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肝内胆管癌術後肝内再発に対する再肝切除術の意義

Significance of repeated hepatectomy for intrahepatic recurrence of intrahepatic cholangiocarcinoma

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**Background:** The only curative treatment for intrahepatic cholangiocarcinoma (IHC) is hepatectomy. However, appropriate treatment for the liver-limited recurrence of IHC after curative resection has not been determined. In this study, we evaluated the efficacy of repeated hepatectomy for liver-limited recurrence of IHC.

**Methods:** Twenty-nine patients of IHC who underwent initially curative hepatectomy for IHC were included in this study. According to the postoperative prognosis, we divided these patients into 3 groups; patients without any recurrence (no recurrence: NR group, n = 10), liver-limited recurrent patients who underwent repeated hepatectomy (RH group, n = 5) and recurrent patients treated with chemotherapy (RC group, n = 14). Repeated hepatectomy was performed only when hepatectomy could be safely performed. Patients with intrahepatic recurrence plus perihilar lymph node swelling were excluded for repeated hepatectomy. We evaluated postoperative prognosis in 3 groups using log-rank analysis.

**Results:** The patients consisted 16 men and 13 women with median age of 69 (47 - 84) years old. Median disease survival rate was 19.0 months. Recurrences were observed at liver-limited in 8 cases, only distant organ in 6 cases, synchronous liver and distant organ in 2 cases, lymph node in 2 cases and local site in 1 cases. Five-year overall survival (OS) rate in NR and RC group were 90.0% and 75.0%, respectively, without any significant difference (p = 0.338). Five-year OS rate in NR and RH groups were significantly better than in RC group (p = 0.003 and 0.032). Five-year OS rate in liver-limited recurrence without repeated hepatectomy (n = 3) was 33.3% and significantly worse than RH group (p = 0.033).

**Conclusion:** Repeated hepatectomy for liver-limited recurrence of IHC after curative resection would be beneficial for selected patients.