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Immediate outcomes of percutaneous radiofrequency-assisted liver partition and portal vein embolization for staged hepatectomy (PRALPPS) in patients with intrahepatic cholangiocarcinoma (IHCC)

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Introduction: Surgical resection in intrahepatic cholangiocarcinoma (IHCC) is the only feasible modality with a curative ability. The challenge balances between growing the future liver remnant (FLR) in a short time and the same time preventing tumor progression and surgical complications. Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) gives a chance for fast kinetic growth, but with high morbidity and mortality

Methods: This observation includes 8 comparative patients with IHCC: 4 underwent portal vein embolization (PVE) and 4, ALPPS (3, RALPPS). PVE group has median age 62.2 years, median FLR volume was 564.4 mL, 33%. ALPPS group has median age 58.6 years, median FLR volume was 542.6 mL, 34.9%. One patient had classic ALPPS and 3 had mini-invasive variant.

Results: The first stage was uncomplicated in the both groups. The median FLR volume became 785 mL (46%) in a 27.5 days and 753.9 mL (38%) in a 17.7 days in PVE and ALPPS groups respectively. Nevertheless, degree of hypertrophy was similar: 41% in PVE and 40.4% in ALPPS. Kinetic growth rate was significantly different: 1.38% and 2.62%/day, respectively. Seven patients completed the second stage. Sever morbidity was revealed with only ALPPS group: grade IIIa (n = 1) and grade V (n = 1) according to Clavien-Dindo. The in-hospital death was associated with classical ALPPS in one patient with extremely small FLR (< 30%).

Conclusions: The modified ALPPS (PRALPPS) may be considered as a safe tool to achieve rapid and sufficient hypertrophy in patients with IHCC.

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