EP 027

Extended Left Hemi-hepatectomy And Caudate Lobectomy With Bile Duct Resection Can Be A Feasible Technique For Caudate Lobe Tumor

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Background : In general, surgery for tumors located in the hepatic caudate lobe (CL) is difficult due to the deep location and risk of invasion with the portal vein (PV), bile duct (BD) and inferior vena cava (IVC). We would like to report a case in which ELH+S1+BDR was performed to a patient suspected of 6 cm cholangiocarcinoma in CL.

Methods : A 68-year-old female patient visited our hospital with epigastric pain that had started the day before. In laboratory findings, WBC: 5900, Hb: 12.9, PLT: 220K, T-bil: 0.57, AST: 274, ALT: 104, r-GTP: 130, HBs-Ag (-), HBs-Ab (+) HCV Ab (-), and HBc Ab IgG (-). CT scan showed that an about 5.2 X 4.3 cm sized heterogeneous enhancing lesion in the S1, r/o cholangiocarcinoma, suspicious Lt. PV invasion and minimally dilated Lt. IHBD and periportal lymphedema. Tumor markers were CA19-9: 4.7 (0-37), CEA: 1.13 (<5), AFP: 4.37 (<9), and ICG R15: 7.7%. Additional MR liver Primovist revealed similar findings of CT scan and EUS guided biopsy was performed, it was confirmed that papillary neoplasm with high grade dysplasia (HGD). We decided to proceed with surgery and planed for ELH+S1+BDR and IVC replacement, if necessary, due to the suspicious findings of hidden cholangiocarcinoma and the possibility of IVC invasion.

Results : In operative findings, the tumor pressed the IVC but did not invade, it was abutting with the surrounding cystic plate but separable from PV. After LHA and LPV were isolated and sacrificed, left liver area was demarcated, and liver mobilization was performed to completely separate CL and IVC. After the Hanging and Pringle's maneuver was performed, liver resection (ELL+S1 including MHV) was performed using CUSA considering the resection margin (RM), and BDR was also performed. After confirming the proximal BD RM (-) on frozen biopsy, the operation was completed by performing H-J and J-J using the Roux-en-Y jejunal limb. Histological examination after surgery revealed that 6.0 x 4.0 cm Intraductal papillary neoplasm with HGD with no resection margin involvement. The operative time was 475 minutes, blood loss was 500cc, and intraoperative transfusion was not performed, and the patient was discharged in POD 9 day without any morbidity.

Conclusions : Although CL tumor surgery is difficult, if it was suspected of bile duct infiltration, ELH +S1+BDR can be performed as one of the feasible techniques.

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