

# Clinicopathologic factors on postoperative tumor recurrence and long-term survival

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The unique anatomical position of caudate lobe hepatocellular carcinoma and the relatively small number of surgical cases means that the impact of clinicopathologic factors on postoperative tumor recurrence and long-term survival have not been reported. A research group in China performed a single-center retrospective study of 114 cases of caudate lobe HCC and found that the subsegmental location of the tumor, presence of liver cirrhosis and size of the surgical margin affected long-term survival.

Caudate hepatocellular [carcinoma](#) (HCC) has a poorer prognosis than HCC originating from other lobes, due to its proximity to the portal trunk and inferior vena cava, which facilitate intrahepatic and systemic spread early in the disease. Hepatic resection is considered, in principle, to be the first choice treatment. In order to improve surgical outcome, it is necessary to evaluate the potential risk factors affecting long-term survival and to establish guidelines for the appropriate use of hepatectomy for caudate lobectomy.

A research article to be published on March 7, 2010 in the [World Journal of Gastroenterology](#) addresses this question. This research group, lead by Dr. Jia-Mei Yang and his colleagues in the Second Military Medical University, retrospectively evaluated 114 consecutive patients who underwent hepatic resection for caudate lobe HCC and evaluated the influences of common clinicopathologic variables on recurrence and long-term survival.

They found that hepatectomy was an effective treatment for caudate lobe HCC, and that subsegmental location of the tumor, the presence of [liver cirrhosis](#) and the size of the surgical margin affected long-term survival.

This study investigated an important and interesting issue. The results suggest that surgeons should pay more attention to the subsegmental location of the tumor, and that extended hepatectomy should be used when possible in order to achieve adequate intraoperative tumor margins, and so improve long-term survival after surgery.

**More information:** Liu P, Yang JM, Niu WY, Kan T, Xie F, Li DQ, Wang Y, Zhou YM. Prognostic factors in the surgical treatment of caudate lobe hepatocellular carcinoma. World J Gastroenterol 2010; 16(9): 1123-1128 [www.wjgnet.com/1007-9327/16/1123.asp](http://www.wjgnet.com/1007-9327/16/1123.asp)

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