

## ROBOT ASSISTED HILAR BILE DUCT RESECTION, CAUDATE LOBECTOMY, SEGMENT IV RESECTION IN A PATIENT WITH BISMUTH CORLETTE TYPE IV CHOLANGIOCARCINOMA

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**Background** : Tumors of the bile duct are rare and its location makes it difficult to stage and treat. Surgical management of hilar cholangiocarcinoma remains the only curative option and potential influence on the overall survival. With Robot, surgery at the hepatic hilum has ushered a new era in surgery of hilar cholangiocarcinoma.

**Methods** : A case of 59-year male presented with progressive obstructive jaundice for one and half months and loss of weight of 10 kgs and significant loss of appetite. Underwent CECT (Contrast enhanced computed tomography), MRCP (Magnetic Resonance Cholangiopancreatography) and was diagnosed with hilar cholangiocarcinoma type IV. He underwent PTBD of the left hepatic duct but there was no significant reduction in bilirubin levels following which he underwent PTBD of right posterior hepatic duct. Subsequently his bilirubin decreased and nutrition improved. He underwent Robot assisted hilar bile duct resection, segment IV resection, caudate lobectomy, lymphadenectomy, Roux-en-Y cholangiojejunostomy. The proximal and distal bile duct resection margins were negative for malignancy on frozen.

**Results** : Post operatively patient had bile leak and was managed conservatively and was discharged on post operative day 14. Post operative biopsy was cholangiocarcinoma with liver invasion and perineural invasion. Patient is recurrence and metastasis free after 9 months of surgery.

**Conclusions** : Hilar cholangiocarcinoma is a rare disease with surgical resection as only option for cure and with robot in this location are becoming more and more feasible. Free resection margin, lymph node involvement and histological type are the significant factors related to prognosis of these patients.

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