

UNIQUE MULTIDISCIPLINARY APPROACH IN LDLT TO ACHIEVE TOTAL PHYSIOLOGICAL REVASCULARIZATION IN A PATIENT WITH COMPLETE OCCLUSION OF PORTAL VEIN SYSTEM WITH COMBINED CHRONIC AND SUB-ACUTE THROMBOSIS

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Background : Patients receiving liver transplantation in a setting of complete portal vein (PV) and superior mesenteric vein (SMV) thrombosis (Yerdel grade 4) experience lower outcomes after surgery; prognosis is independently influenced by the portal flow reconstruction technique, showing better outcomes in physiological surgical strategies.

Methods : We describe a case of living donor liver transplantation in which the patient could not receive common physiological reconstructions pre-operatively due to multiple small collaterals and extensive thrombosis down to 1st branches of SMV. We performed thrombo-endo-venectomy of the portal vein and SMV first, but acute thrombosis developed recurrently even with interposition venous homograft between peri-choledochal collateral vein and proximal recipient portal vein.

Results : Immediate after surgery, intervention radiologist performed stenting insertion into 3 stenotic points.

Conclusions : Through multidisciplinary approach, complete physiologic recanalization was obtained with normal liver function.

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