

**ABST-0370**

## **Open Right Hepatectomy Post TACE In A Patient Of Hepatocellular Carcinoma In Segment 6 And 7 With Aberrant Right Sectoral Duct In Common Hepatic Duct**

**Kunal NANDY\***, Rajyalakshmi PUVADDA, Shraddha PATKAR, Mahesh GOEL*Surgical Oncology, Tata Memorial Hospital, INDIA*

**Background** : Right hepatectomy is the most common major formal anatomic liver resection. Hepatic resection is a complex surgical procedure undertaking requiring a certain level of surgical expertise and institutional sophistication.

**Methods** : We demonstrate a case of a 62 year old female with diabetes and Hepatitis B related chronic liver disease with 9 cm right lobe HCC who underwent right hepatectomy after one session of Trans arterial chemoembolization. Future liver remnant was assessed to be 52% for Right hepatectomy. Indocyanine green retention at 15min was 15%, and HVPg was 5mm Hg. Right hepatectomy was performed after 8 weeks of trans arterial chemoembolization.

**Results** : The total operative time was 240min with a blood loss of 1.2L. She had an aberrant right sectoral duct opening into common hepatic duct which has been demonstrated in the video. She was shifted out of ICU on second post-operative day. She had Grade B post hepatectomy liver failure which was managed conservatively. She was discharged on post-operative day 11. Final histopathology confirmed Residual Viable Hepatocellular carcinoma on background of developing cirrhosis (Ishak fibrosis stage- 5/6) and resection margins were free. She has been planned for observation and regular follow up.

**Conclusions** : Better understanding of liver vascular and biliary anatomy , improved surgical technique and perioperative management have improved outcomes of liver surgery

Corresponding Author : **Kunal NANDY** (kunalnandy@gmail.com)