# OPTIMIZING PREOPERATIVE ASSESSMENT FOR SURGICAL TREATMENT OF FOCAL LIVER LESIONS

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**Background.** Preoperative assessment of a focal liver lesion must answer two related questions: what disease is being treated and whether the proposed intervention is appropriate for the patient. A technically removable lesion does not by itself establish a favourable balance of benefit and risk. Diagnostic uncertainty, background liver disease and the anticipated extent of resection may change the decision. Information is often distributed across imaging reports, laboratory results and specialist assessments, so the final plan should bring these findings together. The practical purpose of optimization is to resolve uncertainties that matter to treatment rather than repeat investigations without a defined question. This is especially relevant when a limited intervention and a major resection would have different consequences for the remaining liver.

**Materials and methods.** A narrative review of the AASLD hepatocellular carcinoma guidance 2023 and EASL hepatocellular carcinoma guidelines 2025 was undertaken. The analysis focuses on assessment of operative suitability and integration of diagnostic information. No original cohort or postoperative outcomes are reported.

**Results.** For hepatocellular carcinoma, resection selection requires assessment of tumour burden, liver function, portal hypertension and the expected future liver remnant. These considerations complement anatomical evaluation and cannot be replaced by lesion diameter alone. The applicability of imaging-based diagnosis depends on the clinical risk population; criteria used in patients at risk of hepatocellular carcinoma should not be applied indiscriminately to every incidental lesion. A multidisciplinary plan should state which uncertainties remain and whether they could change treatment. Preoperative discussion should also identify alternatives when resection is unsuitable. The proposed extent of surgery, expected functional consequences and subsequent pathology review should form a coherent treatment pathway.

**Conclusion.** Preoperative optimization requires an explicit connection between diagnostic certainty and operative suitability. The approach supports individualized decisions, but any improvement in clinical outcomes requires prospective evaluation.

## References

1. Кармазановский Г. Г., Дунаев А. П., Нуднов Н. В. и др. Очаговые образования печени: дифференциальная диагностика при МСКТ и МРТ : учебное пособие. — М. : Крафт+, 2018. — 232 с.
2. Чжао А. В., Кармазановский Г. Г., Бугаев С. А., Чугунов А. О. Трудности в диагностике и лечении очаговых заболеваний печени // Альманах клинической медицины. — 2018. — Т. 46, № 6. — С. 618–630. — DOI: 10.18786/2072-0505-2018-46-6-618-630.
3. Вишневский В. А., Кубышкин В. А., Чжао А. В., Икрамов Р. З. Операции на печени: руководство для хирургов. — М. : Миклош, 2003. — 156 с.
4. Мовчун А. А., Малиновский Н. Н., Абдулаев А. Г. и др. Алгоритм дифференциально-диагностического поиска при объемных образованиях печени // Хирургия. — 1998. — № 6. — С. 54–58.


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5. Oybek K. PROBLEMS IN THE MACHINE TRANSLATION OF ECONOMIC TERMS AND CONCEPTS FOR OVERCOMING THEM //Новости образования: исследование в XXI веке. – 2026. – Т. 4. – №. 44. – С. 581-595.
6. Khazratkulov O. et al. CREATING A BILINGUAL THESAURUS OF SPORTS TERMINOLOGY (ENGLISH-UZBEK) //Altum International Conference Platform. – 2026. – №. 5. – С. 138-143.


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