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Surgical resection of large hepatocellular carcinomas in cirrhotic patients: should we perform central hepatectomy or left lateral sectionectomy? Lateral sectionectomy (LSE) is the most commonly performed resection in patients with hepatocellular carcinoma (HCC) with cirrhosis. Although this procedure is associated with decreased perioperative morbidity and mortality compared to central hepatectomy (CHE), the oncological impact of this approach is unclear. In this retrospective study, patient demographics, outcomes of resection, and recurrence rates were analyzed to compare outcomes of CHE to those of LSE performed between 1990 and 1998. A total of 220 LSEs and 135 CHEs were performed in 217 patients with HCC. The mean age and gender distribution were not different between the LSE and CHE groups. The mean tumor size and preoperative liver function tests were similar in both groups. Postoperative morbidity and mortality were similar in the LSE and CHE groups. Median disease-free survival was 15 months in the LSE and CHE groups ( $P = .354$ ), and the corresponding median overall survival was 37.5 months and 48.1 months, respectively ( $P = .049$ ). There were no differences in overall and disease-free survival in a subgroup analysis stratified by cirrhosis etiologies. Recurrence was more common in the CHE than the LSE group (20.5% vs 11.7%,  $P = .047$ ). There was no

difference in perioperative morbidity and mortality between LSE and CHE in cirrhotic patients with HCC. However, recurrence was more common following CHE compared to LSE. Therefore, considering the postoperative recurrence rate and the increased risk of recurrence in CHE, we recommend LSE be performed instead of CHE in cirrhotic patients with large HCCs. after 3.5 decades. A recent study showed that almost one-fifth of the people in Bangladesh aged 65 years and older had experienced household food shortage, and the prevalence was even higher in the rural households. These findings are in agreement with the present study. The current study showed

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