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Simple Effective Technique Of LDLT For Extreme Huge Liver With Polycystic Liver Disease: Interposition Of Autologous Retrohepatic IVC After Total Vascular Exclusion (Video Presentation)

Jae Geun LEE*, <u>Eun-Ki MIN</u>

Department Of Transplant Surgery, Severance Hospital, REPUBLIC OF KOREA

Background : Polycystic liver disease (PLD) is the common extrakidney complication of autosomal dominant polycystic kidney disease. Liver transplant for symptomatic and end stage PLD were performed with relative high mortality and morbidity rate because of huge liver with bleeding, narrow visual field, unstable hemodynamic.

Methods : To overcome bleeding and unstable hemodynamic, I reported simple effective technique for extreme huge liver with polycystic liver disease using interposition of autologous retrohepatic IVC after total vascular exclusion in living donor liver transplantation (LDLT)

Results : She was 60 years old and had undergone laparoscopic marsupialization 1 years ago because of tightness, nausea, abdominal discomfort and dyspnea. However, her symptom was no improved and undergone LDLT from her daughter. After two cross incision along whole abdomen, 12Kg of huger liver with en bloc IVC were explanted followed total vascular exclusion. Reconstruction of IVC from retrieval of retrohepaitc IVC was done, then, graft implantation and anastomosis of Rt. and middle hepatic vein was done similar to regular LDLT. There was no transfusion within recipient total hepatectomy during 74 minutes.

Conclusions : Interposition of Autologous retrohepatic IVC after total vascular exclusion was feasible and simple technique compared to classic preserving IVC in LDLT for extreme huge liver.

Corresponding Author : Jae Geun LEE (drjg1@yuhs.ac)