



Pure laparoscopic anatomical resection of the segment 8 dorsal area using the transparenchymal Glissonean approach (Video)

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ARTICLE INFO

Keywords:

Laparoscopic liver resection
Anatomical segmentectomy
Glissonean approach

1. Background

Pure laparoscopic anatomic resection of segment 8 of the liver is still rarely performed due to technical difficulties and the anatomical complexity of right anterior section (RAS) segmentation [1]. Theoretically, anatomical resection (AR) for hepatocellular carcinoma may be a superior to non-AR in terms of removing tumor-bearing portal territory and securing resection margins [2]. Furthermore, AR following the line of ischemic demarcation may reduce remnant liver ischemia which is associated with poor survival [3]. We describe the technique of pure laparoscopic anatomical resection of the segment 8 dorsal area using the transparenchymal Glissonean approach.

2. Methods

A 62-year-old woman was referred for treatment of a single nodular tumor located in the segment 8 dorsal area of the right anterior section.

The surgical procedure involved the following steps: (1) Identification of the liver ventral surface along the main right anterior portal pedicle (RAPP) using laparoscopic ultrasound (2) parenchymal dissection along the course of the RAPP (3) dissection and ligation of the segment 8 dorsal branch of the RAPP, and (4) transection of the ischemic demarcation line of the segment 8 dorsal area.

3. Results

The operation time was 260 min, the estimated blood loss was 80 mL, and the total Pringle maneuver time was 55 min. Final histopathological diagnosis was a 12 mm sized hepatocellular carcinoma with a 8 mm

surgical margin. The patient was discharged on postoperative day 7 without any complications.

4. Conclusion

Laparoscopic anatomical resection of the segment 8 dorsal area through the parenchymal dissection along the RAPP is a feasible and effective technique. Parenchymal dissection along the main RAPP enables surgeons to directly identify and confirm the dorsal branch [4,5].

Disclosures

Dr. Ji Hoon Kim has no conflicts of interest or financial ties to disclose.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.suronc.2019.10.004>.

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<https://doi.org/10.1016/j.suronc.2019.10.004>

Received 19 July 2019; Received in revised form 16 September 2019; Accepted 4 October 2019

Available online 4 October 2019

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