

SURVEY ON LIVER RESECTION ON HEPATOCELLULAR CARCINOMA CASES 2 YEAR MYANMAR EXPERIENCE



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BACKGROUND

Myanmar is a South East Asian country with population of 52 million. Life expectancy is 64 years for male and 68 years for female⁽⁴⁾. Myanmar population has Hepatitis B carrier of 12%⁽¹⁾ and Hepatitis C carrier of 0.95%⁽²⁾ and Hepatitis B immunization was started nationwide since 2005.⁽¹⁾ Hepatocellular Carcinoma incidence is nearly 5000/year.⁽³⁾ Hepatobiliary and Pancreatic Surgery Department in Myanmar was founded three years ago and our resection rate for Hepatocellular Carcinoma is between 50 to 100.

METHOD

We conducted a descriptive study based on telephone interview of patients with Hepatocellular Carcinoma who underwent Liver Resection within two years, 2015 and 2016, emphasising on recurrence and survival.

RESULTS

57 and 95 cases of Hepatocellular Carcinoma patients underwent various types of operation from wedge resection to Transplantation in 2015 and 2016.

Age

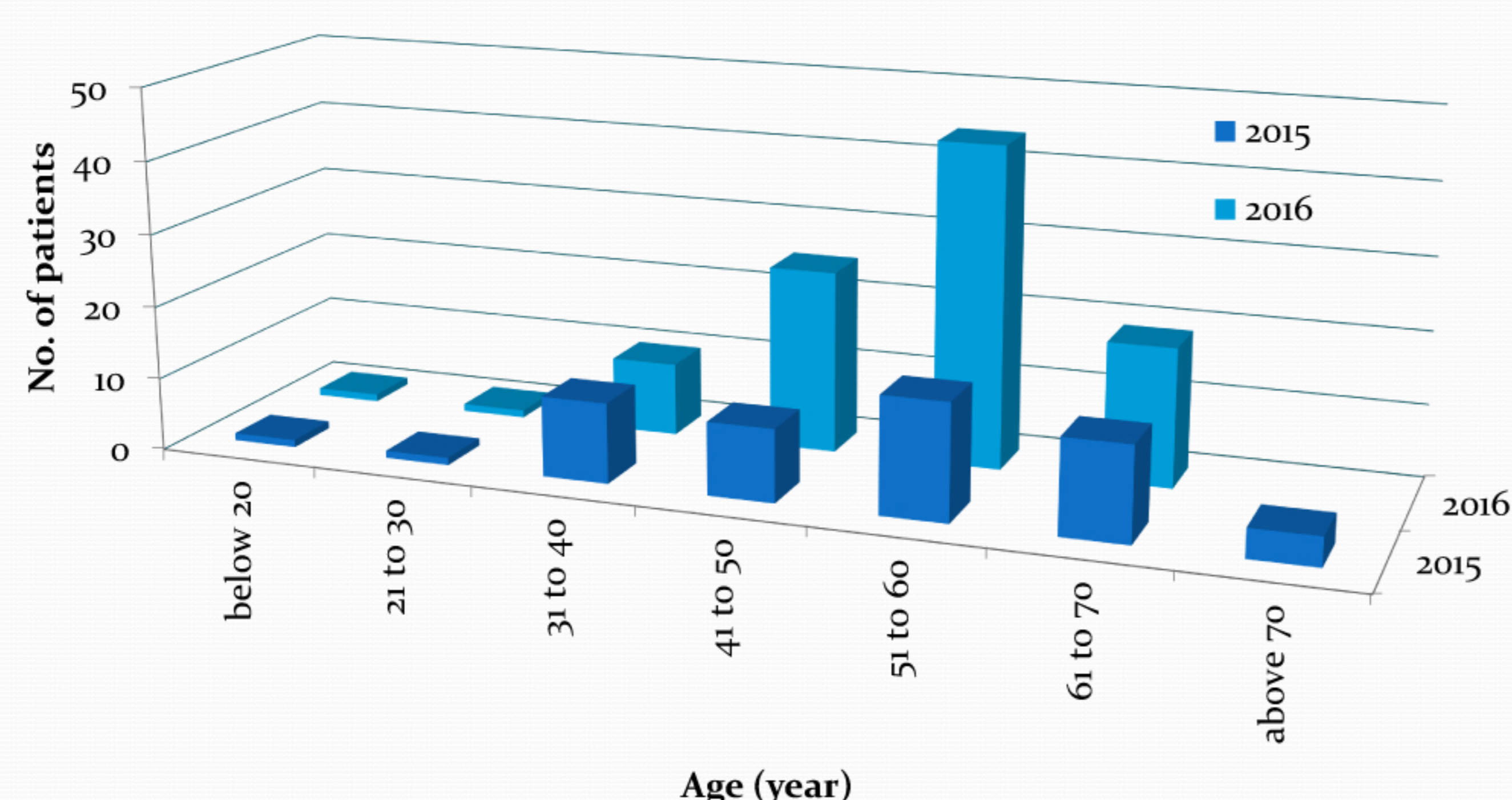


Fig (1) : Age distribution of the patients

5th decade seems to be the most vulnerable period of life in both studied years. It was also found that proportion of patient between 30 to 60 years is 67% in 2015 and 79% in 2016.

