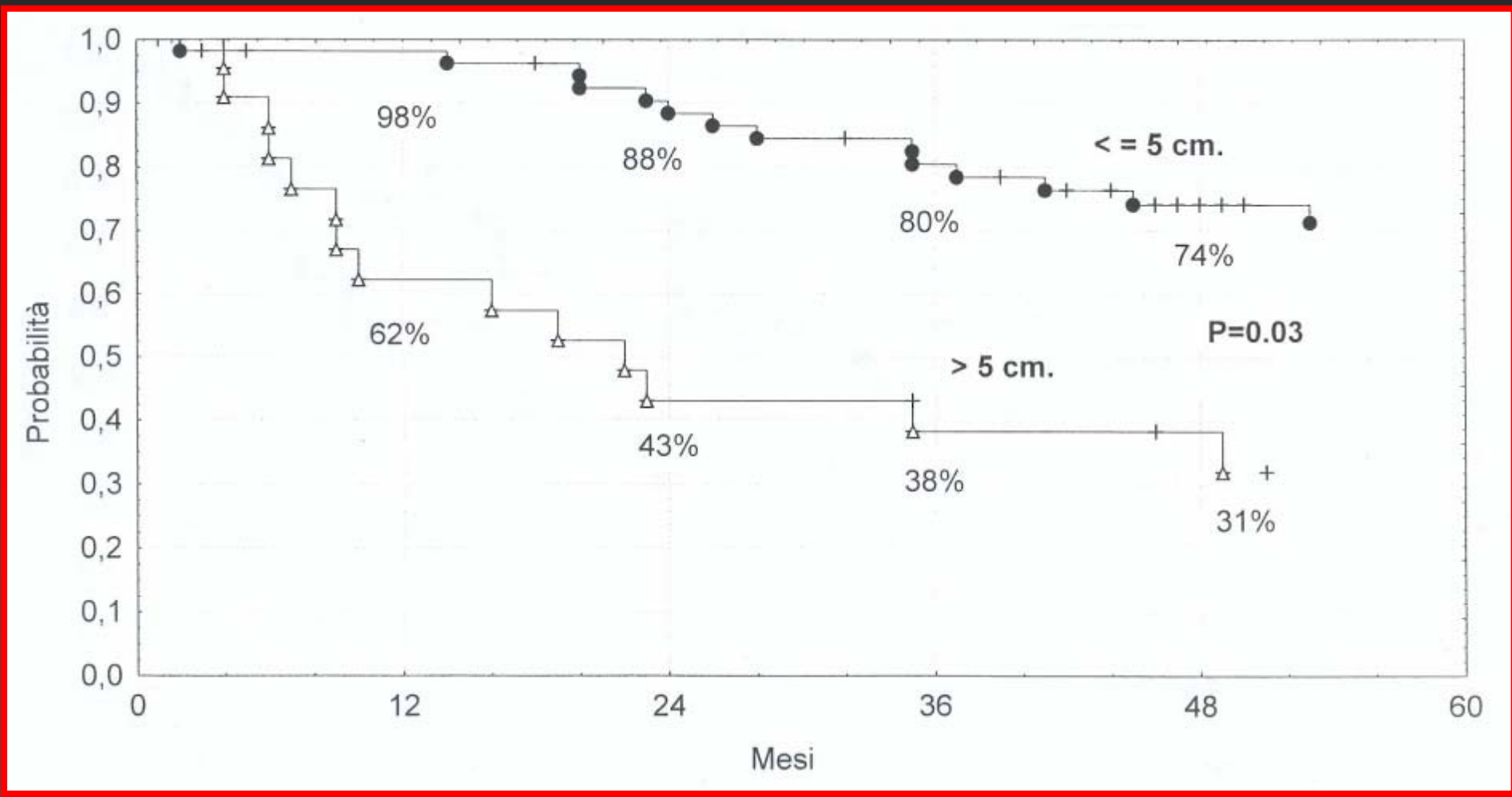
RESEZIONI EPATICHE PER HCC

CIRROTICI: UNIFOCALE vs MULTIFOCALE



RESEZIONI EPATICHE PER HCC

CIRROTICI CON HCC UNIFOCALE: < 5 cm vs > 5 cm



RESEZIONE EPATICA PER HCC

RECIDIVA EPATICA

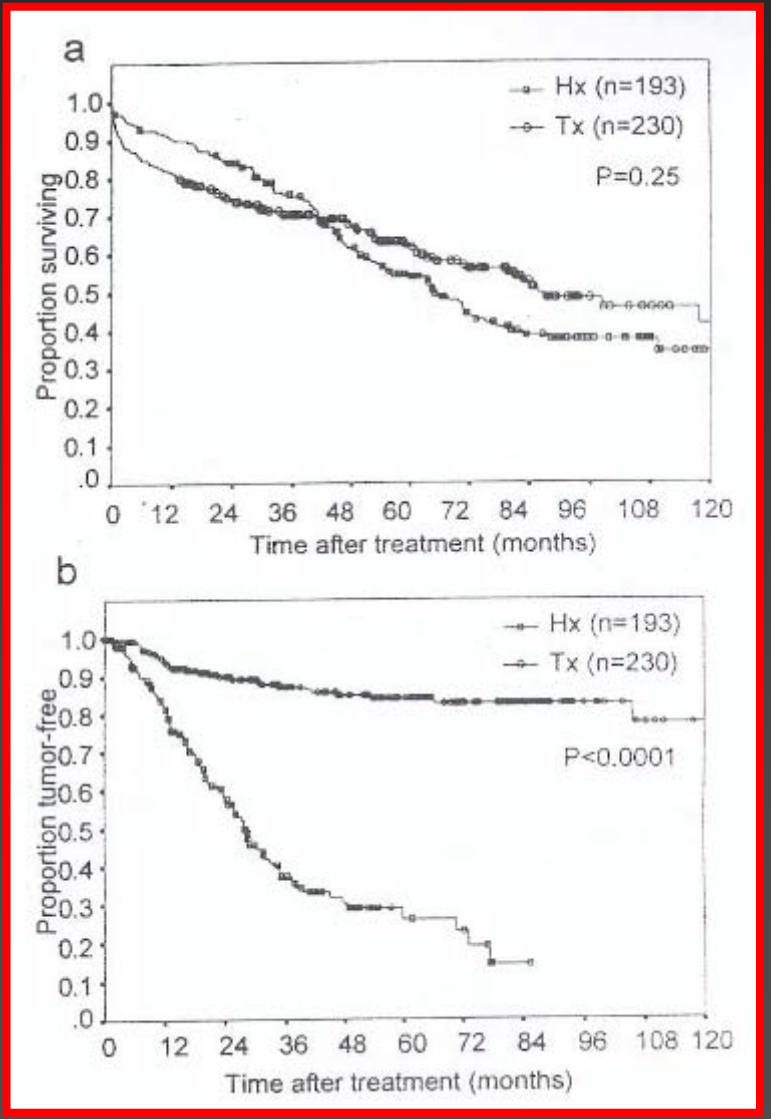
50% A 3 ANNI

70% A 5 ANNI

Llovet et al. Hepatology 2000

Bismuth et al. J Hepatol 2000

In the Hx group the patients with recurrent HCC were treated effectively with reresection (20 patients), ethanol injection (18 patients), and chemoembolization (87 patients), or a combination thereof. Conversely, the recurrent tumors in the OLTx group were widespread and rarely could be treated by regional therapy. The mean survival after tumor recurrence was 31.6 ± 21.5 months (mean ± SE) in the Hx group and 15.3 ± 14.5 months (mean ± SE) in the OLTx group ($P < 0.001$). Tumor growth under immunosuppression appeared to be accelerated.[28]



