

**E08**

## Pure Laparoscopic Donor Right Hepatectomy In Donor With Severe Portal Vein Anomaly

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**Background :** Donor operation in adult-to-adult living donor liver transplantation(AALDLT) is still associated with postoperative morbidity. But, laparoscopic donor hepatectomy is sporadically reported in a few center with substantial experience and pure laparoscopic donor right hepatectomy(PLDRH) has been gradually increased because of cosmetic satisfaction and rapid recovery, despite the controversial issues. We present the case of PLDRH in donor with severe portal vein anomaly to discuss the feasibility of PLDRH.

**Methods :** A 57 year old man volunteered to living liver donation for his wife who suffered from hepatic encephalopathy related with cirrhosis. Donor's portal vein was unusual type on preoperative computed tomography; Nakamura type - single non-bifurcating portal vein variation. Right hepatic artery and hepatic duct were single. P6 and P7 portal veins were meticulously dissected and encircled with vessel loops before liver parenchymal transection, and Rt anterior portal vein was identified after right hepatic duct transection. Three portal veins were reconstructed to one orifice during bench work procedure.

**Results :** Donor's and recipient's portal vein were patent, postoperatively. In postoperative CT on postoperative day7, there were no abnormal finding both donor and recipient. In postoperative laboratory test including AST, ALT, total bilirubin and INR, donor and recipient's results were gradually decreased. Donor discharged at postoperative day 8, recipient discharged at postoperative day 23.

**Conclusions :** PLDRH seems to be a feasible procedure when performed by a highly experienced surgeon, but careful preoperative evaluation and preparations are essential. Laparoscopic donor hepatectomy is being tried consistently and PLDRH can be cautiously expanded to donors with anatomical variation.

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