
Comparitive study of stress response to laparoscopic and conventional open cholecystectomy

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Primary malignant liver neoplasm is considered as one of the most frequent cancer world wide. There are many aetiologic factors as regard hepatocellular carcinoma "HCC", the most frequent and strong aetiologic factors claimed in "HCC" are liver cirrhosis and hepatitis B & C .Different laboratory modalities of the liver has a role in diagnosis, but the most important tumour marker is serum alpha feto protein together with serum ferritin, it is the most sensitive and diagnostic. The combination of both of them make the diagnosis more accurate.Regarding the imaging modalities, the U/S enhanced with intra-arterial injection of CO2 microbubbles was found to detect small "HCC" 1cm in diameter, so it is the most sensitive.The management of "HCC" includes surgical management and non surgical one.Surgical treatment carries the main hope for cure in "HCC" it includes liver resection and liver transplantation. Liver resection is the main line of treatment in lesions extended unilaterally either into the right or left liver but leaves the contralateral half of the liver free of tumour. Liver transplantation for "HCC" is indicated in those large tumours involving more than one lobe and those near the porta hepatis and also in cirrhotic liver.Combination of different modalities of treatment of "HCC" improves the results and survival rate.Recurrence rate after surgery for "HCC" was found to be 50% after liver resection and 40% after liver transplantation. So, the best result obtained in small asymptomatic tumours.The non surgical management is used in large tumours extending outside the liver and if there is a distant metastases and in patient with bad general condition i.e., can not withstand surgery. Those options are: hepatic artery ligation, embolization of liver tumours, chemotherapy, ethanol injection, cryotherapy