RESULTS

Sex

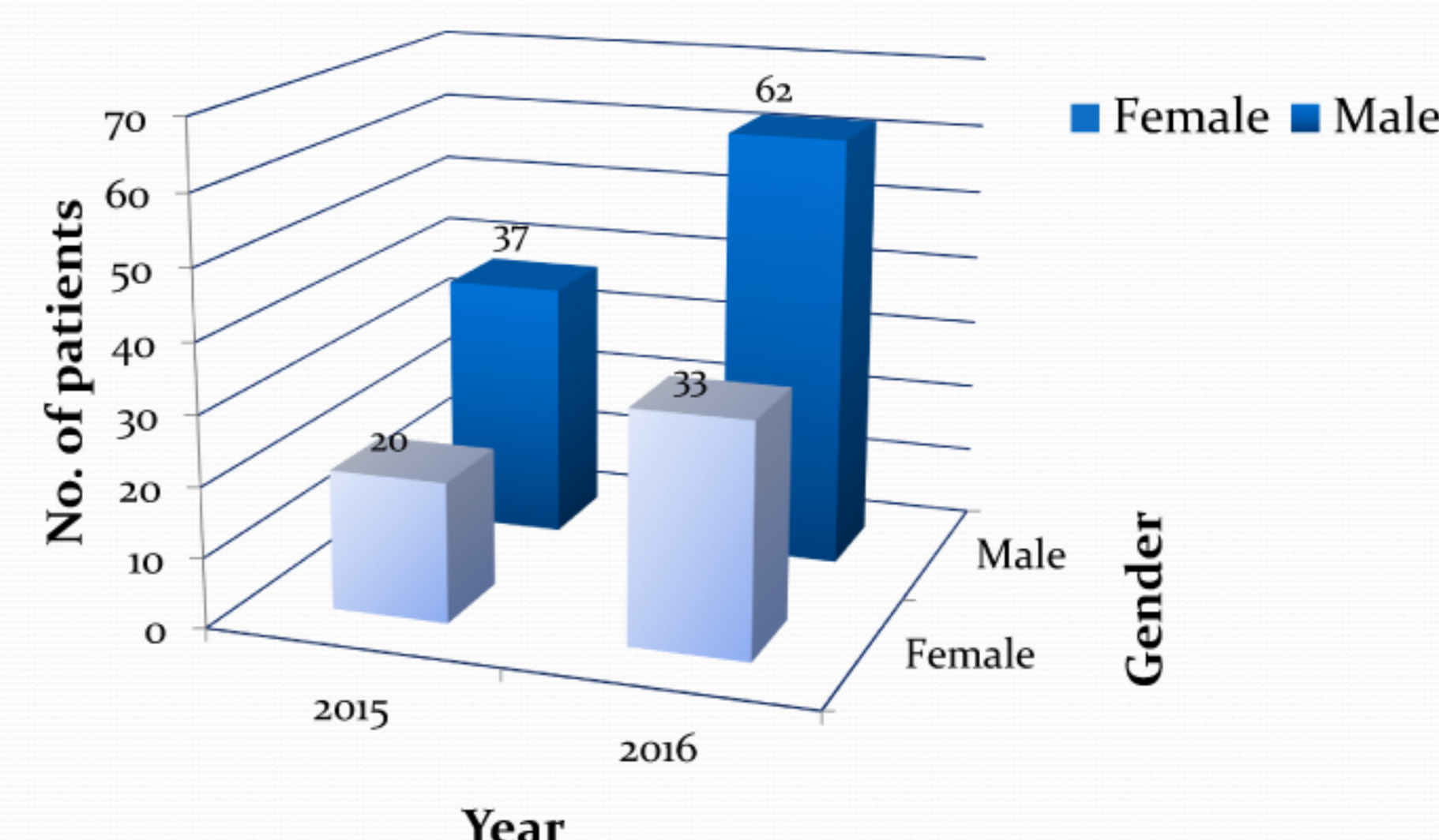


Fig (2) : Sex distribution of the patients

Male to female ratio is about 2:1 in both years.

