Topic : Liver

LAPAROSCOPIC ISOLATED CAUDATE LOBECTOMY FOR HEPATOCELLULAR CARCINOMA USING THE ANTERIOR TRANSHEPATIC APPROACH

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Background : Isolated caudate lobectomy is indicated for patients with liver tumors confined to the caudate lobe. However, laparoscopic isolated caudate lobectomy is a technically demanding procedure that requires precise and safe surgical techniques. The portal and hepatic veins connected to the caudate lobe originate from the first branch of the portal vein or the vena cava, requiring meticulous care to avoid significant bleeding.

Methods : This video shows the successful resection of a 4 cm hepatocellular carcinoma (HCC) located in the caudate lobe of a 64-year-old male patient, performed using a laparoscopic anterior transhepatic approach in an isolated caudate lobectomy. The tumor was located in close proximity to the right hepatic vein, middle hepatic vein, right portal vein, and a large inferior right hepatic vein. To ensure a safe surgical procedure, critical considerations included meticulous dissection around the tumor to prevent vascular injury and bleeding, as well as strategic planning to secure optimal exposure of the tumor

Results : The total operative time was 347 minutes. No blood transfusions were required during the procedure, and a total of eight Pringle maneuvers were performed. A follow-up CT scan performed 3 days after surgery revealed no abnormal findings, except for mild congestion in liver segment V. The patient was discharged on postoperative day 7 without any postoperative complications. The pathological report confirmed a clear resection margin for the tumor.

Conclusions : Laparoscopic isolated caudate lobectomy using the anterior transhepatic approach for HCC in complex location can be safely performed with meticulous dissection techniques and effective exposure strategies.

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