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Comparison Of Open Versus Laparoscopic Approaches In Salvage Hepatectomy For Recurrent Hepatocellular Carcinoma After Radiofrequency Ablation

Yeshong PARK¹, Jai Young CHO^{*1}, Ho-Seong HAN¹, Yoo-Seok YOON¹, Hae Won LEE¹, Boram LEE¹, MeeYoung KANG¹, Jinju KIM¹

¹Department Of Surgery, 분당서울대학교병원, REPUBLIC OF KOREA

Background : Although radiofrequency ablation (RFA) is widely used as an effective local treatment for hepatocellular carcinoma (HCC), evidence on salvage hepatectomy for local recurrence after RFA is limited. This study aims to compare open and laparoscopic approaches in salvage hepatectomy for recurrent HCC after RFA.

Methods : Among patients who underwent hepatectomy between January 2004 and August 2022 at a single tertiary referral center, 55 patients who underwent salvage hepatectomy for marginal recurrence after RFA were selected. Open approach was used in 23 (41.8%) patients, while 32 (58.2%) patients underwent laparoscopic surgery. Short-term and long-term outcomes were compared between the two groups.

Results : Major hepatectomy was more often performed in the open group (9 [39.1%] vs. 4 [12.5%], $P = 0.022$). Intraoperative blood loss was also greater in the open group (450 [325 – 750] vs. 300 [200 – 600], $P = 0.034$). Operation time ($P = 0.144$) and postoperative morbidity rates ($P = 0.639$) were similar, and there was no postoperative mortality in either group. Postoperative hospital stay was significantly longer in the open group compared to the laparoscopy group (8 [6 – 11] days vs. 5 [4 – 7] days, $P = 0.028$). The 1-, 3-, and 5-year disease-free survival rates showed no difference between the two groups (44.6% vs. 62.5%, 16.5% vs. 13.5%, and 8.3% vs. 13.5%, respectively; $P = 0.154$). The 1-, 3-, and 5-year overall survival rates between the two groups were also similar (85.7% vs. 96.8%, 79.6% vs. 86.0%, and 79.6% vs. 79.4%, respectively; $P = 0.480$).

Conclusions : Laparoscopic salvage hepatectomy shows oncologic outcomes comparable to the open approach with faster postoperative recovery rates. Considering that recurrence rates are high after RFA, laparoscopic approach should be considered as a first-line option in selected patients.

Corresponding Author : **Jai Young CHO** (jychogs@gmail.com)