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Perioperative liver function after hepatectomy in a tertiary university hospital in Damascus

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Background: Liver resection is the only viable therapeutic treatment option for several neoplastic entities of the liver. Although, the number of resectable patients is increasing in Syria, liver failure is still a major complication affecting mortality and morbidity rates. **Methods:** Between 2009 and 2016, 104 patients undergoing liver resection in Damascus University Faculty of Medicine were retrospectively analyzed. Liver function tests were conducted before surgery (ps) and in the perioperative period (po) and comparisons were performed with division into anatomic VS non-anatomic or malignant VS non-malignant groups. **Results:** Liver synthetic, excretory and detoxifying functions deteriorated after liver resection (INR ps 'presurgery'=1.129 po 'perioperative'=1.426 P<0.001, TP ps=7.426 po=5.581

P<0.001, ALB ps=4.204 po=3.242 P<0.001, T-Bill ps=0.061 po=0.136 P<0.001) and liver cell necrosis increased after resection (ALT ps=27.597 po=200.221 P<0.001, AST ps=33.395 po=190.553 P<0.001). There was no significant difference in liver functions when we compared anatomic VS non-anatomic groups or malignant VS non-malignant groups, but liver cell necrosis was higher with malignancies (ALT malignant group=236.475 non-malignant group=89.5 P=0.002, AST malignant group=222.644 non-malignant group=101.125 P=0.001). **Conclusion:** Although liver resection affects liver function significantly, no differences in outcomes were found between anatomic VS non-anatomic or malignant VS non-malignant groups.

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