

Hybrid

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Current evidence about preoperative evaluation for major hepatic resections in patients with cholangiocarcinoma.



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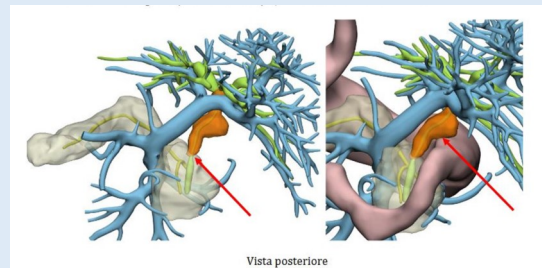
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Major liver resections for cholangiocarcinoma require tailored preoperative evaluation by a multidisciplinary team.



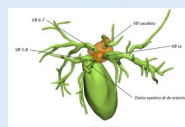
Many factors should be considered, as disease extension, vascular infiltration, presence of liver cirrhosis or fatty liver disease, portal hypertension, resectability of the tumor, general conditions of patient, treatment options and their relative risks.



It is fundamental to study the future liver remnant (FLR) in terms of volume and function. It allows to avoid complications, as post-hepatectomy liver failure, and helps surgeons to decide if procedures to increase the FLR size, as portal vein embolization, are indicated, increasing the resectability rate of cholangiocarcinoma in patients initially considered unresectable.



Anatomical study is essential. Visualizing the spatial relationship of the hepatic lesion and surrounding structures, identifying the normal vascular and biliary anatomy and its variations, planning the amount of liver to be resected improve preoperative surgical planning. For this purpose, CT and MRI scans should be evaluated carefully. In recent years, 3D-reconstructions of 2D images from CT help us evaluate these elements in a more detailed and precise way.



3D-reconstructions of one of our patient's CT. Study and realization by Medical Device Custom Made with HA3DTM technology (Hyper accuracy 3DTM). Provided by MEDICS srl – Torino, Italia