

Liver resection for noncolorectal and nonneuroendocrine metastases: results of a study on 56 patients at a single institution

Vittorio Bresadola, Anna Rossetto, Gian Luigi Adani, Umberto Baccarani, Dario Lorenzin, Alessandro Favero, and Fabrizio Bresadola

Department of General Surgery and Transplantation, University Hospital of Udine, Udine, Italy

ABSTRACT

The usefulness of surgical treatment for hepatic metastases of noncolorectal nonneuroendocrine (NCRNNE) tumors is not yet clear due to the natural history of these tumors, their frequent systemic dissemination and their histological heterogeneity. The aim of this study was to evaluate the long-term outcome of patients who underwent liver resection for NCRNNE metastases. For this purpose we retrospectively analyzed 202 patients who underwent liver resection for metastasis between January 1989 and December 2006 at the Department of Surgery of the University Hospital of Udine. Fifty-six patients underwent liver resection because of NCRNNE metastases. The preoperative assessment was based on hepatic ultrasonography and CT scan; PET was used in a few patients. All patients had intraoperative liver ultrasonography to evaluate the lesions and to define the resection. Gender, age, primary tumor site (gastrointestinal or nongastrointestinal), synchronous or metachronous metastasis, unilobar or bilobar localization, number and diameter of the lesion(s), type of resection, margin status, positive lymph nodes in the hepatoduodenal ligament, and time between surgery and diagnosis of liver metastases were evaluated as possible prognostic factors for survival. Univariate analysis showed that the location of the primary tumor and the disease-free interval since the treatment of the primary tumor were positive predictive factors for longer survival. Multivariate analysis showed that the only independent significant factor was gastrointestinal *versus* nongastrointestinal origin. Demographic data, the synchronous or metachronous appearance of metastases, their unilobar or bilobar location, number and size, the type of resection, the resection margin status and the involvement of lymph nodes did not prove to be prognostic factors.

Key words: NCRNNE liver metastases, liver resection for metastasis, synchronous NCRNNE metastasis, metachronous NCRNNE metastasis.

Correspondence to: Anna Rossetto, Department of General Surgery and Transplantation, University Hospital of Udine, P.le S. Maria della Misericordia, 33100 Udine, Italy.
Tel +39-0432-559538;
fax +39-0432-559555;
e-mail rossettoannaar@libero.it

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