

Short-term Outcomes Of Flipped Left Lobe Graft Implantation To Right Side In Adult Living Donor Liver Transplantation

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Background : Orthotopic implantation is naturally considered as a standard option for living donor liver transplantation (LDLT) regardless of the graft type. In literature, however, LDLT using left lobe graft tends to have more venous outflow complications, small for size syndrome, early satiety, and the possibility of surgical difficulty with anastomosis. Herein, we reported our early experience of flipped left lobe graft implantation (FLGI) to the right side of the recipients

Methods : A total of 926 adult LDLTs, right lobe grafts were 900 and left lobe grafts were 26. Out of left lobe grafts, we have performed 7 cases of FLGI including two extended left lobe grafts. The left hepatic vein was anastomosed to the right side of IVC. V4 was reconstructed with a dacron graft except for an extended left lobe graft. We retrospectively analyzed the outcomes of the patients.

Results : Vascular anastomosis including HV, PV, and HA was easier than orthotopic left liver transplantation because the vascular axis particularly in PV and HA anastomosis were parallel to the recipient main PV and HA. There was one in-hospital mortality, who had a 40 MELD score and massive gastric varix bleeding just before liver transplantation. There was one bile leak after liver transplantation, which was resolved by ERBD insertion. All others were discharged without postoperative complications. Post-operative CT scan showed well-positioned in the right subphrenic area without any vascular complication (Fig. 1).

Conclusions : FLGI is an easier and feasible technique when we use left lobe graft in living donor liver transplantation. Long-term follow-up will be needed.

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