

Clinicopathological risk factors and prognostic evaluation in hepatocellular carcinoma recurrence after surgery

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Abstract

AIM: To analyze the clinicopathological risk factors in hepatocellular carcinoma recurrence after surgery.

METHODS: We used significance testing (χ^2 and Student's *t*-test) of single and multiple factors, and Wilcoxon Cox tropic examination; a retrospective clinicopathological analysis was performed on 156 cases of hepatocellular carcinoma after hepatectomy.

RESULTS: Of the 156 cases, 68.4%, 57.3%, 46.7%, 31.5%, and

28.6% had one, two, three, four, and five postoperative tumor-free years, respectively; the total recurrence rate was 53.2% (83/156). In the 83 recurrent cases, 65 were intrahepatic subclinical, with a resection rate of 78.3% (65/83). The relevant factors involved in recurrence were: male gender, tumor number and size, capsule infiltration, and portal vein involvement. These factors were an obvious influence on the prognosis of the patients with postoperative hepatocellular carcinoma ($P < 0.05$). In the recurrent liver carcinomas, 63.1% of tumor nodes (41/65) were at the ipsilateral segment of the primary tumor nodes.

CONCLUSION: Male gender, tumor number and size, capsule infiltration, and portal vein involvement are factors for postoperative hepatocellular carcinoma recurrence. Recurrence is mainly unicentral. The right front liver lobe is the segment with a high rate of recurrence.

Key words: Liver neoplasms/surgery; Carcinoma, hepatocellular/surgery; Neoplasm recurrence, local; Prognosis; Risk factors

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