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Mono To Quatro Sectionectomy For Preserving Remnant Liver Function.

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Background : Liver failure after hepatic resection is proportional to the degree of liver cirrhosis and the volume of the liver removed. Liver failure after hepatic resection is a challenge for many surgeons. Hepatic resection methods such as portal embolization, arterial embolization, or ALPPS (Associating Liver Partition and Portal vein Ligation for Staged hepatectomy) are also recommended to prevent liver failure after hepatic resection. The method introduced is a technique of hepatectomy at least the anatomical region of the liver containing the tumor. This technique is not a simple right lobe resection, right posterior lobe resection, right anterior lobe resection, left lobectomy, or left lateral lobectomy. Introducing methods is monosectionectomy, bisectionectomy, trisectionectomy and quatrosectionectomy to leave the hepatic parenchyma as much as possible, venous interposition vessel reconstruction was also performed in parallel as needed.

Methods : Method Anatomical resection including the tumor was resected using the Glissonian approach, and intraoperative ultrasound was used to determine the anatomical boundary. For monosectionectomy, S1, S5, S6, S7, S8, S4a, S4b segmentectomy was performed, and for Bisectionectomy, S4ab / S5,6 / S7,8 / S4a,8/ segmentectomy was performed. Trisectionectomy was performed with S5,6,7 / S6,7,8 c vein reconstruction / S4a,b, 8 / S5,7,8 / S 4a, 5, 8, etc. In some cases, Rt. In some cases, hepatic vein repair was required. Quatro sectionectomy was performed with S4b, 5,6,7 / S4a, 6,7,8 /S4a,b,7,8.

Results : Postoperative complications such as biliary leakage and excessive ascites could be reduced in patients with mono-quatrosectionectomy accompanied by anatomical resection by preserving the parenchyma as much as possible

Conclusions : If performed by a competent surgeon. Hepatic resection after vessel embolization or ALLPS after vessel embolization can be avoided.

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