Association with viral infection

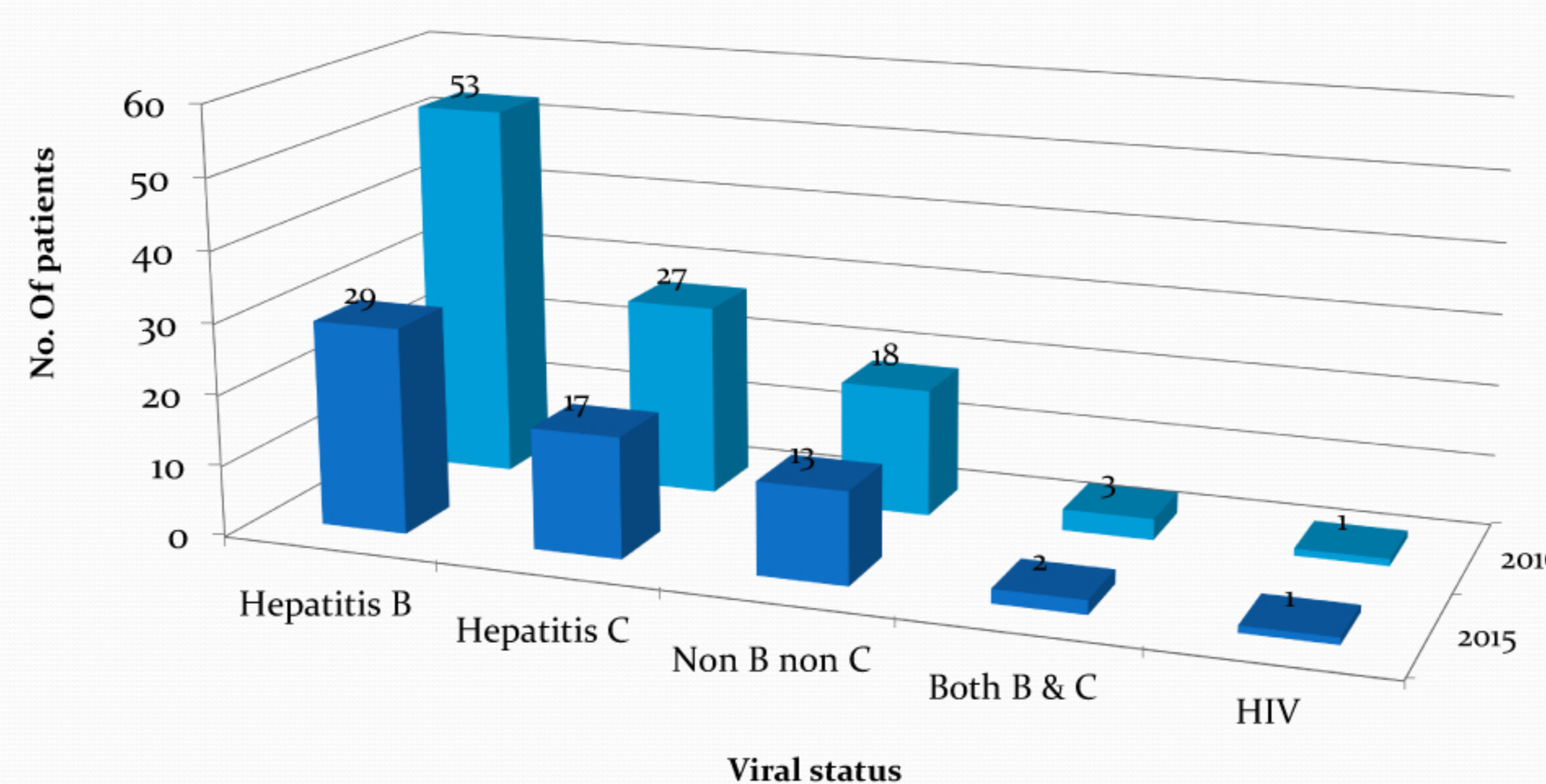


Fig (3) : Association with viral infections

Viral Infection	2015	2016
Hepatitis B	29	53
Hepatitis C	17	27
Non B non C	13	18
Both B & C	2	3
HIV	1	1
Total	57	95

Table (1) : Association with viral infections

Viral infection distribution was similar in both years with about 80% of Hepatocellular Carcinoma Patients who underwent for resection were either infected with Hepatitis B or C: or both. About 50% were infected with B virus while 30% with C. 20% were not infected with B or C virus. One patient in each year is infected with HIV and C virus. 2 patient in 2015 and 3 in 2016 had both B and C virus.

