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Liver Resection: Current Technologies for Cancer

Yu.I. Patyutko, I.V. Sagaidak, A.G. Kotelnikov, A.N. Polyakov,
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Results of 527 liver resection for metastatic colorectal tumors and 225 resection in primary liver cancer patients are presented. Morbidity in the first group was noticed in 166 (31.5%) cases. Liver failure was the most frequent one (83 – 15.7%), dyed – 17 (3.2%) patients. Among those who underwent preoperative portal vein embolysation no morbidity and mortality rate was noticed. Mean blood loss came to 1396.2 ml. In extended liver resection applying liver hanging maneuver in 12 cases mean blood loss significantly decreased in comparison with standard method group (673.4 ml versus 1439,4 ml; p = 0.002). Application of the Habib Sealer also decreases the blood loss in economy as well as in extended liver resections. Besides bile fistula rate in economy resection group increased. In the liver resection accompanied with unresectable tumor destruction group mortality rate came to 3.2% and morbidity rate – 25.8%. 5 years survival after metastatic colorectal canser resection came to 37.4% and life median – 47 months. Portal lymph node metastasis is unfavorable prognostic factor, however in such cases 5 year survival got at 6.4%. Accomplishing extended liver resections for less then 10 cm solitary metastasis life median reached 50 months, economy resection – 38 months (difference in statistically significant, p = 0.32). After the liver resection for hepatocellular carcinoma postoperative morbidity rate came up to 44.6%, more often occurred liver failure (15.1%). Mortality came to 5,7%. 5- and 10-years survival after curative resections came to 53.5% and 37,3% correspondingly, life median – 62 months.

Key words: *liver metastatic colorectal cancer, primary liver cancer, liver resection.*

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LIVER RESECTION MODALITIES

Liver Resection "ad Massam" Modality in it's Malignant Lesions

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Liver surgery department (Chief – Prof. T.G. Diuzheva) I.M. Sechenov Moscow medical academy;
MCH№7 (Head – V.A. Afanasjev)

Since 1985 we offered to provide liver resection after "ad massam" ligation and transection of the lobar or segmental portal pedical without preliminary dissection of its elements – portal vein, artery and bile duct. Anatomical studies are provided in 30 cadaveric liver specimens. Literary data of 7 authors concerning portal pedical architectonic and results of 65 anatomical liver resections following portal pedical "ad massam" transaction in primary and metastatic liver tumors. Trends of the right lobar pedical anterior branch origin, it's transposition from right to left and IV segment pedical – transposition from left to right are revealed. "ad massam" ligation facilitates transaction of the pedical, shortens the operation duration, amount of blood loss, injury of the tumor and of the tumor cell seeding.

Key words: *portal pedical, liver resection, segmentary vessel transposition.*

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LIVER RESECTION MODALITIES

Selective Vascular Isolation of the Liver in Segmentectomies: Safety, Influence of the Blood Loss

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Selective liver segment vascular occlusion SLLVO was applied in 10 patients with benign lesions (BL) including hemangiomas and focal nodular hyperplasia and in 22 patients with colorectal liver metastases (CRLM). Control groups included 126 patients with BL and 50 patients with CRLM. Glissonian approach and extraparenchymal taping of main hepatic veins was essential in lobe and sector selective vascular occlusion during dissection along corresponding fissures. SLLVO reduced blood loss volume during liver segmentectomies in patients with BL as well as CRLM preventing negative impact of tumor size, it's location and main hepatic vein involvement on blood loss.

Key words: *selective liver segment vascular occlusion, liver sementectomy, blood loss.*

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LIVER RESECTION MODALITIES

Planning Liver Surgery According to Multyslice Spiral Computed Tomography Results

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Results of preoperative diagnosis, perioperative and postoperative data of 44 liver resection patients are analyzed. Anatomical variants of the hepatic artery were observed in 13 cases (29.5%) and of portal veins in two patients (4.5%). Specific tumor thrombosis of hepatic veins and inferior vena cava requiring venovenous bypass system during surgery was revealed in more two patients (4.5%). There was no peroperative mortality; postoperative mortality rate came to 4.5%. This study highlights issues of planning typical and atypical liver resections, particularly in cases of neoplastic or parasitic vascular invasion.

Key words: *computed tomography, three-dimensional visualization, liver tumor, liver resection, preoperative planning.*

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LIVER RESECTION MODALITIES

Totally Laparoscopic Techonologies of the Liver Resection

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An experience of 52 totally laparoscopic operations on of the hepatobileopancreatoduodenal zone organs are discussed. Laparoscopic anatomical (n = 4) and atypical (n = 15) liver resections are performed. An estimation of efficacy of the necessary modern equipment and original techniques is given. Perspectives of laparoscopic modalities application liver the surgery are proved by the analysis of the literary data and an initial personal experience of the authors. Necessity of blood saving principles elaborated in traditional liver surgery is accented.

