Preface

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Hepatocellular carcinoma is one of the most common fatal malignancies in the world and is responsible for approximately 1 million deaths per year. In the management of this serious condition, hepatectomy remains the only curative treatment. In the last few decades, refinement of surgical techniques has enabled an extended indication of hepatectomy, be it minor or major resections, to cirrhotic livers, and the resectability rate has steadily increased. With the availability of modern anaesthetic techniques, hepatectomy has become a safer procedure than in the past. However, there is still a large proportion of patients who cannot benefit from hepatectomy because these patients have advanced disease or their liver function is poor. Innovative approaches such as 'targeted therapy' have been used to treat this group of patients. These approaches have prolonged survival and even cured some who were doomed to die in the past. In selected instances, conversion of an inoperable to an operable case by 'targeted therapy' is possible.

The overall prognosis of hepatocellular carcinoma is dependent of the size of the tumour at presentation. Screening of the population at risk of developing hepatocellular carcinoma may be essential in improving the prognosis, but its cost-effectiveness is still debated. The risk of false-positive diagnoses and the time spent in further investigations are problems that must be faced. In order to arrive at an accurate diagnosis, magnetic resonance imaging, which is useful in tissue characterization, would be potentially valuable. In this issue of Digestive Surgery, the impact of screening for early detection together with many other important aspects of hepatocellular carcinoma will be addressed by renowned experts in the world. The review on current concepts of the pathogenesis and management of hepatocellular carcinoma by our contributors is timely, and should help to improve the quality of care of these unfortunate patients.