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Liver resection for colorectal cancer metastases involving the caudate lobe.

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Abstract

BACKGROUND: Up to 5 per cent of liver resections for colorectal cancer metastases involve the caudate lobe, with cancer-involved resection margins of over 50 per cent being reported following caudate lobe resection.

METHODS: Outcomes of consecutive liver resections for colorectal metastases involving the caudate lobe between 1996 and 2009 were reviewed retrospectively, and compared with those after liver surgery without caudate resection.

RESULTS: Twenty-five patients underwent caudate and 432 non-caudate liver resection. Caudate resection was commonly performed as part of extended resection. There were no differences in operative complications (24 versus 21.1 per cent; $P = 0.727$) or blood loss (median 300 versus 250 ml; $P = 0.234$). The operating time was longer for caudate resection (median 283 versus 227 min; $P = 0.024$). Tumour size was larger in the caudate group (median 40 versus 27 mm; $P = 0.018$). Resection margins were smaller when the caudate lobe was involved by tumour, than in resections including tumour-free caudate or non-caudate resection; however, there was no difference in the proportion of completely excised tumours between caudate and non-caudate resections (96 versus 96.1 per cent; $P = 0.990$). One-year overall survival rates were 90 and 89.3 per cent respectively ($P = 0.960$), with 1-year recurrence-free survival rates of 62 and 71.2 per cent ($P = 0.340$).

CONCLUSION: Caudate lobe surgery for colorectal cancer liver metastases does not increase the incidence of resection margin involvement, although when the caudate lobe contains metastases the margins are significantly closer than in other resections.

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