BP VE 5

Laparoscopic Extended Cholecystectomy For T2 Gallbladder Cancer

Youngmok PARK*[1], Byeonggwan NOH[1], Hyungil SEO[1], Myunghee YOON[1]

[1]*Surgery, Pusan National University School Of Medicine, REPUBLIC OF KOREA*

Background : Recently, several studies have showed beneficial or equivocal advantage of laparoscopic extended cholecystectomy for early gallbladder cancer (GBC) in terms of overall survival and recurrence rate. This video shows our experience of laparoscopic extended cholecystectomy for T2 GBC.

Methods : A 70-year-old female presented with gallbladder mass. Abdominal computed tomography and magnetic resonance cholangiography showed a 3cm sized mass in the gallbladder fundus with probable liver invasion. We performed laparoscopic extended cholecystectomy with hepatic resection of segment S4b and 5.

Results : We used 5 trocars which were two 12mm and three 5mm. After cholecystectomy, we confirmed T2 GBC with no cystic duct invasion by frozen section biopsy. Lymphadenectomy was performed first. We dissected lymph nodes (LNs) around hepatoduodenal ligament and isolated common bile duct. And then we isolated right hepatic artery and portal vein. After Kocherization of the duodenum, LNs were dissected from the posterior superior portion of the pancrease. LNs dissection continued along the left side of the hepatoduodenal ligament. And we exposed and isolated left, proper and common hepatic artery and gastroduodenal artery. After completion of hepatic hilar structure skeletonization, we performed hepatic resection of segment S4b and 5. It needed 2times (15min duration) of Pringled maneuver. The operation time was 270min and the estimated blood loss was 400ml. The final pathology confirmed GBC with T2b and clear resection margin. LNs were retrieved 15 without metastasis. The patient was discharged on postoperative day 7 without complication and did not received adjuvant chemotherapy. After 6month of operation, there was no evidence of recurrence.

Conclusions : Although laparoscopic extended cholecystectomy for GBC requires advanced surgical technique, but it is safe and can expect a rapid recovery and also similar oncologic outcome to open surgery.

Corresponding Author : **Youngmok PARK** (pym777@hanmail.net)