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Pathological staging of hepatic fibrosis predict the phase two of ALLPPS can be done or not?

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Associating liver partition with portal vein ligation (PVL) for staged hepatectomy (ALPPS) is rapidly develop and dissemination with the availability of many variants. But as far as we know, it is debatable whether the stage two of ALLPPS can be conducted or not in patients with HBV-associated liver cirrhosis. The regenerative capacity of future liver remnant (FLR) is the most important part of the stage two operation. 30 cases of ALLPPS with HBV-associated liver cirrhosis were completed in our center form Jan 2014 to Dec 2015. 21 cases were conducted stage two operation. We are trying to analyze postoperative liver pathology to evaluate the regenerative capacity of liver with the purpose to predict whether the stage two of ALLPPS can be conducted or not. Current data trend towards that Ishak modification ≤4 suggest the regenerative capacity of FLR is enough, but the final conclusion needs further research.

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Recurrence of hepatocellular carcinoma after living donor liver transplantation (single center experience)

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Background: Hepatocellular carcinoma (HCC) is the second most common cancer worldwide. Liver transplantation (LT) is the optimal therapy for HCC as it not only removes the tumor but also treats the underlying cirrhotic liver.

Aim: The aim is to study the frequency of recurrence of HCC after living donor liver transplantation (LDLT) and to determine the possible predictors for the recurrence.

Method: A retrospective-cohort study was done on 53 consecutive Egyptian patients with HCC, who underwent LDLT and has been retrospectively reviewed and prospectively followed up (mean follow up period of 27.89 months).

Results: The overall survival was 66.7%, 59.1% and 55.2%, respectively for 1, 3 and 5 years. Also, the 1, 3 and 5 years recurrence free survival was 86.8%, 83.6% and 83.6%, respectively. Positive correlation between the recurrence free survival and the prognostic factors are: Age (HR=5.888, p=0.017), pre transplantation αFP value (HR=7.219, p=0.006), site of the focal lesion regarding pre-operative pelvi-abdominal triphasic C.T (p=0.004), the presence of the porta hepatis L.N in pre-operative pelvi-abdominal triphasic C.T (HR=6.94, p=0.005) and microvascular invasion in the pathological examination of the excised liver (HR=4.50, P=0.039).

Conclusion: The recurrence rate of the HCC was 11.3% after LDLT during the follow up period. The prognostic risk factors for the HCC recurrence after LDLT are: The age of the patient, pre-operative serum alpha feto-protein level, the site of the focal lesions, the overall total tumor volume, the presence of the porta hepatis lymph nodes radiologically and the presence of microvascular invasion at the pathological examination of the explanted liver.

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