Combined liver-visceral resections for neoplastic lesions correlate with increased postoperative complications in the non-cirrhotic patients

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Background: Combined liver-visceral resections may impose increased risk of postoperative complications. Data on the clinical outcome of combined liver-visceral resections (CLVRs) versus sole liver resection (SLR) have not been adequately reported from Upper Egypt cancer surgery programs.
Methods: Medical records of adult non-cirrhotic patients who underwent CLVRs for all types of hepatic masses from February 2015 to April 2018 at Sohag University Hospital were reviewed. CLVRs patients were compared with matched SLR controls regarding demographic data, tumor varieties, operative strategies, assessment of surgical complications, including mortality.
Results: Thirty-two patients were enrolled, including 16 with CLVR2s and their 16 matched controls of SLR. Among the control group, 9 patients suffered from malignant tumors while 7 had benign liver lesions. Non-anatomic resection was carried out in 10 patients (31 %) and correlated with significantly increased intraoperative blood loss ($p<0.05$) among CLVRs patients. Preoperative chemotherapy was associated with higher complication rates in CLVRs compared with SLR group ($p<0.05$). Elderly patients (> 70 years) who underwent CLVRs exhibited increased complications compared with their matching controls. The length of hospital and intensive care unit stays was significantly prolonged in CLVRs group ($p<0.05$).
Conclusion: CLVRs predispose to increased morbidity rates and mortality.