Yamamoto, Starzl et al. Cancer 1999

RESEZIONE EPATICA PER HCC

RECIDIVA EPATICA

POSSIBILITA' TERAPEUTICHE

- **RIRESEZIONE**
- **OLT (RESEZIONE COME BRIDGE PER OLT – Adam 2002)**
- **TACE**
- **RFTA**

J Hepatobiliary Pancreat Surg (2001) 8:417–421

Journal of HBP Surgery

Treatment of recurrent hepatocellular carcinoma by radiofrequency thermal ablation

NICOLA NICOLI, ANDREA CASARIL, LUIGI MARCHIORI, GERARDO MANGIANTE, and ALÌ REZA HASHEMINIA

Department of Surgical and Gastroenterological Sciences, University of Verona, Piazza LA Scuro 37100, Verona, Italy

RESEZIONE EPATICA PER HCC

PAZIENTI CON HCC MONOFOCALE < 5 cm

1990-2000

50 PAZIENTI

LIBERI DA MALATTIA

13

RIPRESA EPATICA NON TRATTATA

DECEDUTI

16

BSC 1

RIPRESA EPATICA DI MALATTIA TRATTATA

20

RESEZIONE EPATICA PER HCC

TRATTAMENTO DELLA RIPRESA EPATICA DI MALATTIA

PAZIENTI CON RIPRESA EPATICA DI MALATTIA

20

RI-RESEZIONE

6

RFTA

1

TACE

11

RI-RESEZIONE + TACE + RFTA

1

TACE + RFTA

1

11 PROGRESSIONE

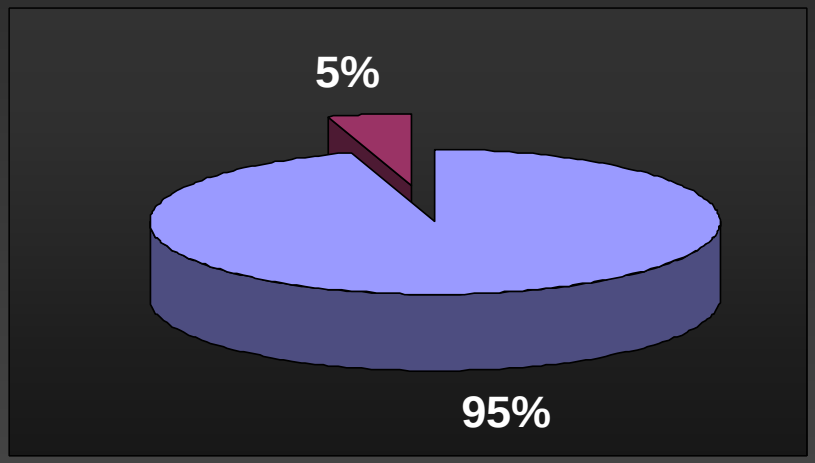
3 DECEDUTI

3 STABILI

3 VIVENTI

