

The Quality of Life after Surgery for HCC can support the Choice of this Treatment

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To the Editor

We read with interest *Impact of Surgery on Quality of Life in Patients with Hepatocellular Carcinoma* by Mise et al. [1].

In Fig. 1 of the article, the authors well demonstrate that with regard to quality of life (QOL), patients' physical component summary (PCS) 12 months after surgery can be impaired compared with their preoperative status, but the mental component summary (MCS) is higher than the initial value.

The subgroup analysis shows debatable results. In Fig. 3, patients with multiple nodules have poorer MCS-related QOL, probably because these patients continue to think that nodules will remain in the liver or can regenerate easier after the resection. This is a concern of patients who undergo radiofrequency ablation (RFA). In fact, as reported in our work [2], although patients have an excellent QOL in the first period (up to 12 months) after the RFA, surgery-related QOL worsens in the second period (12–24 months), as the tumor's presence in their body presents a continual emotional stressor.

In Fig. 4, the authors show that PCS-related QOL does not differ between patients who undergo resections of up to

two segments and those who undergo resections of more than two sections. Although Mise et al. [1] are among the finest hepatic surgery groups in the world, this result was surprising, as it implies that an enucleation or a simple segmentectomy has the same effect on PCS-related QOL as does a right hepatectomy. Slow regeneration after a large hepatic resection is the main cause of impaired post-operative physical condition; however, when the resected tissue is very limited, as in cirrhotic patients, recovery is generally easier. Our investigation [2] has shown this to be a major predictor of QOL in patients who undergo RFA and surgery, especially in the first 6 months after the procedures.

References

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