

# GI cancer resection OK with mild cirrhotic liver dysfunction

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(HealthDay) -- For patients with cirrhosis, resection of gastrointestinal (GI) malignancies correlates with poor early postoperative outcomes, with severity of liver disease being the primary determinant of postoperative mortality, according to a study published in the July issue of *Cancer*.

To examine early postoperative and transitional outcomes in cirrhotic patients undergoing GI [cancer surgery](#), Avo Artinyan, M.D., from the Michael E. DeBakey VA Medical Center in Houston, and colleagues analyzed data from the National Inpatient Sample Database (2005 to 2008) and identified 106,729 patients who underwent resection for GI [malignancy](#), of whom 1,479 (1.4 percent) were diagnosed with cirrhosis.

The researchers found that patients with cirrhosis had a significantly increased risk of in-hospital mortality (8.9 versus 2.8 percent), longer length of stay ( $11.5 \pm 0.26$  versus  $10.0 \pm 0.03$  days), and higher rate of discharge to long-term care facilities (19.0 versus 15.7 percent). Patients with moderate-to-severe liver dysfunction had the highest mortality (21.5 versus 6.5 percent). Cirrhosis was an independent predictor of in-hospital mortality and non-home discharge (odds ratios [ORs], 3.0 and 1.7, respectively), in multivariate analysis. Moderate-to-severe liver dysfunction was the only independent predictor of in-hospital mortality for patients with cirrhosis (OR, 4.03).

"Resection of GI malignancy in cirrhotics is associated with poor early postoperative and transitional outcomes, with severity of [liver disease](#) being the primary determinant of postoperative mortality," the authors write. "These data suggest that GI cancer operations can be performed safely in well-selected [cirrhotic patients](#) with mild liver dysfunction."

**More information:** [Abstract](#)  
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