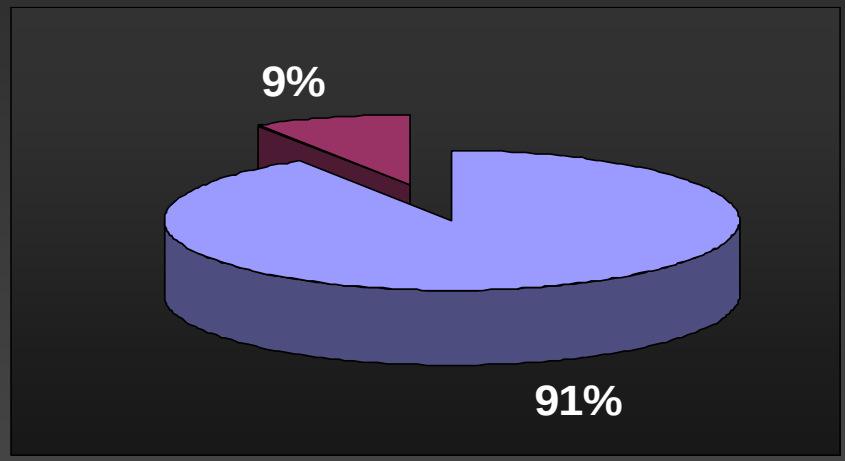
MORTALITA' OPERATORIA

PAZIENTI NON CIRROTICI



- EMORRAGIA 1
- INFARTO MIOCARDICO 2
- ALTRA 1

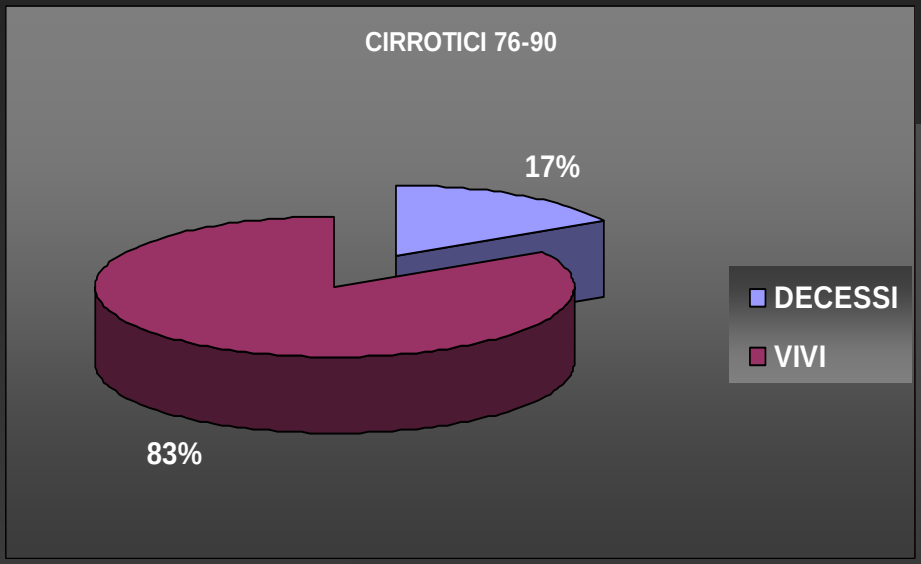
PAZIENTI CIRROTICI

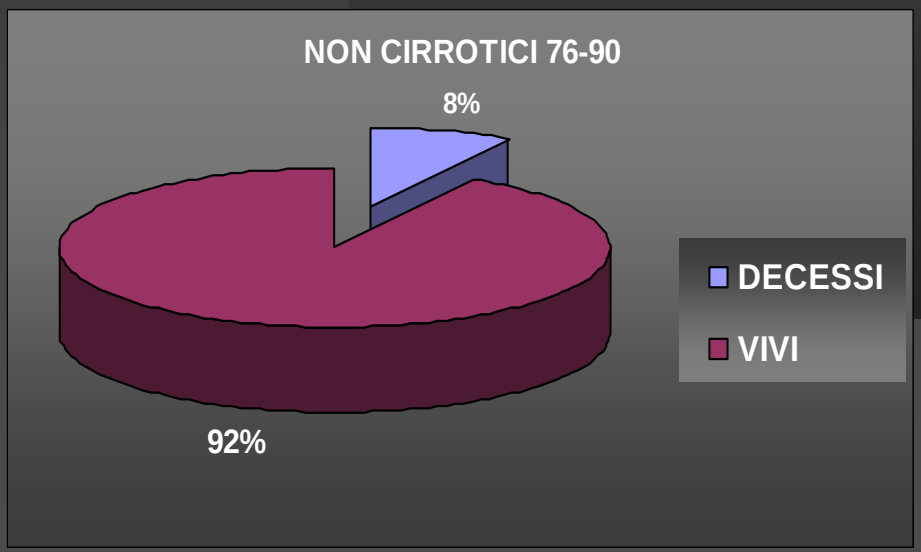


- INSUFF EPATICA 15
- INSUFF RESPIRAT. 1
- MOF 1
- SEPSI 2

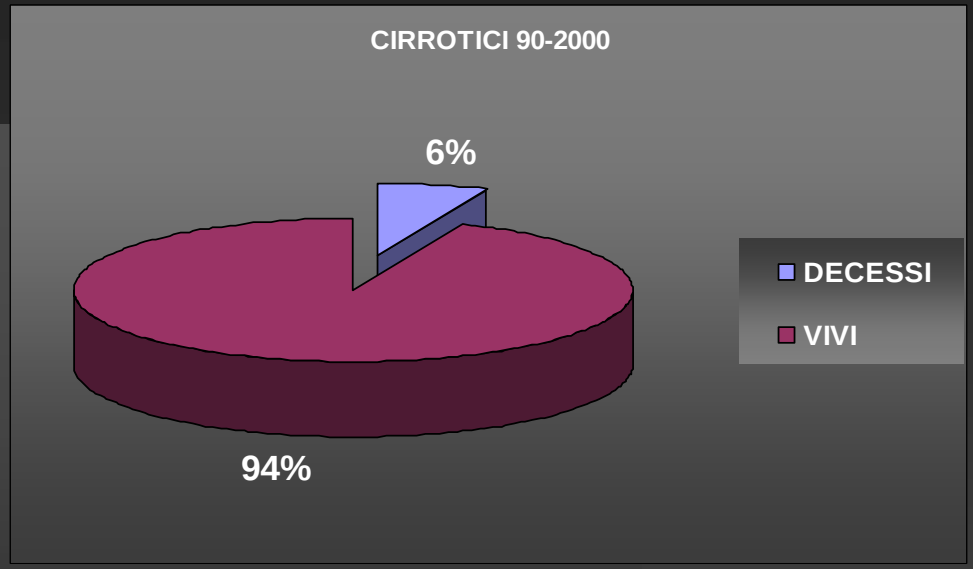
MORTALITA' OPERATORIA

