Surgical Options in Synchronous Liver Metastases from Colorectal Cancer
Sorin Alexandrescu, Andrei Diaconescu, Irinel Popescu
Dan Setlacec Center of General Surgery and Liver Transplantation, Fundeni Clinical Institute
Bucharest, Romania

Abstract
Currently, the treatment of liver metastases of colorectal cancer (CRC) requires a multidisciplinary approach and should be individualized for each patient. Liver resection provides 5 years survival rates ranging between 30 and 58% in patients with liver metastases of CRC. The optimal timing of liver resection, resection of the primary tumor and neoadjuvant chemotherapy has not been fully established, yet, neither for initially resectable synchronous liver metastases, nor for those initially unresectable which could be converted to resectability. Advocates of simultaneous resection and those of staged resection (delayed liver resection or "liver first approach"), both presented theoretical arguments in favor of each of these therapeutic strategies. Progresses in liver surgery, anesthesia, intensive care and oncology caused a paradigm shift regarding the approach of synchronous colorectal liver metastases, with simultaneous resection (SR) becoming a safer procedure in the last decade. As well, the oncologic outcomes of SR are similar to those achieved by staged resection. In this review we present the literature data concerning the results achieved by each of the currently available therapeutic approaches.


Key words: colorectal liver metastases, simultaneous resection, delayed resection, “liver-first” approach, initially unresectable liver metastases