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Laparoscopic Anatomical Segmentectomies Of S7&8 Employing An Indocyanine Green Fluorescent Dual Staining Technique In A Patient With Inferior Right Hepatic Vein; A Case Report

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Background : Liver resection of S7&8 is a relatively rare and difficult procedure, because S5&6 lose the drainage vein (right hepatic vein, RHV). We performed a totally laparoscopic anatomical segmentectomies of S7&8 using an indocyanine green (ICG) fluorescent dual staining technique in a patient with hepatocellular carcinoma, who had a inferior right hepatic vein (IRHV).

Methods : A 66-year-old male was referred to our center for resection of hepatocellular carcinoma in S7&8. We planned a laparoscopic anatomical segmentectomies of S7&8 employing an ICG fluorescence camera system (Stryker 1688 AIM).

Results : The surgical procedure was as follows; 1) full mobilization of the right lobe, 2) transection with CUSA from the G8/4 border (Cantlie line), 3) exposure of the middle hepatic vein (MHV), 4) confirmation of the root of RHV, 5) dissection of G8, 6) dissection of root of RHV (Signia Gray 30 mm), 7) exposure of the right side of inferior vena cava (IVC) toward the caudal side, 8) identification of IRHV from the cranial side, 9) dissection of G7, 10) ICG administration (1.25 mg/body), and 10) parenchymal dissection along the fluorescence boundary (S5/8, S6/7) (negative staining method). Pringle's maneuver was used intermittently during transection. IRHV was preserved for S5&6. Operation time was 393 min and bleeding volume was 300ml.

Conclusions : Laparoscopic anatomical segmentectomies of S7&8 was safely performed. The high-performance ICG fluorescence system was useful for the anatomical resection of posterosuperior lesions, because the fluorescence boundary can be clearly confirmed even from the transection side.

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