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Incidental liver mass

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One of the main challenges the medical profession is facing is to place all the information that exists in the form and make it an effective instrument to achieve the diagnosis. The application of the principles of moderation can protect doctors and help them make clinical decisions in cases of uncertainty. Lesions found in asymptomatic subjects, do not show specific symptoms attributable to the presence of liver injury. All those tumors arising in liver, with known previous liver disease or those tumors that occur in patients with extrahepatic oncological pathology known, are excluded from this denomination. The availability of ultrasound for the evaluation of non-specific clinical conditions allow us to detect injuries that, in the past, had not been diagnosed. The appearance of an incidental hepatic mass ranges from 10.2% to 52% of cases. Other authors demonstrated an incidence of 10.2% to 14.3% of the CT scan. Currently, there are no evidence-based guidelines regarding the proper approach to diagnosis, interpretation of findings and laboratory images and indication of surgical resection. Lack of controlled prospective trials, with underpowered and randomized decision elective resection of benign lesions of the liver. Many patients with lesions detected, come to us for evaluation with high rates of anxiety regarding possible cancer diagnoses. These basic questions will be gradually responded along with a correct clinical history, prudent selection of complementary studies (imaging, endoscopic and laboratory) and finally, the assessment of the need for a biopsy of the lesion. Liver tumors originating from epithelial tissue or mesenchymal tissue may be solid or cystic both benign or malignant. The most common is described and the diagnosis is made differential. I will describe the indications for biopsy and subsequently the clinical and surgical treatments, according to each pathology.

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Split liver transplantation report from a multicenter Argentinean experience

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The shortage of deceased donor's liver is the most significant factor inhibiting further application of liver transplantation for patients with end stage liver disease. Several strategies were adopted around the world. Grafts from split livers constitute an accepted approach to expand the donor pool. Over the last five years, most Argentinean centers have shown significant interest in increasing the use of this technique. The purpose of this study was to describe and analyze the outcomes of right-side grafts (RSGs) and left-side grafts (LSGs) from a multicenter study. The multicenter retrospective study included data from 111 recipients of SL grafts from between January 1, 2009 and December 31, 2013. Incidence of surgical complications, patient and graft survival, and factors that affected RSG and LSG survival were analyzed. Grafts types were 57 LSG and 54 RSG. Median follow-up times for LSG and RSG were 46 and 42 months, respectively. The 36-month patient and graft survivals for LSG were 83% and 79%, respectively, and for RSG were 78% and 69%, respectively. Re-transplantation rates for LSG and RSG were 3.5% and 11%, respectively. Arterial complications were the most common cause of early re-transplantation (less than 12 months). Cold ischemia time (CIT) longer than 10 hours and the use of high-risk donors (age 40 years or body mass index 30 kg/m² or five days intensive care unit stay) were independent factors for diminished graft survival in RSG. None of the analyzed variables were associated with worse graft survival in LSG. Biliary complications were the most frequent complications in both groups (57% in LSG and 33% in RSG). Partial grafts obtained from liver splitting are an excellent option for patients in need of liver transplantation and have the potential to alleviate the organ shortage. Adequate donor selection and reducing CIT are crucial for optimizing results.

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