

PREDICTORS OF EARLY RECURRENCE AFTER CURATIVE-INTENT RESECTION FOR CHOLANGIOCARCINOMA: A SINGLE-CENTER EXPERIENCE

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OBJECTIVE

To evaluate clinicopathological factors associated with early recurrence following curative-intent resection for cholangiocarcinoma and assess short-term oncological outcomes.

TREATMENT

Major hepatic resection

RESULTS

Median age was **65 years** (range 50-80 years); **57.1% were female**.

R0 resection was achieved in **71.4% (5/7)** and R1 resection in **28.6% (2/7)**.

ymph node metastasis was identified in **1 patient (14.3%)**.

Tumour size ranged from **2.5 to 12 cm**.

Post-hepatectomy liver failure occurred in **28.6%**, while bile leak and surgical site infection each occurred in **14.3%** of patients.

METHODS

A retrospective review was performed of patients undergoing curative-intent liver resection for cholangiocarcinoma between November 2023 and September 2026.
Collected variables included:

- Demographics
- Comorbidities
- Type of surgery
- Tumour size
- Margin status
- Lymph node yield
- Lymph node positivity
- Postoperative complications
- Recurrence status

Histological Grade		n (%)
Well differentiated		1 (14.3)
Moderately differentiated		4 (57.1)
Poorly differentiated		1 (14.3)
Grade not reported		1 (14.3)

CONCLUSION

Curative-intent liver resection for cholangiocarcinoma achieved acceptable short-term outcomes with an R0 resection rate of 71.4%. Despite the presence of adverse pathological features, no recurrence events were observed during available follow-up. Larger cohorts with longer follow-up are required to identify predictors of early recurrence.