



Inflow Control

- After Parenchymal Dissection

(Hilum Preserving Right Anterior Sectionectomy by Non-Anatomical Resection with Anterior Approach)

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Background

Since introduced anatomical resection (AR) for hepatocellular carcinoma (HCC), it still remains unclear whether hepatectomy for HCC should be performed as AR or non-anatomical resection (NAR).¹ AR was suggested as theoretically more effective for tumor and metastases eradication but could be increased the risk of postoperative liver failure. There is no clear evidence of the superiority of one technique over the other, since some studies report a survival benefit of AR,^{2,3} that was not manifest in others.^{1,4,5} And most of all, using the NAR, could be feasible for liver transplantation (LT) because of preserved liver hilum. In this study we would introduce hilum preserving right anterior sectionectomy (RAS) by NAR with anterior approach.

Methods

Our patients was a 46 years old male who had Child's A hepatitis B cirrhosis and was on entecavir. During follow-up liver MRI, a 2.8 cm segment 8 lesion was confirmed to HCC. α -Fetoprotein was 185.7 ng/ml (normal < 20 ng/ml). For oncologically safety, we did anterior approach and hepatic inflow control by Pringle maneuver and right anterior portal vein ligation during liver resection. The video demonstrates a hilum preserving RAS by NAR with anterior approach.

Results

Operative time was 186 minute and blood loss was less than 200 ml with no perioperative transfusion was required. Postoperative recovery was uneventful and only simple oral analgesics were required for pain control. He was discharged on postoperative day 10. Histology showed a progressed HCC and all resection margins were clear.

Conclusions

Hilum preserving RAS by NAR with anterior approach is feasible in selected patients with favorable results.

Maximal liver conservation and liver hilum preserving was achieved in performing oncologic RAS by NAR with hepatic inflow control.

Keywords : Hepatocellular carcinoma, right anterior sectionectomy, anatomical resection, non-anatomical resection

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