

LAPAROSCOPIC RESECTION OF LIVER TUMOURS: RESULTS OF A EUROPEAN MULTICENTER EXPERIENCE. D. Glineur, J.F. Gigot (Brussels); B. Descottes, D. Valleix (Limoges); S. Azagra, M. Goergen, M. Ceuterick (Montigny Le Tilleul); M. Morino (Torino); J. Paineau (Nantes); D. Castaing, H Bismuth (Paris); P. Honore, O. Detry, M. Legrand (Liege); J. Marescaux, D. Mutter (Stasbourg); B. De Hemptinne, R. Troisi (Gent); L. Van Krunckelsven (Ieper); J. Etienne (Namur); C. Bertrand, B. Mansvelt (Haine Saint Paul); J. Weerts, B. Dallemagne, C. Jehaes (Liège); R. Aerts, B. Topal (Leuven); M. Gelin, V. Donckier (Brussels); R. Schockmel (Luxembourg); D. Herman (Libramont); J. Saey (Mons); E. Totte (Antwerpen); J. Hubens (Edegem); M. Kint (Gent).

A retrospective European multicentre study included 124 patients submitted to laparoscopic liver resection (LLR) for benign (**Group I**: 87 patients; FNH: 46 patients; hemangioma: 12; LCA: 17; hamartoma: 3; hydatid liver cyst: 3; polycystic liver disease: 2; liver cystadenoma: 1) or malignant liver tumours (**Group II**: 37 patients; HCC: 10 patients, including 9 on cirrhotic liver; metastases: 27 patients, including 12 from a colorectal origin). LLR included non-anatomical resection in 50 patients, segmentectomy in 34 (including 2 pts associated with laparoscopic radiofrequency ablation), bi-segmentectomy in 35 (including 33 left lateral segmentectomy) and major hepatectomy in 5 (Left: 3; Right: 2). Peroperative complications occurred in 8 % and 14 % in Group I and II. Conversion was required in 10 % and 14 %, respectively, mostly due to bleeding. In Group II, the conversion rate was significantly higher in HCC (40%) compared to metastasis (4%). Postoperative mortality rate was nil in this series. The postoperative complication rate was 5 % and 22 % in Group I and II, respectively. In the malignant group of patients operated with a curative intent (25 patients), one patient was converted for invasion of the transection line and another 24 % had a surgical margin < 1 cm. During a mean follow-up time of 13 months (range: 2-59), the disease-free survival was 100 % in Group I. During a mean follow-up of 15 months (range: 2-38 months), the 2-year disease-free survival was 44 % in HCC patients and 53 % in patients suffering from colorectal liver metastases.

In conclusion, LLR of liver tumours is feasible in 89 % of selected patients, is indicated for small tumours located in the anterior liver segments and requiring minor liver resection. Classical indications for resection according to type and natural history of each tumour type must be strictly respected.

LIVER TRANSPLANTATION ACTIVITY IN ADULT PATIENTS IN BELGIUM. B. de Hemptinne, on behalf of the Belgian Liver Intestine Committee. Dept of Digestive Surgery, UZ Gent, Belgium.

The scientific registry implemented in 01.10.1999 by the Belgian Liver Intestine Committee (BLIC) allows analysing, with transparency, the liver transplant activity in Belgium. From 01.10.1999 till 01.06.2001, 354 adult patients with chronic liver diseases were listed for LTX in the 5 Belgian LTX centres: 210 were transplanted, 39 (15%) died while waiting or were delisted because of development of contraindications to LTX or evolutive hepatocarcinoma and 105 were still waiting. Demographic characteristics of the patients listed were the following: mean age (\pm SEM): 52.6 (\pm 11); 68% were female; hepatocellular cirrhosis: 285 (81%) with an alcoholic aetiology in 38%, HCV in 29%, HBV/HDV in 10%; cholestatic cirrhosis: 53 (15%) with PBC in 5, PSC in 6. Associated hepatocellular carcinoma was present in 73 of the 285 patients (25%). Percentage of medical urgency criteria (MUC) as defined by the BLIC, at the time of listing was 33, 27 and 40% for MUC 2, 3 and 4. MELD score was the only statistically significant ($p < 0.02$) determinant of death on the liver waiting list whereas waiting time, MUC criteria, blood group O versus others and Pugh score had no prognostic value. Means (\pm SEM) and medians (q25-75) since June 2000, the date of introduction of the new allocation criteria, for the priority scores and criteria evaluated at the time of listing are: waiting time: 111 (\pm 90) and 87 (38-181) days, MUC: 3.0 (\pm 0.8) and 3 (2-4), Pugh score 8.8 (\pm 2.4) and 9 (7-11), MELD score: 8.7 (\pm 7.1) and 7.5 (3.5-12.6). Percentage of dead or delisted patients within one year is 12% (range: 7-26). Analysis of the evolutive profile with time (before and after 06/00) reveals that patients are now listed with a more severe liver disease: mean \pm SEM of MUC, Pugh score, MELD score of 2.9 \pm 0.8 vs. 3.2 \pm 0.8, p 0.04; 9.2 \pm 2.3 vs. 8.3 \pm 2.4, p 0.004; 9.1 \pm 5.8 vs. 7.4 \pm 5.8, p 0.06) whereas there is no significant modification of waiting time. The important burden of HCV and hepatocarcinoma is highlighted as well as the promising role of the MELD score in order to improve the organ allocation process and to minimize waiting list mortality. Earlier referral from the medical community should be encouraged and intercentre disparities regarding waiting time should be erased.