Key words: *totally laparoscopic liver resection, blood saving principles.*

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LIVER

Analysis of the Laparoscopic and Conventional Surgery in Nonparasitic Liver Cysts

Yu. G. Starkov, V.A. Vishnevski, K.V. Shishin, M.G. Efanov, S.V. Jantukhanova
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In 1992–2008 years 70 atypical liver resections: 37 laparoscopic and 33 open were provided in nonparasitic liver cyst patients. Cyst size varied from 5.5 to 18.0 cm. Mean operating time of laparoscopic interventions came to 156 ± 56 min and of conventional operations – 194 ± 64 min ($p < 0.01$). Blood loss amount of laparoscopic operations came to 49.5 ± 35.3 ml and of conventional one – 351 ± 213 ml. Postoperative hospital stay after open operations lasted 1,5 times longer then laparoscopic sugery ($p < 0.01$). The abdominal drainage duration after traditional operations lasted 12.0 ± 11.9 days and exceeded one after laparoscopic operations 2,4 times (5.0 ± 3.9 days; $p < 0,01$). Traditional operations were followed with 1,3 times higher morbidity rate, then laparoscopic interventions. Lapatoscopic and traditional operations in nonparasitic liver cysts are followed with good remote resuts.

Key words: *atypical liver resection, laparoscopic liver resection, nonparasitic liver cyst.*

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BILE DUCTS

Fotodynamic Therapy in Complex Management of Purulent Cholangigits Patients

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Results of 46 purulent cholangitis patients treatment is presented. All the patients were divided into 2 groups. The method of photodynamic influence in combination with laserantibiotictherapy was used in the main group of the patients. Photosensitizer introduced into bile ducts by means of US guided percutaneous transhepatic drainage. Intravenous laser blood irradiation was carried out two hours later after the moment of the photosensitizer introduction. The process of 661 nm length wave irradiation lasted during 2 hours accompanied with simultaneous intravenous cephperasonum injection through another venous catheter. Applicated liver lasertherapy was carried out through anterior abdominal wall. Applied method of purulent cholangitis theatment, enabled us to normalize cellular bile content very quickly. Reduction of bactibilia lever to 1000 koe/ml in 69% of patients at the 3rd day of the treatment starting point was also managed. By means of "Photoditasinum" photodynamic influence in combination with laserantibiotictherapy reduced postoperative septic complications rate from 24.7% to 13.5%, post-operative mortality rate – from 8.3% to 4.5% and to treatment terms at the first preoperative treatment stage.

Key words: *photodynamic influence, purulent cholangitis, laserantibiotictherapy.*

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PANCREAS

Surgical Interventuions in Acute Necrotising Pancreatitis

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The results of surgical treatment of 64 patients out of a total of 317 cases of acute necrotizing pancreatitis were analyzed.The main indication for urgent operations were signs of peritonitis (n = 13), for imposed planned interventions – infected pancreatic necrosis (n = 37) or multi-organ failure (n = 7). A major anatomical resection of fully necrotic pancreatic tissue was necessary in 16 cases, splenectomy was done in 14 cases, cholecystectomy – in 7. The precise details of surgical technique are considered. Postoperative mortality rate was as high as 53.1% caused by operated patient's very poor condition. The authors suggest the more correct attitude to term "postoperative mortality in acute necrotizing pancreatitis" that must reflects only results of the direct interventions on the pancreas and obviously should be considered as necessary component of the complex treatment in most complicated cases of acute necrotizing pancreatitis.

Key words: *acute necrotizing pancreatitis, surgical interventions, postoperative mortality.*

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Endoultrasonography Guided Fine Needle Biopsy for Cytological Identification of Hepatopancreatoduodenal Malignancies

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Facilities of endosonographic guided fine needle aspiration (EUS-FNA) biopsy for cytological examination in oncology practice are studied in 52 patients, who underwent 77 diagnostic procedures. In 65% only a single examination was required. In 35% cases occasional (not more than 3 times) enabled to manage 100% overall accuracy. It is concluded, that EUS-FNA expands facilities of US noninvasive modalities. It enables specialists to achieve an objective information about morphology of the studied tissue from the pathologic locus and increases overall diagnostic accuracy of the complex examination.