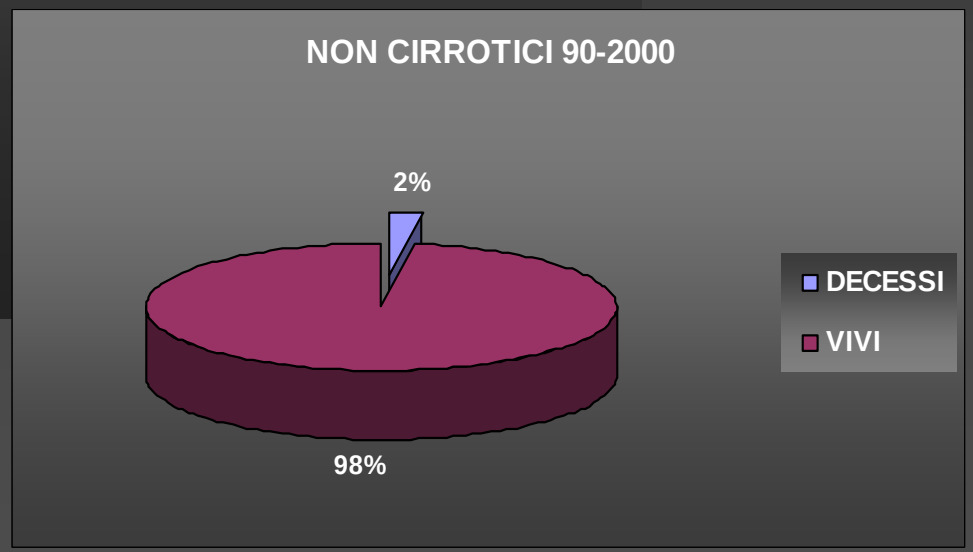
1976-1990



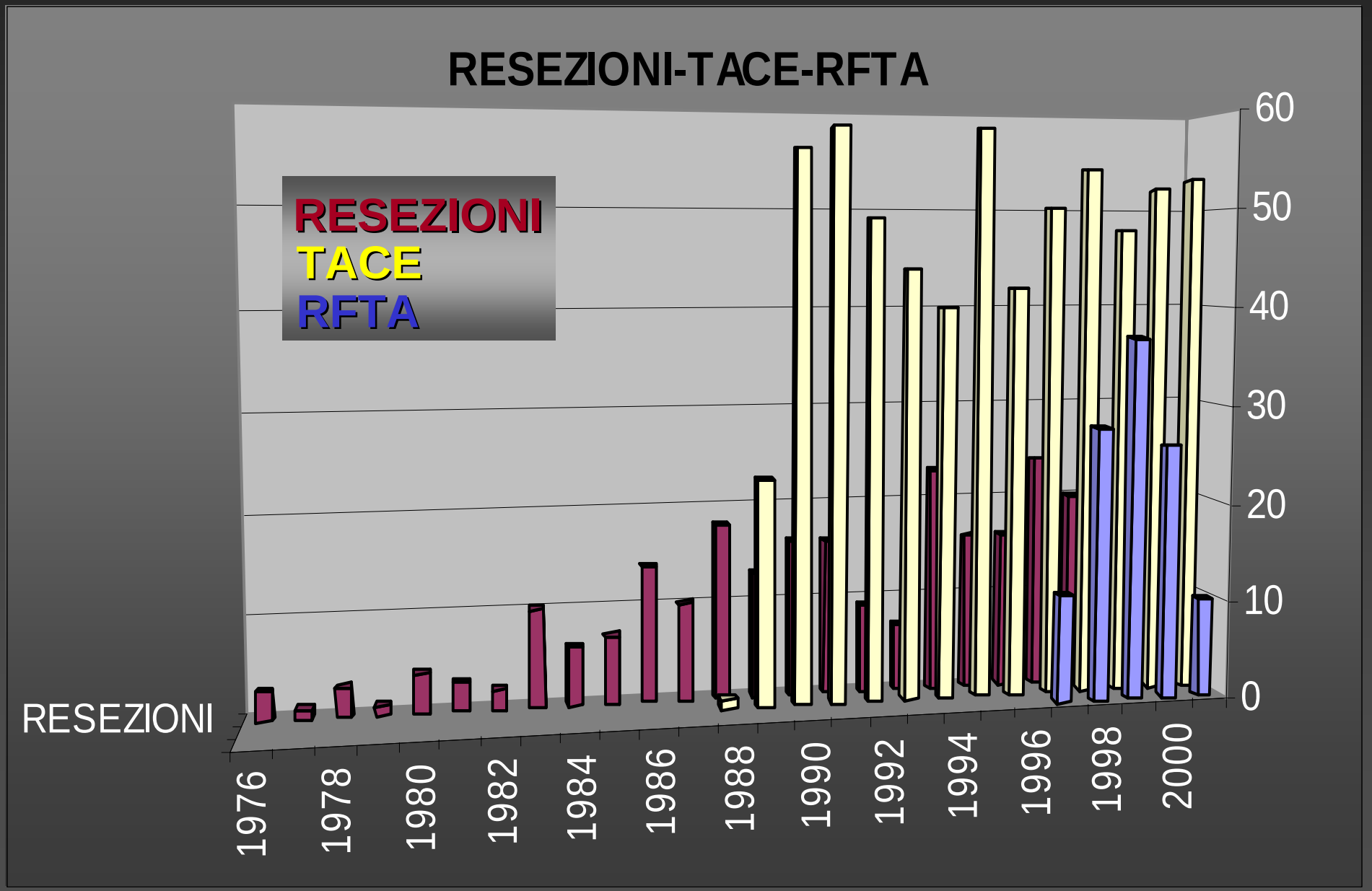


1990-2000



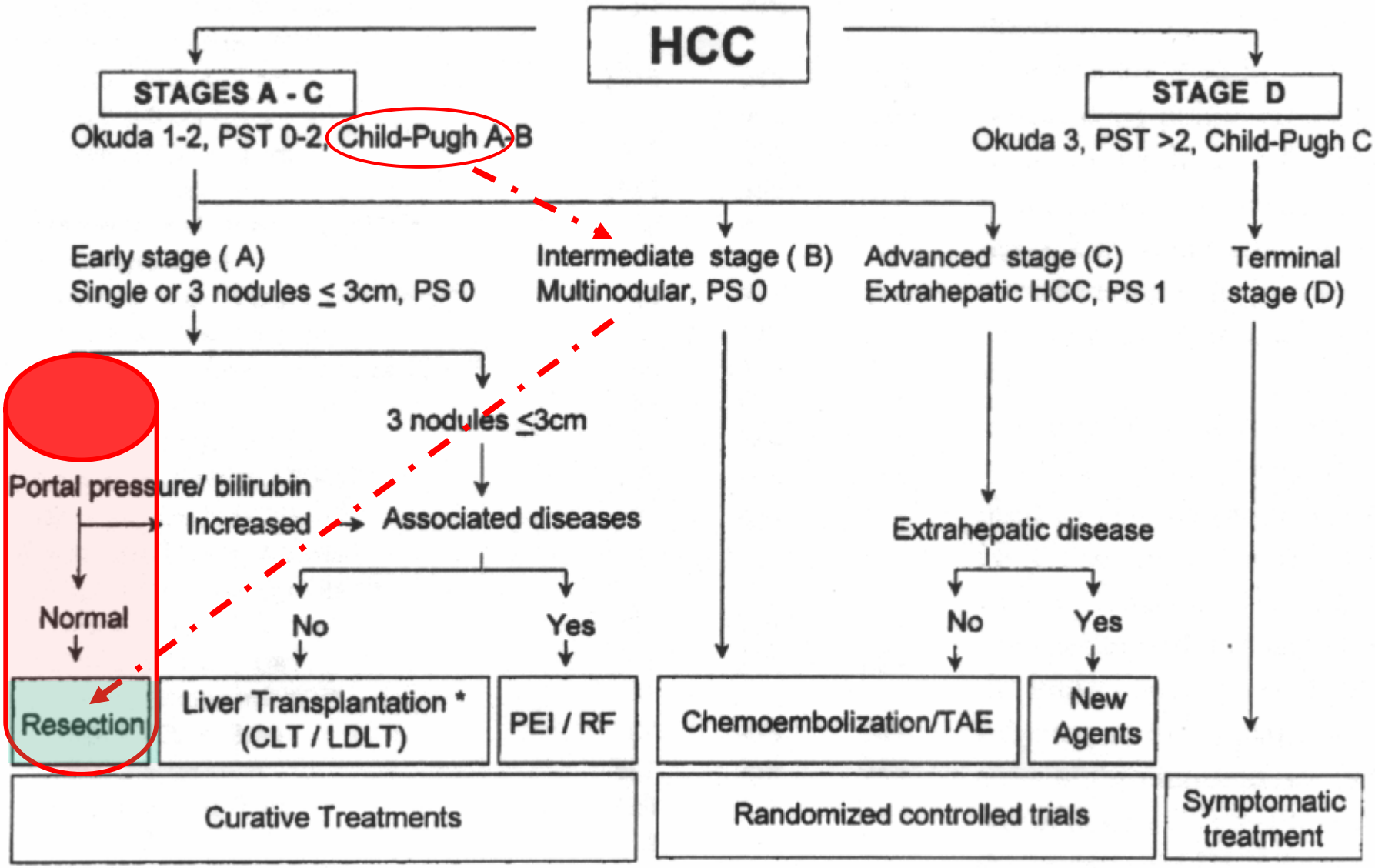


PROCEDURE TERAPEUTICHE PER HCC



Barcelona-Clinic Liver Cancer (BCLC) staging classification and treatment schedule.

'99 modified '02



RESEZIONE EPATICA PER HCC

RUOLO DELLA CHIRURGIA RESETTIVA