

Meeting abstract

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The surgical treatment of colorectal liver metastasis in the elderly

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Introduction/aim

The recent advances in the surgical treatment (more precise diagnostic features, new surgical devices, advancement in intensive care) allowed in the last 15 years an extension of surgical indication to a liver resection to a larger population of patients also in the elderly. Aim of this work is to evaluate the indication and limits of the surgical treatment of colorectal liver metastases in the elderly.

Patients and methods

Between April 2002 and January 2008 we had 108 admissions and performed a liver resection for colorectal liver metastases, and we treated 287 colorectal liver metastases on 99 patients. In 57 resections the patient was >65 years old (Group A) (range 66–83 yrs.) while the remnants were till 65 years old (Group B) (range 40–65). We registered: type of resection, postoperative complications, day of discharge and survival-rate of both groups. We performed such a variety of liver resections in this collective of patients by referring to Brisbane terminology. In all the patients an R0 resection was achieved by intraoperative biopsy of the resected specimen's margin (Figure 1), and eventually additional resection in doubtful cases or positive pathological response.

Results

In Group A, 10 patients showed a minor complication (grade I–II) (17.5%) and 12 patients a major one (grade III–V) (21%) while in Group B were respectively 10 (19.6%) and 9 (17.6%). In Group A the average postoper-

ative recovery time was 13.5 days (range 6–38), while in Group B it was 12.08 days (range 5–27). In Group A three patients (5.2%) died for major complications, while in Group B we observed 1 perioperative death (~2%). The survival-rate was similar in both groups; one and three years overall survival-rate was respectively Group A 68% and 42% vs Group B 65% and 40%.

Conclusion

About a half of hepatic resections of colorectal liver metastasis are performed in old patient (over 65 years). Our results suggest that the limits for hepatic resection in the elderly are the same as for younger patients. In the over 65 years group there is the tendency to perform less major liver resections in order to achieve the R0-status. The morbidity seems to be comparable in both groups also if the perioperative mortality is more than doubled in over 65 years patients. The long-term survival-rate is not to correlate to the age of the patients, and also major hepatic resection are relative safe and justified in the elderly in order to achieve oncological results.



Figure 1
Pathologic specimen. Atypical resection VI–VII segment: almost 1 cm free-disease margin.

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