Inflow Control
- Extra-hepatic Control

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Introduction

Anterior sectionectomy (resection of segments 8 and 5) is one of the most technically demanding operations because the surface area is the largest among the systematic liver resections. Two large planes containing the middle and right hepatic veins (MHV, RHV) need to be transected. As the inflow-control, I preferred to use extra-hepatic control of the anterior pedicle before parenchymal transection, and to use Pringle's maneuver during transection.

Procedures

The patient was a 59-year-old man with chronic hepatitis C. CT showed a hepatocellular carcinoma (HCC) of 6 cm in the caudate lobe. The cranial and lateral sides of the HCC were in contact with RHV and MHV, and the caudal side was in contact with the anterior aspect of the hilar plate. His Child-Pugh class was A, and the ICGR-15 value was 9%. As the best procedure of choice, I performed anterior sectionectomy extended to the caudate lobe (resection of segments 8, 5, and 1). At the hepatic hilum, the anterior branches of the right hepatic artery and the portal vein were ligated and divided (extra-hepatic control). Under Pringle's maneuver, transaction was started along the demarcation line of the anterior section, and the tumor was divided from the MHV and RHV. In dissection of the tumor from the hilar plate, the anterior Glisson's pedicle was taped and drawn. The dorsal sides of the tumor were sequentially dissected to reach the inferior vena cava. The procedure released the HCC from the hepatic veins, hilar plate, and vena cava (blood loss, 1,100 cc). He had no postoperative complications and was discharged on the 14th day.

Conclusions

Anterior sectionectomy, despite a wide resection surface, can be applied to resect a large HCC in the caudate lobe.