Introduction: Pyogenic liver abscess (PLA) is a disease with formation of inflammatory isle in the liver parenchima with cavity with purulent collection. Aim The purpose of this study is to analyze the lethal cases in patients with PLA and create a prognostic index , which could provide the final outcome of treatment.
Materials and methods: In our study we included 89 cases of PLA. We performed retro - prospective study in the period 2004-2009- we had 51 patients, and a prospective part - the period 2010-2017 with proven 38 patients.
Results: We have 6 fatal cases - overall mortality rate of 7.6 %.

Based on the SOFA Score (Septic Organ Failure Assessment score) we try to predict lethality in patients with PLA.

After analyzing the lethal cases, we found that in 5 of 6 cases have a high SOFA score total> 10 points.

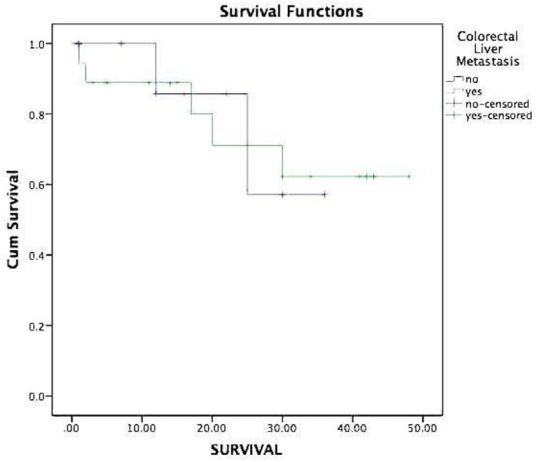
Regarding the aim to create a prognostic index to assess the severity of the disease and treatment outcome "we used cross- tabulations and chi-square to match SOFA index and any of the following values: I value " Immune deficiency", II-Risk pathogenesis of abscess, III- Positive blood culture.
Conclusion: The evaluation of the "critical point " showed that the index > 9.5 sensitivity 80% and specificity was 87% (1-0129 = 87.1%) Keywords pyogenic liver abscess, lethality, SOFA score.

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OUTCOMES OF ALPPS SURGERY COMPARING COLORECTAL LIVER METASTASIS WITH OTHER ETIOLOGIES

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Introduction: Associating liver partition and portal vein ligation (ALPPS) offers resectability for bilobar malignant lesions of the liver with a two stage operation. In this presentation we compared the outcomes of our ALPPS procedure series regarding to the primary disease.
Patients and methods: Thirty-two ALPPS procedures were performed in Ankara University Hospitals between December 2012 and January 2018. Patients were grouped according to etiology iinto two groups: Colorectal cancer liver metastasis (CRCLM) and other etiologies(non-CRCLM). Groups compared in terms of mortality and recurrence.
Results: Eighteen patients were operated for CRCLM and thirteen patients were operated with the diagnosis of hepatocellular carcinoma (3), cholangiocarcinoma (7), a neuroendocrine tumor, a sarcoma metastasis and a gastric cancer metastasis.

Recurrence was seen in 3 of 13 non-CRCLM patients and 9 of 18CRCLM patients. within a median follow up of 28 months. Surgical margin positivity was found in one patient in each group. There were two patient deaths in non-CRCLM group (20%) and 5 deaths were occurred in CRCLM group and was not significantly different between groups (p> 0.05). Estimated mean survival with Kaplan-Meier analysis was 35,9 months (%95 CI: 27-44 months) vs 29,4 months (%95 CI: 22-36 months) p:=0.8 (figure 1)
Conclusion: According to our experience, outcomes of non-CRCLM patients who underwent ALPPS surgery were similar with outcomes of CRCLM patients.



Figure[ALPPS Kaplan-Meier Survival Graph]

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FACTORS THAT DICTATE POSTOPERATIVE ICU ADMISSION AFTER PERFORMANCE OF HEPATIC RESECTIONS IN GREECE

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Introduction: The scarcity of available intensive care unit (ICU) beds in Greek hospitals prohibits performance of major surgical procedures and leads to repeated postponement of operations. The objective of our study was to investigate risk factors that constitute admission to the ICU mandatory following liver resection.
Methods: Patients undergoing liver resection by one senior hepatobiliary surgeon during a 6-year period were prospectively sampled and retrospectively analyzed for the purposes of this study. Nominal logistic analyses were performed.
Results: ICU coverage was requested for the performance of liver resections in 14 of 222 cases (6%). Patient age (p=0.0164; cutoff at 65 years), estimated surgery duration (p< 0.0001; cut-o at 260 min), open liver resection (*vs* laparoscopic; p=0.0065), scheduled major liver resection (p=0.0281), and performance of lymphadenectomy (p=0.0368) and of biliodigestive anastomosis (p=0.0224) were statistically significant parameters for postoperative ICU bed demand in the univariate analysis. Patient age (p=0.0061) and liver resection duration (p=0.0075) retained their statistical significance in the multivariate analysis. Patient age and operative duration represented the most important prognostic factors that can prevent postoperative ICU treatment in patients undergoing liver resection.