

Chapter 12

MALIGNANT LIVER TUMORS; LIVER TRANSPLANTATION AS A SURGICAL TREATMENT

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MALIGNANT LIVER TUMORS

Malignant tumors in the liver can be classified as primary (cancers that originate in the liver) or metastatic (cancers that spread to the liver from an extrahepatic primary site). Primary cancers in the liver that originate from hepatocytes are known as hepatocellular carcinomas (HCCs or hepatomas), whereas cancers arising in the bile ducts are known as cholangiocarcinomas.

HEPATOCELLULAR CARCINOMA AND LIVER TRANSPLANTATION

The treatment of HCC is complex and is best managed by a multidisciplinary liver transplant team. A complete algorithm for the evaluation and management of HCC is shown (Figure). For patients without cirrhosis who develop HCC, resection is the treatment of choice. For patients with Child's class A cirrhosis with preserved liver function and no portal hypertension, resection also is considered. If resection is not possible because of poor liver function and the HCC meets transplant criteria, liver transplantation is the treatment of choice (Schwartz M, Roayaie S, Uva P 2007), (Zarrinpar A, Kaldas F, Busuttil RW 2011).

The Barcelona-Clinic Liver Cancer Group has refined its HCC management strategy and has developed the American Association for the Study of Liver Diseases Practice Guidelines (Bruix J, Sherman M, 2011), management guidelines vary slightly in Asia, Europe, the United States, and other countries based in part on availability of organ donors for liver transplantation. Living donor liver transplantation also is an alternative for patients with HCC awaiting transplantation to avoid dropout as a candidate for cadaveric donor liver transplantation due to tumor progression (Zarrinpar A, Kaldas F, Busuttil RW 2011). The rationale supporting Orthotopic liver transplantation (OLT) for HCC includes the fact that most HCCs (>80%) arise in the setting of cirrhosis(Marsh JW et al. 2004),

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ter neoadjuvant therapy. Transplantation may prolong survival by delaying death from tumor replacement of the liver for NEC. Even more controversial is the role of LT in the treatment of metastatic colorectal cancer. Liver transplantation achieves results comparable to resection for patients with HEHE. The long-term survival rate after transplant for hepatoblastoma is, a quite promising.

Additional experience is necessary to confirm reports that transplantation is beneficial cial for patients with limited extrahepatic disease.

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