Surgical Treatment of Liver Metastases of Gynecological Cancer: Local Treatment of a Systemic Disease

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Even today, oncological surgery implies the resection of all malignant tissue. Incomplete resection, of local or distant disease, is not used and may be harmful for the patient [1]. Because of this assertion and due to the mortality associated with hepatectomy, 50 years ago the presence of liver metastases was a palliative situation [2]. During this era, with great daring some surgeons proposed to operate on colorectal liver metastases. The metastatic dissemination of malignant cells into the liver only via the portal vein justified this aggressive attitude [3]. Hence, patients with extra-hepatic metastases of colorectal cancer, even when resectable, were not considered suitable for surgery. Now, with the exception of involved celiac lymph nodes, there is no contraindication to resection of all colorectal metastases if they are all macroscopically resectable [4].

Evolution of these therapeutic attitudes was due to the major improvements of medical oncology, radiology and surgery [6]. Oncosurgical strategies in metastatic disease are now always the result of a debate that implies all these specialties. Thanks to this association, surgery of liver metastases is now potentially feasible even in patients with systemic disease. It is the improvement of chemotherapy and targeted treatments that allows to treat patients in this situation. The role of chemotherapy is to select patients with resectable macroscopic liver metastases and to possibly treat microscopic systemic malignant cell dissemination. The difficult work of the radiologist is to detect the (sometimes microscopic) residual tumors, so the surgeon can assess whether surgery is feasible and thus avoid a laparoscopy or worse, an explorative laparotomy. It is a pity that the results have not been published online: July 31, 2008

DOI: 10.1159/000143274

Onkologie 2008;31:425–426

stratified according to the primary tumors.

Even though the present series of patients is small, it demonstrates of the end of a dogma. Surgical therapy now plays an important role in the treatment of cancer patients with apparent systemic disease spread, as in metastatic breast cancer. Approximately 50% of breast cancer patients develop metastases [10] and this series confirms that patients with liver metastases from breast cancer will probably more often be offered surgery. The benefit of neoadjuvant chemotherapy has been demonstrated only recently in patients operated for resectable colorectal liver metastases [11], soon the benefit of adjuvant surgery in patients treated by chemotherapy for metastases of breast cancer will become apparent.
References