Key words: *endosonography, fine needle aspiration biopsy, hepatopancreatoduodenal tumors.*

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PANCREAS

Endoscopic Ultrasonography in Detection of Pancreatic Cancer Invasion in Main Blood Vesseles

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Facilities of endosonography in detection of peripancreatic vascular invasion in 63 pancreatic cancer patients is studied. Results of the preoperative complex diagnostics are compared with results of peroperative examination. The overall sensitivity of the EUS in our investigation of detection of the invasion into the celiac axis came to 80%; superior mesenteric and portal vein – 100%; superior mesenteric artery – 83 %. All methods including EUS demonstrated very low sensitivity for invasion in the splenic artery: US – 29%, CT – 50%, angiograpthy – 40%, EUS – 43%. Sensitivity of the EUS in detection of the tumor invasion into he splenic vein came to 50%; US – 25%, CT – 60%. The EUS specificity in detection of pancreatic tumor invasion into the peripancreatic vessels came to 84–93%; US – 96–100%, CT – 90–95%, angiography – 90–97%. The most powerful tool to detect vascular invasion is either a combination of EUS with CT or EUS with angiography. These combinations of diagnostic modalities offer the most accurate information about vascular invasion, and therefore are most likely to avoid unnecessary surgery.

Key words: *endosonography, pancreatic tumor, vascular invasion, sensitivity, specificity, computed tomography, angiography.*

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PANCREAS

Differentiated Management of the Acute Destructive Pancreatitis Patients

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An experience of 304 severe acute pancreatitis patients treatment is presented. Developed and applied in clinical practice treatment protocol based on understanding of underline degree of pancreas primary affection, a stages of the disease and prevalence of the process. An efficiency of the treatment protocol was assessed based on the comparative analysis of patient groups admitted in the observation periods 1991–2000 before the protocol was applied and after that – 2001–2007. Development and application of such standardized approach to selection of management protocol in case of severe acute pancreatitis allowed to reduce rate of the septic complications from 49.3 to 32.5% (p = 0,02), the postoperative mortality from 39.6 to 23/1% (p = 0,002) and the general mortality from 33.3 to 15.0% (p = 0.003).

Key words: *severe acute pancreatitis, pancreonecrosis, diagnostic-treatment protocol, septic complications.*

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Forecasting of Acute Biliary Pancreatitis Development in Impacted Ampullary Stone

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The results of diagnostics and treatment of 102 patients with impacted ampullary stones are analysed. It is shown, that an alpha-amylase and lipase activity level in bile above 110 and 600 ed/l is a prediction criterion of an acute biliary pancreatitis development.

Key words: acute biliary pancreatitis, choledocholitiasis, papilla Vatery.

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PANCREAS

Influence of Bile Sorbtion on the Tumor Necrosis Factor-α and Endotoxemia Changes

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73 periampullary malignant tumor patients complicated with obstructive jaundice are investigated. At the same time we investigated middle mass molecules (MMM) and tumor necrosis factor-α (TNF-α) in serum and bile after percutaneous choagiostomy. Application of bile sorbtion (BS) leads to the MMM concentration decrease from initial level on 42.9% versus 24.7% in controlled group. In control group TNF-α serum concentration after external bile duct drainage decreased on 62.7%. Besides at the same terms of observation TNF-α concentration in bile has decreased on 82.2%. In the basic group of patients BS application promoted to serum TNF-α concentration sharp decrease on 82.5 %, and in bile it decreased on 90.6% from an initial level. Application of BS promoted to increased allocation of MMM and TNF-α from the bile and that diminished endogenous intoxications.

Key words: *obstructive jaundice, tumor necrosis factor, middle mass molecules, bile sorbtion, endogenous intoxications.*

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PANCREAS

Heart Cycle Phase Structure in Acute Destructive Pancreatitis Patients

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The results of dynamics of the cardiac contraction in the different stages of the postoperative period were analyzed in 49 destructive pancreatitis patients by means of non-invasive hemodynamic monitoring. According to the changes in systolic phase structure the patients were divided into 2 groups. In part of patients (n = 28), during 10–12 days after first operation development of myocardial malfunction was confirmed by registration of the complex cardiodynamic changes (heart hypodynamic phase syndrome). It indicated on a severity of destruction processes, evidence multiple organ failure and clinically demonstrated with early identification of the high risk patients group developing complications in postoperative period. The computerization, non-invasive pattern and unlimited in time realization of monitoring, compensated the average levels of sensitivity and specificity (75 and 66 %), makes possible to ordinary use the phase analysis of cardiocycle in estimation of severity the disease course and efficiency of intensive care in this cohort of patients.

Key words: *phase analysis of cardiac cycle, acute destructive pancreatitis, complications, non-invasive monitoring.*

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REWUE

Solid-Pseudopapillary Pancreatic Tumor

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CASE REPORT

Papilla Vateri and Extrahepatic Bile Duct Adenomatosis

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ABSTRACTS

Abstracts from Current Foreign Publications

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CHRONICLES

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"Liver Metastatic Cancer"