MULTIDISCIPLINARY SELECTION OF SURGERY AND ALTERNATIVE TREATMENTS FOR FOCAL LIVER LESIONS

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Background. The management of focal liver lesions extends beyond choosing an operative technique. Patients may require observation, further diagnostic assessment, resection or another disease-specific treatment, and each pathway has a different purpose. A decision becomes more difficult when anatomical complexity coexists with reduced hepatic reserve or when imaging does not establish the diagnosis confidently. Multidisciplinary review is useful when it resolves a concrete uncertainty and produces an actionable plan. Merely recording agreement does not explain why treatment is appropriate. Optimization should therefore make the reasoning visible: the nature of the lesion, the expected benefit of intervention and the factors limiting safety. This also helps patients understand why similar imaging findings may lead to different recommendations.

Materials and methods. This narrative review considers EASL hepatocellular carcinoma guidelines 2025 and ACG focal liver lesion guidance 2024. Treatment selection and coordination of specialist assessments are examined. The text does not report an original trial or comparative treatment results.

Results. For hepatocellular carcinoma, the available pathways include resection, transplantation and locoregional treatment, selected according to disease stage and patient suitability. Minimally invasive surgery may be considered in selected cases within experienced centres. These pathways are diagnosis-specific and should not be generalized to benign lesions or metastases. In multidisciplinary review, the radiologist should clarify lesion characterization, the surgeon assess technical feasibility and the hepatologist evaluate underlying liver disease. A written decision should identify the chosen treatment, its clinical objective and the conditions requiring reassessment. When observation is selected, responsibility for follow-up must be clear. When intervention is planned, postoperative findings should feed into the subsequent management decision.

Conclusion. Multidisciplinary selection can organize diagnostic and therapeutic decisions around the needs of the individual patient. Its value lies in resolving treatment-relevant uncertainties and maintaining continuity from diagnosis through follow-up.

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