Chirurgia (Bucur). 2019;114(3):317-325
http://dx.doi.org/10.21614/chirurgia.114.3.317

Caudate Lobectomy for Perihilar Cholangiocarcinoma – Current Evidence

Traian Dumitrascu[1], Mihnea Ioan Ionescu[2]
[1]Department of General Surgery and Liver Transplantation, Fundeni Clinical Institute, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania
[2]Department of Liver Surgery, Queen Elizabeth Hospital Birmingham, Birmingham, United Kingdom

Abstract
At the moment, surgery is considered the only therapeutic approach offering a chance of long-term survival in patients diagnosed with perihilar cholangiocarcinoma (PHC). Curative intent surgery for PHC has experienced significant technical improvements over the years, from simple bile duct resection to complex surgical procedures including lymph nodes dissection, major hepatectomies and, sometimes, vascular resections. The modern surgical approach of PHC is associated with significantly improved survival rates, albeit with increased postoperative morbidity. The initial Western experience with major hepatectomies for PHC was not encouraging, as it was associated with unacceptably high mortality rates. Currently the mortality rates after surgery for PHC have significantly decreased, but it appears that the mortality rates in Western centres still remain higher, compared with the East Asian centres. The differences of outcomes between East Asian and Western centres are explained not only by the management of PHC but also by patient characteristics. En bloc caudate lobectomy as part of radical resections for PHC has been reported in clinical practice nearly three decades ago. The rationale of en bloc caudate lobectomy is based on the pattern of tumour spread in PHC, taking in consideration the fact that caudate lobe invasion appears to be a frequent event in patients resected for PHC. While en bloc caudate lobectomy in the context of curative intent surgery for PHC has been discussed in a host of publications so far, the currently available literature reached conflicting results regarding its overall impact on the patient. Therefore, the aim of this paper is to review the current relevant literature pertaining to the impact of en bloc caudate lobectomy in the context of curative intent surgery for PHC.
Key words: caudate lobectomy, perihilar cholangiocarcinoma, resection margins status, morbidity, recurrence, survival