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Portal Vein Reconstruction In Pediatric Liver Transplantation Using End-to-side Jump Graft: A Case Report

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Background : Attenuated portal vein (PV) flow is challenging in pediatric liver transplantation (LT) because it is unsuitable for classic end-to-end jump graft reconstruction from a small superior mesenteric vein (SMV). We introduce a novel technique of an end-to-side jump graft from SMV during pediatric LT using an adult partial liver graft.

Methods : We successfully performed two cases of end-to-side retropancreatic jump graft using an iliac vein graft for PV reconstruction.

Results : A 2-year-old boy with hepatoblastoma and a Yerdel grade 3 PV thrombosis underwent split liver transplantation. Another patient, an 8-month-old girl, had biliary atresia and PV hypoplasia with stenosis on the confluence level of the SMV. She underwent retransplantation because of graft failure related to PV thrombosis. After native PV was resected at the SMV confluence level, an end-to-side reconstruction from the proximal SMV to an interposition iliac vein was done. The interposition vein graft through posterior to the pancreas was obliquely anastomosed to the graft PV. There was no PV related complication during the follow-up period.

Conclusions : Adopting a jump vascular graft in an end-to-side manner to connect the small native SMV and the large graft PV is a feasible option for pediatric recipients with inadequate portal flow due to thrombosis or hypoplasia of the PV.

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