

Surgical Strategies for the Management of Perihilar Cholangiocarcinoma

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Abstract

Cholangiocarcinoma is a fatal cancer arising from the biliary endothelium. Perihilar cholangiocarcinoma (pCCA) is the most common variant of cholangiocarcinoma, with increasing incidence worldwide. Most pCCA patients present with unresectable disease at the time of diagnosis, and many patients are found to be unresectable after surgical exploration. pCCA carries a poor prognosis as more than 65% of the patients are presented with non-resectable disease at the time of diagnosis, and about 10% to 45% of patients are found to be unresectable after surgical exploration. Surgical resection is the main stay of treatment of pCCA. The close anatomic relationship of pCCA to major hepatic vascular structures with subsequent frequent vascular invasion makes surgical resection one of the most challenging surgical procedures. To achieve a radical resection for pCCA, resection should involve resection of involved intra- and extrahepatic biliary tree with safety margin, resection of related hemi-liver according to the tumor extension, caudate lobectomy, lymphadenectomy including loco-regional lymph nodes and biliary tract reconstruction through biliary-enteric anastomoses. Despite the modern major advancements in surgical techniques and multidisciplinary management over the past years, surgical resection remains associated with high perioperative morbidities and poor survival outcomes. This aim of this review is to address the recent advances in surgical treatment for pCCA and its impact on patients' survival.

Key words: perihilar cholangiocarcinoma, surgical resection, liver transplantation