

Living Donor Liver Transplantation In Unresectable Huge Hepatocellular Carcinoma With Congenital Absence Of The Portal Vein : A Case Report

Eun-Kyoung JWA¹, Deok-Bog MOON*¹

¹Liver Transplantation And Hepatobiliary Surgery, Asan Medical Center, REPUBLIC OF KOREA

Background : Congenital absence of the Portal Vein (CAPV) increased with the development of imaging techniques. A treatment method for HCC with CAPV has not yet been established. We report a transplant case of a patient with unresectable huge HCC with CAPV.

Methods : We report a transplant case of a patient with unresectable huge HCC with CAPV.

Results : A 34-year-old man visited the local hospital for reconstructive surgery after head trauma. A huge HCC was discovered incidentally during preoperative examination. He was healthy except for two head trauma. He visited our center for HCC treatment. Radical resection was impossible due to a large tumor of about 15 cm and multiple nodules suspected of hepatocellular carcinoma. He has a congenital absence of portal vein(CAPV) with a portal vein shunt. We decided to do LDLT. Prior to LDLT, embolization was performed twice to reduce tumor burden. LDLT underwent using right lobe from his brother on 28 March 2019. Before the liver mobilization we first did hilum dissection. The large collateral vein was dissected as long as possible. No-touch liver resection was performed with a left approach. The graft portal vein was anastomosed with a collateral vein. When the doppler was checked the post operative one day, Middle hepatic vein(MHV) and inferior right hepatic vein(IRHV) was undetected. We immediately inserted stents in the MHV and IRHV. He was discharged 14 days after surgery without further complications. The everolimus was added 1 month after transplantation and steroids were stopped 3 months after transplantation. He is doing well with no recurrence.

Conclusions : Since hepatocellular carcinoma for CAPV is due to PV obstruction, LT may be a good choice for patients suffering from hepatocellular carcinoma with CAPV if radical total liver resection can be performed.

Corresponding Author : Deok-Bog MOON (jjwa03@gmail.com)