

The Prognostic Significance Of Re-do Surgery For Recurrent And Metastatic Distal Bile Duct Cancers After Curative Resection: A Single Center Experience

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Background : Metastectomy for particular type of cancers has been known to have positive prognostic significance. Recently, metastectomy of pancreas cancer also has been increasingly reported. However, for bile duct cancer, the prognostic effect of re-do surgery was rarely reported. In addition to the paucity of results of metastectomy, the altered gastrointestinal structure and sever adhesion following pancreaticoduodenectomy make surgeons to hesitate to do re-do surgery. In this study, we reviewed our experiences of re-do surgery for the patients with recurrent or metastatic bile duct cancer.

Methods : We reviewed the medical records of the 123 consecutive patients who underwent metastectomy following pancreaticoduodenectomy (PD) or Bile duct resection (BDR) in single institution from 2011 to 2019 retrospectively. Among 123 patients, 98 patients were analyzed for survival excluding palliative surgery, minimally invasive surgery, and surgery for combined primary cancers.

Results : The median follow period was 42 month. (22- 69months) and overall 5-year survival rate for the 98 patients was 48.7%. The rate of metastatic diseases was 49% (n=48). Median disease free survival of the all 48 patients with metastasis was 12months (7-25months). Eight patients among 48 patient with metastatic diseases underwent re-do surgery (n=8, 16.7%). The re-do surgery included 2 cases of left hepatectomy with re- hepaticojejunostomy, 2 cases of extended left hepatectomy, 3 cases of segmentectomy, and one case of excision for metastatic nodule of lung. The other treatment included chemotherapy (n=17, 35.4%), Radiotherapy (n=1 2.1%), and supportive care (n=22 45.9%). The median survival time after re-do surgery were longer than those of the other patients without re-do surgery (22months; range, 11-35months vs 6month; range, 3-10months, P-value <0.01).

Conclusions : Re-do surgery for the recurrent or metastatic disease following potentially curative resection for bile duct cancer can prolong the survival.

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