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## Pure Laparoscopic Left Hepatectomy And Caudate Lobe Resection For Huge Hemangioma On The Caudate Lobe

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**Background** : Pure laparoscopic caudate lobe resection is the major challenge for laparoscopic liver surgeons. Because the caudate lobe lies deep between the portal vein and the inferior vena cava, it is not easy to access. We show the case of surgical techniques for the pure laparoscopic left hepatectomy and caudate lobe resection for a huge hemangioma on the caudate lobe.

Methods : The patient was 53 years old woman diagnosed with 6 cm-sized huge hemangioma on segment 1. Her body mass index (BMI) was 25.6 kg/m2, and her preoperative laboratory finding, including liver function tests were normal. The left lobe was also resected for easy access to the caudate lobe. A pringle maneuver was performed during the hepatic parenchymal transection using laparoscopic Bull-dog. The Cavitron Ultrasonic Surgical Aspirator(CUSA) was used during the hepatic transection. Small hepatic vein branches and small glissonean pedicles were sealed and divided with a THUNDERBEAT<sup>™</sup> (Olympus). iDriveTM Ultra Powered Stapling device (Medtronic) was used for the division of major glissonean pedicles and large hepatic veins. The specimen was placed in an endo-bag and extracted through a Pfannestiel incision.

**Results** : There was no specific event during the operation and no complication after surgery. The operation time was 258 min, and the estimated blood loss was less than 200 ml. On a postoperative day 3, the computed tomographic scan showed no pathological findings. The patient was discharged on a postoperative day 6 without complications.

**Conclusions** : We argue that even a huge hemangioma on the caudate lobe can be safely resected laparoscopically.

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