Type of resection

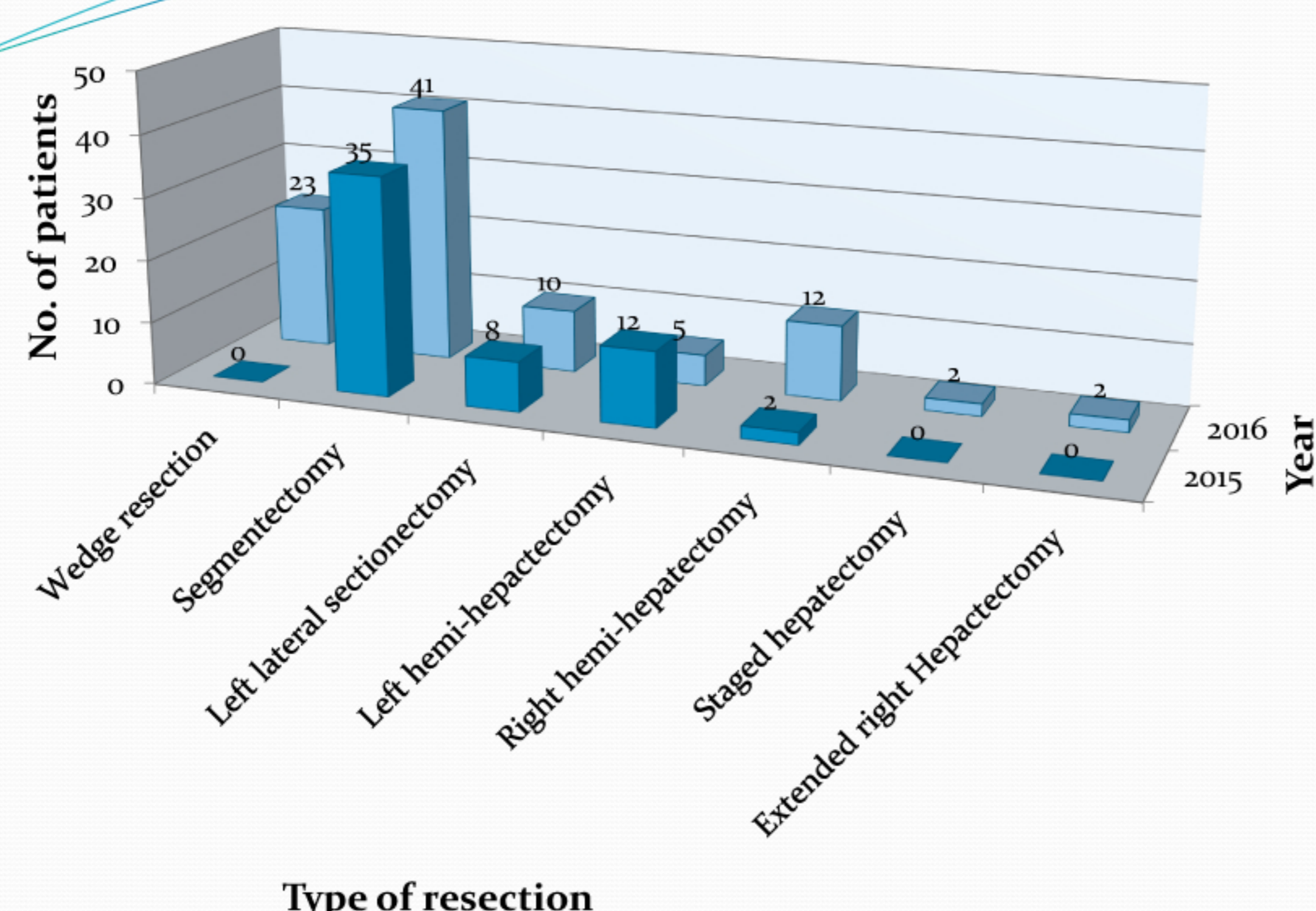


Fig (4) : Types of resections

Typ of resection	n	2016
Wedge resection	0	23
Segmentectomy	35	41
Left lateral sectionectomy	8	10
Left hemi-hepatectomy	12	5
Right hemi-hepatectomy	2	12
Staged hepatectomy	0	2
Extended right Hepatectomy	0	2
Total	57	95

Table (2) : Types of resection

Segmentectomy was the most frequent type of resection for both years. Advanced procedure like stage hepatectomy and extended right hepatectomy can only be performed in 2016.

DISCUSSION

Hepatocellular Carcinoma in Myanmar population, like other parts of the world, is male preponderant (M:F=2:1). Although 5th decade is the most affected age group, majority (67% in 2015 and 79% in 2016) of the patients were in the most productive years of their lives which is between 30 to 60 years. Patient under 20 year of age is only one per year although nationwide hepatitis B vaccination was started late (2005). Majority of the Hepatocellular Carcinoma patients (80%) had association with either Hepatitis B or C viral infection; former account for about 50% and the later 30%. Our HBP unit, although only three years old, was starting to perform advanced procedure like staged hepatectomy and extended right hepatectomy in last year. The survival and outcome also seemed to improved. *(A plea should be made for the seemingly below average mortality rate in 2015. Owing to the poor data recording system and difficulty to reach out most of the patients, only 2 patients, of 21 responders, could be actually called and the rest 19 of 21 responder were those who had expired at the hospital either on same admission or re admission within 2 years)*

