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Totally laparoscopic en bloc resection of liver tumor invading diaphragm without a chest tube

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Number of Reviewers: **4**

Total Score: **22**

Mean Score: **5.5**

Score	Reviewer	Reject Comment	Overall Comment
4	Chet Hammill		
6	Eugene Ceppa		excellent video and technique
6	Iswanto Sucandy		
6	Michel Gagner		Nice clear image, difficult case

Introduction: Laparoscopic right posterior sectionectomy of liver tumor is challenging as controlling the right posterior portal pedicle with preserving the anterior pedicle and difficulty of visualizing right hepatic vein. A peripherally located liver tumor in right posterior section is prone to involve the diaphragm.

Method: A 80-year-old male had abdominal mass detected during routine check-up. Preoperative CT and MRI scans show A 3.8-cm low attenuating mass at S7 of the liver.

Briefly, three 12mm trocars and two 5mm trocars were used. After right liver was fully mobilized, gallbladder was resected, the right posterior Glissonian pedicle was dissected with cavitron ultrasonic surgical aspirator (CUSA) along the fissure of Ganz, and then pedicle was ligated. The parenchymal transection was then performed along the line of ischemia with the combination of the CUSA and energy device. The invaded diaphragm was dissected with enough safe margin in the final specimen en bloc. Diaphragm defect was repaired with peripheral hanging suture and interrupted suture. Then pneumothorax was removed by air suction from intra-abdominal side and Valsalva maneuver. The specimen was retrieved through a Pfannenstiel incision.

Result: The operation time was 180 minutes, and estimated blood loss was 300 ml. The patient was discharged on postoperative day 9 without complications. Final pathologic result was intrahepatic cholangiocarcinoma. (pT4Nx)

Conclusion: Totally laparoscopic en bloc resection of liver tumor invading diaphragm was performed successfully without intraoperative complication and chest tube insertion.

<https://youtu.be/W3l-NW2bVHE>