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Atypical Anatomic Liver Resection In Patients With Small Future Liver Remnant

Dong-Sik KIM

Department Of Surgery, Korea University College Of Medicine, REPUBLIC OF KOREA

Lecture : Anatomic liver resection offers theoretical advantage of reduction in local recurrence by removing potential intrahepatic tumor spread within the same anatomical area. However, it tends to remove larger volume of liver parenchyma compared to non-anatomical liver resection, which can be a limiting factor to apply in patients with limited liver function or small future liver remnant. One significant example of this situation is when the tumor is located in segment 7 and 8, requiring resection of right hepatic vein (RHV). Simply performing right hemihepatectomy can be an easy solution, but it may not be an option in patients with marginal liver function or small left liver. In such cases, option can be different depending on the presence or absence of right inferior hepatic vein (RIHV). If there is a significant RIHV, segment 7/8 can be resected without reconstruction of RHV. If there is no significant RIHV, reconstruction of RHV is mandatory to avoid congestion of remnant segment 5/6. For reconstruction of RHV, vascular graft such as cadaveric iliac vein or artificial vessel can be used. But, direct anastomosis between RHV stumps on inferior vena cava (IVC) and intrahepatic portion can be accomplished by folding remnant segment 5/6 towards IVC. Using this simple technique, reconstruction of RHV becomes simpler and quicker requiring only one anastomosis instead of two. This technique also enables to avoid foreign material and decreases risk of kinking or distortion of anastomosis when remnant liver was placed back in position.