Survival and recurrence

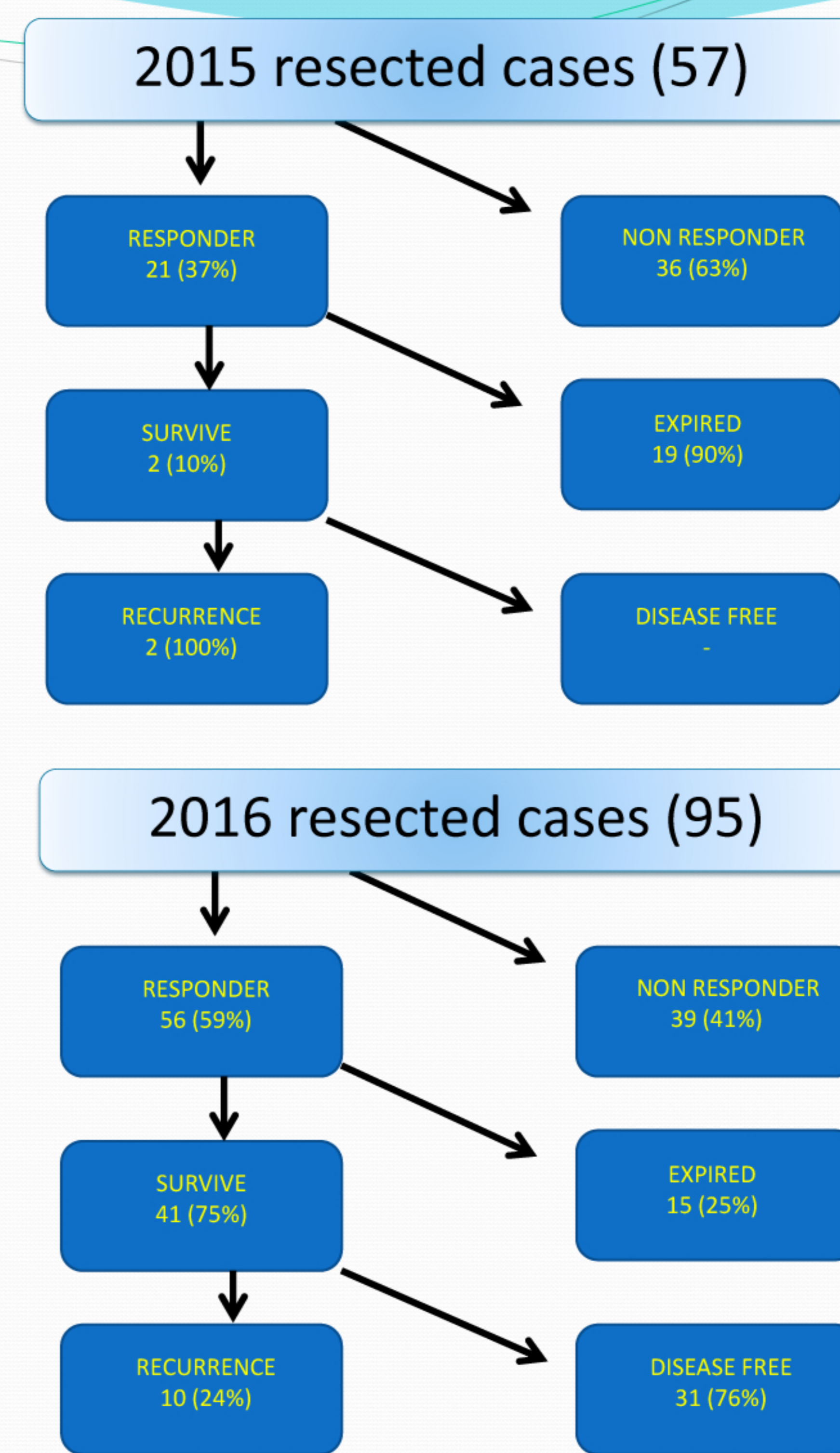


Fig (5) : Survival and recurrence

The response rate is only (21) 39% for 2015 and (56) 58% for 2016. Out of responders in 2015, only 10% survive in 2 years and all survivors have had recurrence. On the contrary, three-quarter of the responders survived and out of whom, only a quarter had recurrence

CONCLUSION

Although the initial results of our department in treating Hepatocellular carcinoma shows improvement, it still need improvement to catch up with international figures.

REFERENCES

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2. Myo K, San San O, Oo KM, Shimono K, Koide N, Okada S. Prevalence and factors associated with hepatitis C virus infection among Myanmar blood donors. Acta Med Okayama 2010;64: 317-21
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