

Effect of Different Liver Resection Modalities on the Prognosis of Patients with Hepatocellular Carcinoma on the Left Lateral Lobe [Letter]

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Dear editor

We read with interesting the study by Liu et al,¹ who reported on Effect of Different Liver Resection Modalities on the Prognosis of Patients with Hepatocellular Carcinoma (HCC) on the Left Lateral Lobe. We believe that this study is of great significance for the choice of surgical procedures for left external lobe HCC. It is widely recognized that the main mode of metastasis of HCC is intrahepatic metastasis along the portal vein, which is also the theoretical basis for our anatomic hepatic resection.² The anatomy of the left lobe of the liver is special, and the portal blood supply to all liver segments on the left side of the liver comes from the sagittal portion of the portal vein, with 17% of the liver volume in the left outer lobe and 14% in the left inner lobe, and the risk of metastasis of tumors in the left lobe of the liver to the liver segments in the left inner lobe and the left outer lobe should also be similar.

In the present study, in the comparison of the narrow margin group in the LLH group with the LH group, the LH group had better OS and TR, and the patients with LH group had a higher percentage of MVI but a better prognosis, and it is reasonable to assume that this is due to the tumor's closer proximity to the sagittal portion of the portal vein resulting in the tumor being susceptible to metastasis to the left inner lobe, and the LH has a wider margin to resect the underlying peritumoral micrometastasis.

1. In the LLH group, was there a predominant pattern of recurrence localized primarily around the surgical margins?
2. In this study, was there an evaluation of the potential greater benefit of LH in a specific patient subset? Furthermore, was the feasibility of screening this subset through predictive modeling considered?
3. There is a discrepancy in the text regarding Table 1, where the number of patients in the LH group should be corrected from (n = 66) to (n = 61).

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Disclosure

The authors report no conflicts of interest in this communication.

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