Conclusion: Asymmetric right liver lobe resection is a feasible alternative to standard resection strategies, particularly in patients with chronic liver disease. It offers a less invasive approach with reduced postoperative morbidity and mortality compared to standard resection, making it a promising option for the treatment of right hepatic lobe tumors in patients with cirrhosis.

References:
1. Miller AD, et al. Right liver resection with asymmetric的原则: 右侧肝脏切除是标准切除策略的可行替代方案，特别是在慢性肝病患者中。它提供了一种更具侵袭性的方法，与标准切除相比具有较少的术后并发症和死亡率，因此是慢性肝病患者右叶肝脏肿瘤治疗的有前景的选择。

参考文献：
1. Miller AD, et al. Right liver resection with asymmetric liver lobe resection is a feasible alternative to standard resection strategies, particularly in patients with chronic liver disease. It offers a less invasive approach with reduced postoperative morbidity and mortality compared to standard resection, making it a promising option for the treatment of right hepatic lobe tumors in patients with cirrhosis.

Results: Median follow-up time for surviving patients was 27 months (5-150 months). The 1-year and 2-year survival rates were 58 ± 6% and 27 ± 6%, respectively. Subjective symptom relief was achieved in 25 of 34 symptomatic patients (74%). The most common toxicities were leukopenia, nausea, vomiting and gastritis. RT Doses ≥ 50Gy and ECOG -PS (1-2 vs. 3) associated with better median survival time (MST) and prognosis, respectively (p=0.003;p=0.001).

Conclusion: Salvage radio(chemo)therapy for recurrent esophageal cancer is a reliable option in patients suffering from REC. In particular therapy of symptoms caused by the tumor can be managed by salvage-RCT. The toxicity is in an acceptable range. Long-term survival is possible in some patients.