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Plenary Lecture

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Liver resection for hepatic malignancies: Current approaches and future perspectives

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Liver surgery took a long time to become feasible, and the past decade has seen major progress in its safety, rendered possible by the solid acquisition of the principles of segmental liver anatomy. A revolution is now occurring in terms of the long term results of hepatectomies for malignant disease, and of the resectability of lesions previously considered unresectable. In the surgery of colorectal liver metastases, radical resection, with new and more effective forms of chemotherapy, allows a 5 year survival of approximately 40%. A major advance has been the discovery that this holds true also for primarily unresectable tumours responding to preoperative chemotherapy, as well as for re-hepatectomies after recurrence. In the surgery of cholangiocarcinoma, an aggressive approach favouring parenchymal resection has allowed to improve the outcome of this tumour. Better non- or minimally-invasive methods for preoperative staging are needed and are rapidly developing. Liver resection for hepatocellular carcinoma associated with cirrhosis is now possible with increasing safety thanks to the techniques of accurate preoperative assessment of hepatic function and of supra-selective vascular exclusion during the operation. The long term results are however poor due to the high incidence of liver recurrence in the genetically unstable cirrhotic tissue. New hopes are raised by the use of drugs promoting cellular differentiation and immunogenetic therapy. Major parenchymal resections are increasingly possible thanks to techniques to promote and assess liver regeneration preoperatively, such as portal vein embolisation and staged liver resections. New exciting developments will be possible with the use of the bioartificial liver for postoperative assistance of a regenerating liver.