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Early experience of ALPPS procedure: 4 Case reports

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Purpose:

Associating liver partition and portal vein occlusion for staged hepatectomy(ALPPS) has been introduced recently as a new surgical technique to increase future liver remnant(FLR) in patients with marginal liver volume contemplating for major liver resection. We hereby report our experiences of two case of ALPPS procedures.

Case 1

An healthy and asymptomatic 68-year-old male patient was referred to our hospital with a synchronous hepatic metastasis of the left colon cancer. Therefore, we decided to achieve sufficient hypertrophy through a ALPPS procedure. Three weeks after the last cycle of chemotherapy, the first stage of ALPPS with left hemicolectomy were performed. The operation was started with left hemicolectomy for left colon cancer. After left hemicolectomy, ALPPS was performed. After identification of the portal structures, the right portal vein was transected. The right hepatic artery and right hepatic vein were marked with vessel loops. The parenchyma was transected via demarcated line for right hemiliver and the right border of middle hepatic vein. The blood loss in first stage was 650 ml.

CT volumetric on day 7 after first stage revealed 35% FLR, therefore we performed second stage ALPPS on day 8 after first stage ALPPS. There were no intraoperative complications, and the blood loss was less than 50 ml.

Case 2

A 69-year-old male underwent radical subtotal gastrectomy because of stomach cancer two years ago. CT was performed which revealed a large tumor measuring 16 cm × 15 cm in segments 5–8, middle hepatic vein invasion.

At 9 days postoperatively, the second operation was performed.

Case 3

A 58-year-old male patient with a large hepatocellular carcinoma and rectal cancer underwent ALPPS procedure.

Case 4

A 50-year-old female patient with colorectal liver metastasis underwent ALPPS procedure.

Conclusion:

ALPPS procedure is a good alternative for patients who need liver resection future liver remnants expected to be low.